## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code)

2009

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

	art I		Identification Information							
For	calenda	ar plan year 2009 or fis	scal plan year beginning 07/01/200	)9	and ending 0	6/30/2	2010			
Α	This ret	turn/report is for:	X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan			
		turn/report is for:	first return/report	final retur	n/report					
_	11113 160	turr/report is ior.	an amended return/report	<u> </u>	year return/report (less than 12 mor	othe)				
_				<u> </u>	, ,	11115)	П			
С	Check b	box if filing under:	Y Form 5558	automatio	extension		DFVC program			
			special extension (enter descripti	on)						
Pa	art II	Basic Plan Infor	rmation—enter all requested inform	nation						
1a	Name	of plan				1b	Three-digit			
SPO	KANE A	AIDS NETWORK 403(E	B) PLAN				plan number			
							(PN) <b>F</b>			
						1c	Effective date of plan 08/01/2002			
2-	-					26				
		ponsor's name and add AIDS NETWORK	dress (employer, if for single-employer	r pian)		20	Employer Identification Number (EIN) 91-1380583			
0. 0	10 11 12 7	NBO NETWORK				2c	Plan sponsor's telephone number			
		IROE ST.				1	509-455-8993			
SPO	KANE, \	WA 99204				2d	Business code (see instructions)			
						01	624100			
		dministrator's name and AIDS NETWORK	nd address (if same as Plan sponsor, e 905 S. MON		<del>?</del> ")	3D	Administrator's EIN 91-1380583			
0. 0	10 11 12 7	MBO NETWORK	SPOKANE,			3c	Administrator's telephone number			
							509-455-8993			
			plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN			
	name, E	EIN, and the plan numb	ber from the last return/report. Sponse	or's name		<b>4c</b> PN				
5a	Total r	number of participants a	at the beginning of the plan year			5a	8			
b			at the end of the plan year			5b				
С			with account balances as of the end of			30	14			
·			with account balances as of the end c		` .	5c	7			
6a	Were	all of the plan's assets	s during the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No			
-	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
_				orm 5500-	SF and must instead use Form 55	00.				
Pa	art III	Financial Inform	nation		Γ	-				
7	Plan A	Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total p	plan assets		7a	96023	3	18524			
b	Total p	plan liabilities		7b						
С	Net pla	an assets (subtract line	e 7b from line 7a)	7с	96023	3	18524			
8	Incom	e, Expenses, and Trans	nsfers for this Plan Year		(a) Amount		(b) Total			
а		butions received or rec								
	` ,	. ,			1528	_				
	` ,	•		` '	7077					
	<b>(3)</b> Ot	thers (including rollover	rs)	8a(3)		_				
b		` ,			-535	5				
C		` '	), 8a(2), 8a(3), and 8b)	8c			8070			
d		1 \	ct rollovers and insurance premiums	6-1	85169					
_	•	,	sative diatributions (and instructions)		00108					
e			ective distributions (see instructions)			$\dashv$				
t		·	lers (salaries, fees, commissions)		400	)				
g	Other	expenses								
h	Total e	expenses (add lines 8d	l, 8e, 8f, and 8g)	8h			85569			
		4								
ı	Net ind	come (loss) (subtract lir	ine 8h from line 8c)	8i			-77499			
j		`	ne 8h from line 8c)(see instructions)				-77499			

Part IV	Dlan	Charac	tarietice
Partiv	Pian	Charac	renstics

SIGN HERE

Signature of employer/plan sponsor

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2G 2M 2R 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions			ı					
0	During the plan year:		Yes	No		Amo	unt		
а	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in <b>10a</b>	X					5676	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report on line 10a.)	ed <b>10b</b>		X					
С	Was the plan covered by a fidelity bond?	10c	X					5000	
d									
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X						
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500))						Yes	No	
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C	ode or se	ection (	302 of	ERISA?		Yes	X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_		_	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ingranting the waiver.	onth							
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Г						
b	Enter the minimum required contribution for this plan year		12b 12c						
	<b>c</b> Enter the amount contributed by the employer to the plan for this plan year								
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)			12d		_			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?						0	N/A		
art	VII Plan Terminations and Transfers of Assets								
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	y the pla	ın(s) to	)		1			
1	3c(1) Name of plan(s):	13	<b>c(2)</b> El	N(s)	1	13c(3)	PN(s)		
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reaso	able ca	use is	establ	ished.				
Jnde B o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this ret f, it is true, correct, and complete.	return/re	port, ir	ncludin	g, if applic				
SIGI	Filed with authorized/valid electronic signature.  04/12/2011 KATIE COKE	2							
HER		of individ	f individual signing as plan administrator						

Date

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	irt I Annual Report	Identification Information					<u></u>	
_For_	calendar plan year 2009 or fi		07/01/	2009	and ending		06/30/2010	
Α -	This return/report is for:	X single-employer plan	multiple-e	employer plan (	not multiemployer)		one-participar	nt plan
В	This return/report is for:	first return/report	final retur	n/report				
		an amended return/report	short plar	n year return/re	port (less than 12 mo	nths)		
C	Check box if filing under:	X Form 5558	automatic	extension			DFVC prograi	n
		special extension (enter descr	iption)					
Pa	rt II Basic Plan Info	rmation—enter all requested inf	ormation					
	Name of plan					1b	Three-digit	
	Spokane AIDS Netw	ork 403(b) Plan					plan number	0.01
						10	(PN) ▶ Effective date of	001
							08/01/2002	
2a	Plan sponsor's name and ad Spokane AIDS Netw	dress (employer, if for single-emplo	yer plan)				Employer Identifi	
	mental industrial						(EIN) 91-138(	elephone number
	905 S. Monroe St.						509-455-89	93
	Spokane	WA 99204				2d	Business code (s	see instructions)
3a	Plan administrator's name ar Spokane AIDS Netw	nd address (if same as Plan sponsc oork	or, enter "Same	e")		3b	Administrator's E	
	905 S. Monroe St.					3с	91-1380583 Administrator's te	elephone number
4 11	Spokane the name and/or EIN of the	WA 9920 plan sponsor has changed since the		port filed for th	is plan, enter the	4b	509-455-89	193
Г	name, EIN, and the plan num	ber from the last return/report. Spo	nsor's name	,	F,	4c		
5a	Total number of participants	at the beginning of the plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			5a	rn I	8
		at the end of the plan year				5b		14
	Total number of participants	with account balances as of the en	d of the plan y	ear (defined b	enefit plans do not	5c		7
6a		s during the plan year invested in el						X Yes No
b	Are you claiming a waiver of	f the annual examination and report	of an indeper	ident qualified	public accountant (IO	PA)		
		? (See instructions on waiver eligibi						X Yes No
Pa	rt III   Financial Infor	ither 6a or 6b, the plan cannot us	e Form 5500-	SF and must i	nstead use Form 55	00.		
7	Plan Assets and Liabilities	Huton		(a) Re	ginning of Year		(b) End	of Voor
а	Total plan assets	<i>*</i>	7a	\4,5	9602	3	(b) Liiu	18524
_		***************************************						20021
С	Net plan assets (subtract lin	e 7b from line 7a)	7c		9602	3		18524
8	Income, Expenses, and Train	nsfers for this Plan Year		(4	a) Amount		(b) T	otal
а	Contributions received or re-							
					152			
			1 1	7077				
bo		ers)				-		
		), 8a(2), 8a(3), and 8b)			-53	-	***************************************	0.07.0
d		ct rollovers and insurance premium						8070
	to provide benefits)	······································	8d		8516	9		
_		ective distributions (see instructions	,			_		
f	•	ders (salaries, fees, commissions)			40	0		
g		***************************************						
h		d, 8e, 8f, and 8g)						85569
ī	Nint income (lane) (a. data at )	to be a second	1	ı		1		
! :		ine 8h from line 8c)(see instructions)						-77499

	Form 5500-SF 2009 Page <b>2-</b>							
Part 9a	IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics  2G 2M 2R 3D	acteris	stic Co	des in t	he instruction	is:		
b	f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Co	des in tl	ne instruction	s:		
Part	V Compliance Questions							
10	During the plan year:		Yes	No	An	nount		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	Х			5676		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
С	Was the plan covered by a fidelity bond?	10c	Х			5000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
İ	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))					Yes No		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?					Yes X No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver				ne date of the Y	letter ruling ear		
lf ·	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			. 209				
	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	the state of the s							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A		
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	the state of the s							
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pl	an(s) I	.O				
	I3c(1) Name of plan(s):	-	1	3c(2) E	IN(s)	13c(3) PN(s)		
. –								
		+						
		-				1		

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	4/12/11	Katie Coker
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	4/12/11	Katie Coker
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor