# 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** 

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).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

_ P	art I Annual Report Identification Information						
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2	010	and ending 1	2/31/2	2010		
Α .	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participant plan		
B This return/report is for:			n/report		_		
	an amended return/report	short plan	year return/report (less than 12 mo	nths)			
C	Check box if filing under: Form 5558	automatic	extension	,	DFVC program		
	special extension (enter descrip						
Da	Irt II Basic Plan Information—enter all requested info	,					
	Name of plan	mation		1h	Three-digit		
	THWEST VENTURE ASSOCIATES, LLC 401(K) PLAN				plan number 001		
					(PN) ▶		
				1c	Effective date of plan		
	<u></u>			Ol-	01/01/1993		
	Plan sponsor's name and address (employer, if for single-employ THWEST VENTURE ASSOCIATES, LLC	er pian)		20	Employer Identification Number (EIN) 91-1946344		
				2c	Plan sponsor's telephone number		
	WEST PACIFIC, #200 KANE, WA 99201				800-326-1325		
0, 0,	VIVE, WY 00201			2d	Business code (see instructions) 523900		
3a	Plan administrator's name and address (if same as Plan sponsor	enter "Same	,")	3h	Administrator's EIN		
NOR	THWEST VENTURE ASSOCIATES, LLC 114 WEST	PACIFIC, #2 E. WA 99201		0.0	91-1946344		
	SFORANL	., VVA 99201		3с	Administrator's telephone number 800-326-1325		
1 1	f the name and/or EIN of the plan sponsor has changed since the	last roturn/ro	port filed for this plan, optor the	4h			
	name, EIN, and the plan number from the last return/report. Spon		port filed for this plan, enter the	40	EIN		
				4c	PN		
5a	Total number of participants at the beginning of the plan year			5a	3		
b	Total number of participants at the end of the plan year			5b	1		
С	Total number of participants with account balances as of the end				1		
	complete this item)			5c			
	Were all of the plan's assets during the plan year invested in elig	•	,		^ Yes   No		
D	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibili				Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use	•	•				
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
а	Total plan assets	7a	1114173	-	111603		
b	Total plan liabilities	7b		0			
C	Net plan assets (subtract line 7b from line 7a)	7с	1114173	73 11			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:  (1) Employers	8a(1)	2822	2			
	(2) Participants		375	5			
	(3) Others (including rollovers)						
h	(3) Others (including rollovers)	· , ,	1717	7			
	Other income (loss)	8b	1717	7	4914		
C	Other income (loss)	8b			4914		
	Other income (loss)	8b	1717		4914		
c d	Other income (loss)	8b 8c	1005803	3	4914		
c d	Other income (loss)	8b 8c 8d 8d 8e		3	4914		
c d e	Other income (loss)	8b 8c 8d 8d 8e 8f	1005803	3			
c d e f	Other income (loss)	8b 8c 8d 8d 8e 8f 8g	1005803	3	1007484		
c d e f	Other income (loss)	8b 8c 8d 8d 8e 8f 8g 8h	1005803	3			

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ar	t IV Plan Characteristics				
а	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2G 2F 2J 2K 2R 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.				
art	V Compliance Questions				
)	During the plan year:		Yes	No	Amount
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		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	X		100000
d	,,,,,,,	10d		X	
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		X	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Χ	
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			
rt	VI Pension Funding Compliance				
ĺ	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))	•			`     \/     N
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	ction 3	02 of E	ERISA? Yes 🖺 No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver				
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			1	
b	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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	of a		12d	

#### Part VII | Plan Terminations and Transfers of Assets

No

Yes X No

Yes

N/A

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

### 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	Filed with authorized/valid electronic signature.	06/29/2011	JEAN J. BALEK-MINER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	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**

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

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

Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art   Annual Report Identification Information						
_For		01/01/2	2010 and ending		12/31/2010		
Α	This return/report is for: $oxed{f X}$ single-employer plan $oxed{f \Box}$	one-participant plan					
В	This return/report is for: first return/report						
	an amended return/report	short plan	year return/report (less than 12 mor	iths)			
С	Check box if filing under: Form 5558	automatic	extension		DFVC program		
•	special extension (enter description			ı			
ъ.	art II Basic Plan Information—enter all requested inform						
	Name of plan	ation		1h	Three-digit		
ıa	Northwest Venture Associates, LLC 401(k)	Plan			plan number		
					(PN) <b>&gt;</b> 001		
				1c	Effective date of plan		
					01/01/1993		
2a	Plan sponsor's name and address (employer, if for single-employer Northwest Venture Associates, LLC	plan)			Employer Identification Number		
	ito i difficultation of the control				(EIN) 91-1946344 Plan sponsor's telephone number		
	114 West Pacific, #200				800-326-1325		
	Spokane WA 99201			2d	Business code (see instructions)		
			, n	~!·	523900		
3a	Plan administrator's name and address (if same as Plan sponsor, e Northwest Venture Associates, ${\it LLC}$	enter "Same	3')	30	Administrator's EIN 91-1946344		
	114 West Pacific, #200			3с	Administrator's telephone number		
	Spokane WA 99201				800-326-1325		
	If the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	DN		
5a	Total number of participants at the beginning of the plan year			5a	3		
					1		
	b Total number of participants at the end of the plan year			5b	<u>.</u>		
C	complete this item)			5c	1		
6a	Were all of the plan's assets during the plan year invested in eligit				X Yes No		
b	Are you claiming a waiver of the annual examination and report of	an indeper	ident qualified public accountant (IQI	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No		
D.	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.			
7			(A) B		4		
-	Plan Assets and Liabilities	= -	(a) Beginning of Year	2	(b) End of Year		
	Total plan assets		111417		111603		
	·		111417	0 .73 1116			
	Net plan assets (subtract line 7b from line 7a)	7c					
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	(34)(3)	(b) Total		
а	(1) Employers	. 8a(1)	282	2			
	(2) Participants		37	$\dashv$			
	(3) Others (including rollovers)						
b			171	7			
C		1		XX	4914		
d							
	to provide benefits)	. 8d	100580	3			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f	168	1			
g	Other expenses	. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			1007484		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			-1002570		
•		j Transfers to (from) the plan (see instructions)					

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Part IV   Plar	Characteristics
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2F 2J 2K 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:

	.,	0		**************************************		,				
Part	L	Compliance Questions				Yes	[			
10	3 1 3						No	A	mount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				10b		х			
С	Was	s the plan covered by a fidelity bond?			10c	х			10	0000
d	Did to	the plan have a loss, whether or not reimbursed by the plan's fidelity bor shonesty?	nd, that was caus	sed by fraud	10d		Х			
е	Were	e any fees or commissions paid to any brokers, agents, or other persons rance service or other organization that provides some or all of the bene uctions.)	is by an insurance efits under the pla	e carrier, an? (See	10e	:	Х			
f	Has	the plan failed to provide any benefit when due under the plan?		,	10f		Х			
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year e	end.)	,,	10g		Х			
h		s is an individual account plan, was there a blackout period? (See instru			10h		Х			
i		h was answered "Yes," check the box if you either provided the required eptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part	T	Pension Funding Compliance	······································							
11	ls thi	is a defined benefit plan subject to minimum funding requirements? (If "`							Yes	No
12		is a defined contribution plan subject to the minimum funding requireme		·					Yes	X No
	if a v grant	'es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortiziting the waiver.  ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (For		Mont	tions, th	and e	enter th Day	e date of the	e letter rulii 'ear	ng 
b	Ente	r the minimum required contribution for this plan year	**********************			[	12b			
С		r the amount contributed by the employer to the plan for this plan year					12c			
d	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result	t (enter a minus s	ign to the left o	of a		12d			
e	Will t	the minimum funding amount reported on line 12d be met by the funding	g 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?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******				X Yes	No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer the	his year			.,,,	13a			0
b	Were	e all the plan assets distributed to participants or beneficiaries, transferr e PBGC?	ed to another pla	n, or brought u	under	the co			Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this pla th assets or liabilities were transferred. (See instructions.)	an to another pla	n(s), identify th	ne pla	n(s) to				
1	3c(1)	Name of plan(s):				13	c(2) Ell	N(s)	13c(3)	PN(s)
Caut	ion: I	A penalty for the late or incomplete filing of this return/report will b	e assessed unla	ess reasonabl	le car	ıse ic	establ	ished	1	
Unde SB o	r pen Sche	alties of perjury and other penalties set forth in the instructions, I declared by an enrolled actuary, as well as the entire, correct, and complete.	e that I have exa	mined this retu	ırn/re	port, ir	cludina	g, if applicat	le, a Sche nowledge :	dule and
	Πĺ	A 2000 / 11/11/2	/ , Je	an J. Bal	lek-	Min	 er			
SIGI	13	Signature of plan administrator Date	1 100/11	nter name of in				nlan admin	istrator	
SIGI	v	Allefune Bate	Je	an J. Bal				pian aunilli	130 a(OI	
HER	Signature of employer/plan sponsor  Date 4 3 4 Enter name of individual signing as employer or plan sponsor									