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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1				
		lentification Information								
For	calendar plan year 2010 or fisc	al plan year beginning 07/01/201	0	and ending 0	6/30/2	2011				
Α.	This return/report is for:		one-participant plan							
В	This return/report is for:	first return/report	final retur	n/report						
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)					
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program				
_	[special extension (enter description	on)							
Do	rt II Pacia Plan Inform		,							
		mation—enter all requested inform	ation		1h	Three-digit				
	Name of plan NERS INVESTMENT NETWO	RK SAVINGS PLAN			ID	plan number				
1741	NERO IIVEO IIIEIVI NEIVO	7.111 67.111100 1 27.11				(PN) ▶ 001				
					1c	Effective date of plan				
						07/01/1991				
		ess (employer, if for single-employer	· plan)		2b	Employer Identification Number				
PAR	NERS INVESTMENT NETWO	PRK			0 -	(EIN) 91-1407407				
601 \	V. RIVERSIDE AVE., SUITE 94	10			2c	Plan sponsor's telephone number 509-838-4432				
	(ANE, WA 99201				2d	Business code (see instructions)				
						523120				
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN				
PAR	NERS INVESTMENT NETWO	SPOKANE, '		É., SUITE 940	_	91-1407407				
		,			3c	Administrator's telephone number 509-838-4432				
4 1	the name and/or FIN of the pla	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b EIN					
		er from the last return/report. Sponso		port mod for time plant, order the	70	LIIV				
					4c	PN				
5a	Total number of participants at	5a	14							
b	Total number of participants at	5b	14							
С	Total number of participants w	ith account balances as of the end o	f the plan y	vear (defined benefit plans do not		44				
	complete this item)				5c	14				
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)		Yes No				
b				ndent qualified public accountant (IQI		X Yes ☐ No				
	· ·			ions.)SF and must instead use Form 55						
Pa	rt III Financial Informa		01111 3300	or and must mistead use i orm 55						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
-	Total plan assets		. 7a	(a) Beginning of Teal	5	1376244				
b	. otal plan according									
C	•	7b from line 7a)		1104996		1376244				
			. 7с							
8	Income, Expenses, and Transf Contributions received or rece			(a) Amount	(b) Total					
а			. 8a(1)	8515	5					
			` '	51744	44					
	.,)	` '	2675	5					
b	, , , , ,	,		225807	,					
C	` ,	8a(2), 8a(3), and 8b)				288741				
d		rollovers and insurance premiums								
-			. 8d	15581						
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e							
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	1912	2					
g	Other expenses		8g							
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				17493				
i		e 8h from line 8c)				271248				
j		ee instructions)								

	F	Form 5500-SF 2010 Page 2-									
Par	t IV	Plan Characteristics									
		e plan provides pension benefits, enter the applicable pension feature codes from the List of P	lan Chara	cteris	stic Co	des in	the instru	iction	s:		
		e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan	an Charad	cteris	tic Cod	des in t	the instru	ctions	3:		
art	V	Compliance Questions									
0	Duri	ing the plan year:	_		Yes	No		An	ount		
а		s there a failure to transmit to the plan any participant contributions within the time period desc CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		10a		X					
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions re ine 10a.)		10b		X					
С	Wa	s the plan covered by a fidelity bond?		10c	X					25000)0
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused b ishonesty?	,	10d		X					
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance car irance service or other organization that provides some or all of the benefits under the plan? (iructions.)	See	10e		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						0
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	Ī	10h		X					
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3		10i							
art	VI	Pension Funding Compliance									
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions						. [Yes	N	0
2	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of	the Code	or se	ction 3	302 of	ERISA?		Yes	X	О
	,	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a v	waiver of the minimum funding standard for a prior year is being amortized in this plan year, so nting the waiver	ee instruc	tions, h	and e	nter th Dav	e date of	the I Ye	etter rul ar	ng	
lf :	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to				- 7					
b	Enter the minimum required contribution for this plan year				[12b					
		er the amount contributed by the employer to the plan for this plan year				12c					
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)				[12d					
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						Yes		No	N/A	4

Part VII Plan Terminations and Transfers of Assets

Has a resolution to terminate the plan been adopted during the plan year or any prior year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year.

13a

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

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)

Yes X No

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 HERE	Filed with authorized/valid electronic signature.	09/08/2011	J.D. ALLEN					
	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

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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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2010

OMB Nos. 1210-0110

1210-0089

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P6		dance with	the instructions to the Form 5500)-SF.					
	rt I Annual Report Identification Information								
_For o		07/01/2	010 and ending		06/30/2011				
Αт	his return/report is for: X single-employer plan	multiple-e	mployer plan (not multiemployer)	yer) one-participant plan					
ВТ	his return/report is for: first return/report	final returi	n/report	-					
	an amended return/report	short plan	year return/report (less than 12 mor	nths)					
C	Check box if filing under: Form 5558	automatic	extension	ſ	DFVC program				
	special extension (enter description	n)							
Da	rt II Basic Plan Information—enter all requested information								
L	Name of plan	auon		1h	Three-digit				
	Name of plan Partners Investment Network Savings Plan	1			plan number				
		-			(PN) D01				
				1c	Effective date of plan				
					07/01/1991				
2a	Plan sponsor's name and address (employer, if for single-employer Partners Investment Network	plan)			Employer Identification Number (EIN) 91-1407407				
	COT M. Disposation Date . Children 040				Plan sponsor's telephone number				
	601 W. Riverside Ave., Suite 940			0-1	509-838-4432				
	Spokane WA 99201			20	Business code (see instructions) 523120				
3a	Plan administrator's name and address (if same as Plan sponsor, e Partners Investment Network	nter "Same	")	3b	Administrator's EIN				
				30	91-1407407 Administrator's telephone number				
	601 W. Riverside Ave., Suite 940 Spokane WA 99201			509-838-4432					
	the name and/or EIN of the plan sponsor has changed since the later ame, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b EIN					
'	lame, Lin, and the plat humber from the tast return report. Sponso	n a name		4c	PN				
5a Total number of participants at the beginning of the plan year				5a	14				
b Total number of participants at the end of the plan year					14				
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not					14				
complete this item)					₩ v □ v-				
	Are you claiming a waiver of the annual examination and report of				K∐ Yes ∐ No				
IJ	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	X Yes No							
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	. 7a	110499	1376					
b	Total plan liabilities	. 7b							
c	Net plan assets (subtract line 7b from line 7a)	7c	110499	96 137624					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from:								
	(1) Employers	8a(1)	851	5					
	(2) Participants	8a(2)	5174	4					
	(3) Others (including rollovers)	8a(3)	267	5					
b	Other income (loss)	8b	22580	7					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			288741				
đ	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1558	1					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f	191	2					
g	Other expenses		· · · · · · · · · · · · · · · · · · ·						
_	Total expenses (add lines 8d, 8e, 8f, and 8g)				17493				
	Net income (loss) (subtract line 8h from line 8c)	8i			271248				
:	Transfers to (from) the plan (see instructions)	01			2,1240				

	Form 5500-SF 2010 Page 2-							
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in	the instruc	tions:		
	2E 2F 2G 2J 2K 2R 3D							
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	cteris	tic Co	des in t	ne instruct	lons:		
Part	V Compliance Questions						***********	*****
10	During the plan year:		Yes	No		Amour	nt	
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				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
C	Was the plan covered by a fidelity bond?	10c	Х				250	000
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.)			х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a	Х					0
-	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			1.5.	
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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con						/aa 🗆	No
	5500))					H -	∕es X	No No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ecuon	3UZ 01	ERISA?	□ '	c3 M	IVO
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions	, and	enter th Day	e date of t	he lette Year _	r ruling	ı
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year			12b				
С	c 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 left negative amount)			12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			144411	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?	,			E		res X	No
	if "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				. ,,
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			******		<u> </u>	Yes X	No
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 pla	an(s) to	··········			 	
	13c(1) Name of plan(s):		13	c(2) El	N(s)	13	c(3) PN	√(s)
						_		
	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal							
SB	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return of, it is true, correct, and complete.	lurn/re i/repor	port, i rt, and	ncludin to the l	g, if applic best of my	able, a s knowle	Schedu dge an	q ile

SIGN 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