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).

2040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1		
		dentification Information						
For	calendar plan year 2010 or fisc	cal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010		
A	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
В	This return/report is for:	first return/report	final retur	n/report				
		an amended return/report	short plar	year return/report (less than 12 mor	nths)			
С	Check box if filing under:	X Form 5558	automatio	extension		DFVC program		
	ŭ	special extension (enter description	on)					
D	rt II Basic Plan Infor	mation—enter all requested inform	,					
	Name of plan	mation—enter an requested inform	ialion		1h	Three-digit		
		AND NORTHWEST 403(B) PLAN			10	plan number 001		
						(PN) •		
					1c	Effective date of plan		
	<u> </u>				O.L.	01/01/1992		
	Plan sponsor's name and add	ress (employer, if for single-employer	· plan)		∠ D	Employer Identification Number (EIN) 91-0885036		
, .,	WED TAILER THOOD OF THE	THE THORTHWEST			2c Plan sponsor's telephone num			
	TIETON DRIVE					509-225-3405		
IAN	MA, WA 98902				2d	Business code (see instructions) 621410		
32	Dlan administratoria nama ana	A address (if some as Dispersion a	ntor "Com	~"\	2 h	Administrator's EIN		
PLAN	NED PARENTHOOD OF INLA		N DRIVE	=)	30	91-0885036		
		YAKIMA, WA	A 98902		3с	Administrator's telephone number		
						509-225-3405		
		an sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN		
	name, Env, and the plan number	er from the last return/report. Oponse	or 3 marrie		4c	PN		
5a	5a Total number of participants at the beginning of the plan year					58		
b						9		
С	Total number of participants v	vith account balances as of the end o	f the plan y	vear (defined benefit plans do not	5b	_		
	complete this item)				5c	9		
	•	during the plan year invested in eligib		,		Yes No		
b	Are you claiming a waiver of t	the annual examination and report of (See instructions on waiver eligibility	an indeper	ndent qualified public accountant (IQI	PA)	X Yes ☐ No		
		her 6a or 6b, the plan cannot use F						
Pa	rt III Financial Inform							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
=	Total plan assets		. 7a	593850)	73279		
b	. otal plan according							
C		7b from line 7a)		593850)	73279		
8	Income, Expenses, and Trans		,,,,,	(a) Amount		(b) Total		
а	Contributions received or received			(a) Amount		(D) TOTAL		
-			. 8a(1)					
	(2) Participants		. 8a(2)	1140)			
	(3) Others (including rollovers	s)	. 8a(3)					
b	Other income (loss)		. 8b	-4928	3			
С	Total income (add lines 8a(1),	, 8a(2), 8a(3), and 8b)	8c			-3788		
d		rollovers and insurance premiums	8d	516674	ı.			
е		ctive distributions (see instructions)						
f		ers (salaries, fees, commissions)		109)			
g								
9 h	•	8e, 8f, and 8g)				516783		
;		-·				-520571		
i		ne 8h from line 8c)see instructions)						
J	to (monn) the pidit (3	,	· 8i	İ				

	Fo	orm 5500-SF 2010 Page 2-]						
Par	t IV	Plan Characteristics							
		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan $(G-2J-2K-2L-3D)$	Characteri	stic Co	des in	the instru	ıctio	ns:	
		olan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	haracteris	stic Co	des in t	he instru	ctior	ıs:	
art	V	Compliance Questions							
0	Durin	g the plan year:		Yes	No		Aı	nount	
а		there a failure to transmit to the plan any participant contributions within the time period describe FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	d in 10a		X				
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions report e 10a.)	ed 10b		X				
С	Was	the plan covered by a fidelity bond?	10c		X				
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra	ud 10d		X				
е	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See ictions.)	10e		X				
f	Has t	he plan failed to provide any benefit when due under the plan?	10f		X				
g	Did th	ne plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		X				
i		was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance	•						
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and						Yes	s No
2	Is this	s a defined contribution plan subject to the minimum funding requirements of section 412 of the G	Code or se	ection 3	302 of I	ERISA?.		Yes	No X
	,	es," 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, and enter the date of the letter ruling granting the waiver								
lf y	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	b Enter the minimum required contribution for this plan year				12b				
	c Enter the amount contributed by the employer to the plan for this plan year				12c	<u> </u>			
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	<u> </u>			
е	Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
								V/	1 -

13a 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.....

Yes X No

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)

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.	09/26/2011	KARL EASTLUND
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 Internal Revenue Code (the Code).

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

2010

OMB Nos. 1210-0110

1210-0089

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: X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan			
В -	This return/report is for: first return/report	final retur	n/report					
	an amended return/report	short plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under: X Form 5558	automatic	extension		DFVC program			
_	special extension (enter description	on)			-			
Pa	rt II Basic Plan Information—enter all requested inform			•				
	Name of plan	ution		1b	Three-digit			
	PLANNED PARENTHOOD OF INLAND NORTHWEST 4	103 (B)	PLAN		plan number			
					(PN) ▶ 001			
				1c	Effective date of plan			
20	Discourse and address (appliance if for single appliance	nian)	Manual .	25	01/01/1992 Employer Identification Number			
Za	Plan sponsor's name and address (employer, if for single-employer PLANNED PARENTHOOD OF INLAND NORTHWEST	ріап)			(EIN) 91 - 0885036			
					Plan sponsor's telephone number			
	1117 Tieton Drive			509-225-3405				
	Yakima WA 98902			2d	Business code (see instructions) 621410			
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	<u>;"</u>)	3b	Administrator's EIN			
	Plan administrator's name and address (if same as Plan sponsor, e PLANNED PARENTHOOD OF INLAND NORTHWEST		,		91-0885036			
	1117 Tieton Drive			3с	Administrator's telephone number			
4 1	Yakima WA 98902		next filed for this plan enter the	4 h	509-225-3405			
	f the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	40	4b EIN			
				4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	58			
b	b Total number of participants at the end of the plan year				9			
С	Total number of participants with account balances as of the end o	f the plan y	ear (defined benefit plans do not	_				
	complete this item)			5с	9			
_	Were all of the plan's assets during the plan year invested in eligib				X Yes No			
b	Are you claiming a waiver of the annual examination and report of 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		•		.,,,,,,,			
Pa	rt III Financial Information							
7	Plan Assets and Liabilities	asianin	(a) Beginning of Year		(b) End of Year			
а	Total plan assets	. 7a	59385	0	73279			
b	Total plan liabilities	. 7b						
С	Net plan assets (subtract line 7b from line 7a)	. 7c	59385	0	73279			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:							
	(1) Employers			\dashv				
	(2) Participants		114	의				
_	(3) Others (including rollovers)							
b	Other income (loss)		-492	8				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		2.1	-3788			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	51667	4				
е	Certain deemed and/or corrective distributions (see instructions)		31007	1				
f	Administrative service providers (salaries, fees, commissions)		10	9				
g	Other expenses			\exists				
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)				516783			
;;	Net income (loss) (subtract line 8h from line 8c)				-520571			
i	Transfers to (from) the plan (see instructions)			-				
J	Transfer to (normy the plan (ede modulone) minimum.	· 8j		1.57				

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Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2F 2G 2J 2K 2L 3D

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

Part	V Compliance Questions						
10	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)			х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			Х			
C	Was the plan covered by a fidelity bond?	10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						
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.)						
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		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 C 2520.101-3.)	FR		Х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one o exceptions to providing the notice applied under 29 CFR 2520.101-3	of the					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction (If						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 4				panely promise		
	(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 ye granting the waiver.	Month	and e	nter th Day	e date of the letter ruling Year		
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk	kip to line 13.					
b	Enter the minimum required contribution for this plan year	***************************************	··· ⊢	12b			
	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 sinegative amount)		12d				
e	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? .				X Yes No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		******	13a	0		
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan of the PBGC?			****	Yes X No		
	If during this plan year, any assets or liabilities were transferred from this plan to another pla which assets or liabilities were transferred. (See instructions.)	ın(s), identify the pla	n(s) to				
1	3c(1) Name of plan(s):		130	(2) EI	N(s) 13c(3) PN(s)		
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unle	ess reasonable car	ico ic	octabl	ichad		
Unde SB or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have exa Schedule MB completed and signed by an enrolled actuary, as well as the electronic version, it is true, correct, and complete.	mined this return/rep	oort, in	cluding	ı, if applicable, a Schedule		
24124.5	1/ Ca A > 0/27/11 1/2	rl Eastlund					
SIGN	1/23/11						
TIER	Signature of plan administrator Date Er	nter name of individu	ıal sigi	ning as	plan administrator		
SIGN	<u></u> #[6]	ntor name of individe	ıal cic	ning co	omployer or plan analysis		
	Signature of employer/plan sponsor Date E	mer name or murviol	ıaı siyi	mry as	employer or plan sponsor		