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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

the Internal Revenue Code (the Code).

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

This Form is Open to Public Inspection

	art i Annual Report Identification information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	2/31/2	2011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	oant plan	
В	This return/report is: the first return/report	the final re	eturn/report				
		a short pla	an year return/report (less than 12 m	onths)			
C	Check box if filing under:		extension	,	DFVC progra	m	
U	special extension (enter description		Octobiolis				
D							
	Art II Basic Plan Information—enter all requested information	ation		1h	Three-digit		
	VEN'S INC. 401(K) PROFIT SHARING PLAN			10	plan number		
010	VERTOR TO THE THE STRUCTURE TE				(PN) •	001	
				1c	Effective date of	fplan	
					01/01	/1998	
	Plan sponsor's name and address; include room or suite number (e VENS INC.	mployer, if	for a single-employer plan)	2b	Employer Identif		
CINA	VENS INC.				(=114)	77175	
				2c	Sponsor's telep		
	N MAGNOLIA ST			24			
350	KANE, WA 99202			Zu	44529	see instructions)	
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	s")	3h	Administrator's I		
	VENS INC. 115 N MAGN	OLIA ST	. ,			77175	
	SPOKANE, V	VA 99202		3с		elephone number	
_	Kill I EN Cit I I I I I I I I I I I I I I I I I I I			41.	509-747	7-6424	
4	If the name and/or EIN of the plan sponsor has changed since the lame, EIN, and the plan number from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			5a		29	
b	Total number of participants at the end of the plan year	5b					
С							
	complete this item)		•	5c			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)			X Yes No	
b	Are you claiming a waiver of the annual examination and report of a					X Yes No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		,			X Yes No	
Pa	art III Financial Information	JIII 3300-	or and must mistead use i orm so	00.			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
_	Total plan assets	. 7a	1689599		(5) = 110	0	
b							
C			1689599			0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
a	Contributions received or receivable from:				(2)	- Ciui	
	(1) Employers	8a(1)	0	_			
	(2) Participants	8a(2)	18250				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-99522				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-81272	
d	Benefits paid (including direct rollovers and insurance premiums		1600363				
_	to provide benefits)	. 8d	1000303	-			
e	Certain deemed and/or corrective distributions (see instructions)		7004	-			
f	Administrative service providers (salaries, fees, commissions)		7964	_			
g	Other expenses		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1608327	
h						1005	
į	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i				-1689599	

Form	5500-	QE.	2011
$-\alpha rm$	22001-	-5-	7011

Part IV

5500-SF 2011	Page 2 - 1	

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

2A 2E 2F 2G 2J 2K 2T 3D

Plan Characteristics

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

Part	Compliance Questions									
10	During the plan year:		Yes	No	Δ	mount				
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				175000			
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		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		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								
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•			•	Yes	No			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X 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 instrugranting the waiver									
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	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 negative amount)			12d						
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 in any plan year?			X	'es No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				0			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		the co	ntrol		X Yes	No			
С	C 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.)									
1	(3c(1) Name of plan(s):	13c(2) EIN(s)			N(s)	13c(3) PN(s)				
						<u> </u>				
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab									
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returnated the schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returnated, it is true, correct, and complete.				J, 11	,				

SIGN	Filed with authorized/valid electronic signature.	01/20/2012	REBECCA L. TEMPLIN
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 sections 6057(b) and 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

2011

This Form is Open to Public Inspection

		ntification Information							
For	calendar plan year 2011 or fiscal p		01/01/2	011 and ending		12/31/2011			
Α -	This return/report is for:	a single-employer plan	employer plan (not multiemployer)		a one-participant plan				
В	This return/report is:	the first return/report	the final re	turn/report		_			
	·	an amended return/report	a short pla	n year return/report (less than 12 m	onths)				
G (Check box if filing under:	Form 5558	automatic	extension		☐ DFVC program			
	oncor box it illing dridor.	special extension (enter description	J						
D ₀		tion—enter all requested inform							
	Name of plan	ttion—enter all requested inform	iation		1b	Three-digit			
	AVEN'S INC. 401 (K) PF	OFIT SHARING PLAN			'-	plan number			
-	2. 2					(PN) • 001			
						Effective date of plan			
						01/01/1998			
	Plan sponsor's name and address AVENS INC.	s; include room or suite number (e	employer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 91-1577175			
	5 N MAGNOLIA ST				20				
	· · · · · · · · · · · · · · · · · ·				20	Sponsor's telephone number 509-747-6424			
Q D/	OKANE I	NA 99202			2d	Business code (see instructions)			
שני	OTC 71ATI	73202				445299			
3a	Plan administrator's name and ad	dress (if same as plan sponsor, e	nter "Same	")	3b	Administrator's EIN			
CR	AVENS INC. 5 N MAGNOLIA ST					91-1577175			
					3c	Administrator's telephone number 509-747-6424			
	OKANE If the name and/or EIN of the plai	VA 99202	last return/r	enort filed for this plan, enter the	4h	EIN			
7	name, EIN, and the plan number		iast returni	eport med for this plant, error the	75	LIIV			
а	Sponsor's name				4c	PN			
5a	Total number of participants at th	e beginning of the plan year			5a	29			
b	Total number of participants at th		5b	0					
С	Number of participants with acco	unt balances as of the end of the	plan year (d	efined benefit plans do not	_				
					5c				
				(See instructions.)		X Yes No			
b				dent qualified public accountant (IQ		X Yes ☐ No			
				ons.) SF and must instead use Form 55					
Pa	rt III Financial Informati								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
_	Total plan assets		7a	168959	9	0			
b	Total plan liabilities								
	Net plan assets (subtract line 7b		7c	168959	9	0			
8	Income, Expenses, and Transfer			(a) Amount		(b) Total			
a	Contributions received or receiva								
	(1) Employers		8a(1)		9				
	(2) Participants		8a(2)	1825	50				
	` '			1825	50				
b	` '		8a(3)						
b c	(3) Others (including rollovers)		8a(3) 8b			-81272			
	(3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a Benefits paid (including direct rol	(2), 8a(3), and 8b)lovers and insurance premiums	8a(3) 8b 8c	-9952	22	-81272			
c d	(3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a Benefits paid (including direct rol to provide benefits)	(2), 8a(3), and 8b)lovers and insurance premiums	8a(3) 8b 8c 8d		22	-81272			
С	(3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a Benefits paid (including direct rol to provide benefits) Certain deemed and/or corrective	(2), 8a(3), and 8b)lovers and insurance premiums e distributions (see instructions)	8a(3) 8b 8c 8d 8e	-9952 160036	53	-81272			
c d	(3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a Benefits paid (including direct rol to provide benefits) Certain deemed and/or corrective Administrative service providers	(2), 8a(3), and 8b)lovers and insurance premiums edistributions (see instructions)	8a(3) 8b 8c 8d 8e 8f	-9952	53	-81272			
c d	(3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a Benefits paid (including direct rol to provide benefits) Certain deemed and/or corrective Administrative service providers Other expenses	(2), 8a(3), and 8b)	8a(3) 8b 8c 8d 8e 8d 8e	-9952 160036	53				
c d e f	(3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a Benefits paid (including direct rol to provide benefits) Certain deemed and/or corrective Administrative service providers Other expenses Total expenses (add lines 8d, 8e	(2), 8a(3), and 8b)	8a(3) 8b 8c 8d 8e 8f 8g	-9952 160036	53	1608327			
c d e f g	(3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a Benefits paid (including direct rol to provide benefits) Certain deemed and/or corrective Administrative service providers Other expenses Total expenses (add lines 8d, 8e Net income (loss) (subtract line 8	(2), 8a(3), and 8b)	8a(3) 8b 8c 8d 8e 8f 8g 8h	-9952 160036	53				

Par	t IV	Plan Characteristics		Al 1	List of Diag Char	- otorio	tio Co	don in	the inetri	etions		
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D											
b	If the	plan provides welfare benefits, enter the applicable welfare feature	e codes fror	n the Li	st of Plan Charac	cteristi	ic Cod	es in th	ne instruc	tions:		
Part	٧	Compliance Questions										
10	Dur	ng the plan year:					Yes	No		Am	ount	
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	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							Х				
С	Wa	s the plan covered by a fidelity bond?				10c	Х				17	75000
d	Did or d	the plan have a loss, whether or not reimbursed by the plan's fideli	ty bond, tha	t was c	aused by fraud	10d		х				
е	the second secon							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 y	ear end.)			10g		Х				
h	If th	is is an individual account plan, was there a blackout period? (See 0.101-3.)	instructions	and 29) CFR	10h		х				
i	If 10	Oh was answered "Yes," check the box if you either provided the reseptions to providing the notice applied under 29 CFR 2520.101-3	quired notic	e or on	e of the	10i						
Part		Pension Funding Compliance										
11	ls th	is a defined benefit plan subject to minimum funding requirements 0)	? (If "Yes," :	ee inst	tructions and com	plete	Sched	dule SE	3 (Form	. [Yes	No
12		nis a defined contribution plan subject to the minimum funding requ									Yes	X No
	(If "	es." complete 12a or 12b, 12c, 12d, and 12e below, as applicable	.)									
	lf a grai	waiver of the minimum funding standard for a prior year is being an	nortized in t		Mon	nth	, and e	enter th Day	ne date o	f the le	etter ruli ar	ng ——
		completed line 12a, complete lines 3, 9, and 10 of Schedule ME					Г					
b	Ent	er the minimum required contribution for this plan year					-	12b				
С	Ent	er the amount contributed by the employer to the plan for this plan	year				}-	12c				
d	neg	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)						12d				1
e	Will	the minimum funding amount reported on line 12d be met by the fi	unding dead	lline?					Yes		No	N/A
Part	VII	Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted in any plan year?						X ,	Yes	No		
	If "Y	es," enter the amount of any plan assets that reverted to the empl	oyer this ye	ar		<i>'</i>	13a					0
b	of t	re all the plan assets distributed to participants or beneficiaries, transe PBGC?								2	Yes	No
С	lf d whi	uring this plan year, any assets or liabilities were transferred from t ch assets or liabilities were transferred. (See instructions.)	his plan to a	nother	plan(s), identify t	he pla						
	13c(1) Name of plan(s):				13c(2) EIN(s) 13				13c(3)	PN(s)	
Cau	tion:	A penalty for the late or incomplete filing of this return/report	will be ass	essed	unless reasonal	ole ca	use is	estab	lished.			
Und SB o	er pe or Scl	nalties of perjury and other penalties set forth in the instructions, I on the instructions, I on the instructions of the instructions of the instructions of the instruction of the ins	declare that	l have	examined this ref	turn/re	port, i	ncludir	ng, if appl	licable ny kno	, a Sche wledge	edule and
_			1. B.	12	REBECCA L.	TE	MPLI	N				
SIG	- 1	Signature of plan administrator	Date	•	Enter name of			•	s plan ac	minis	trator	
SIG		1 Lech							-			
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor							onsor					

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