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).

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This Form is Open to Public

Inspection

2011

OMB Nos. 1210-0110

1210-0089

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

	art I		Identification Information				
For	calenda	ar plan year 2011 or fis	scal plan year beginning 01/01/20)11	and ending 1	2/31/2	2011
A	This ret	urn/report is for:	∡ a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This ret	urn/report is:	the first return/report	eturn/report			
			an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	
С	Check b	oox if filing under:	X Form 5558	automatio	extension		DFVC program
special extension (enter description)							
Pa	rt II	Basic Plan Infor	rmation—enter all requested inform	mation			
	Name		onto an requesto mer			1b	Three-digit
			AND NORTHWEST 403(B) PLAN				plan number
						_	(PN) ▶ 001
						1C	Effective date of plan 01/01/1992
22	Dlan er	oneor's name and add	dress; include room or suite number	(employer if	for a single-employer plan)	2h	Employer Identification Number
		PARENTHOOD OF INL		(Ciripioyer, ii	Tot a single employer plant	20	(EIN) 91-0885036
						2c	Sponsor's telephone number
1117	TIETOI	N DRIVE					509-225-3405
		A 98902				2d	Business code (see instructions)
							621410
		dministrator's name and ARENTHOOD OF INLA	d address (if same as plan sponsor, AND NORTHWEST 1117 TIETO		·")	3b	Administrator's EIN 91-0885036
L/ (I)	INCD I	AREITHOOD OF IIVE	YAKIMA, W			3c	Administrator's telephone number
							509-225-3405
4			plan sponsor has changed since the	e last return/	report filed for this plan, enter the	4b	EIN
а			nber from the last return/report.			4c	PN
		Sponsor's name Total number of participants at the beginning of the plan year					9
			at the end of the plan year			5a 5b	3
		• •	account balances as of the end of the			30	
						5c	3
6a	Were	all of the plan's assets	during the plan year invested in elig	ible assets?	(See instructions.)		X Yes No
b			the annual examination and report of (See instructions on waiver eligibility				X Yes ☐ No
			ther 6a or 6b, the plan cannot use		· · · · · · · · · · · · · · · · · · ·		
Pa	rt III	Financial Inform					
7	Plan A	ssets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total p	olan assets		7a	73279		5380
b	Total p	olan liabilities		7b			
С	Net pla	an assets (subtract line	e 7b from line 7a)	7с	73279		5380
8	Income	e, Expenses, and Tran	sfers for this Plan Year		(a) Amount		(b) Total
а		butions received or rec		0-(4)	3926		
				` '			
	` '	·		, ,			
b	. ,	, •	rs)		3559	_	
C		` '), 8a(2), 8a(3), and 8b)				7485
d		, , ,	et rollovers and insurance premiums	60			
-				8d	75032		
е	Certair	n deemed and/or corre	ective distributions (see instructions).	8e			
f	Admin	istrative service provide	trative service providers (salaries, fees, commissions) 8f 352				
g	Other	expenses		8g			
h	Total e	expenses (add lines 8d	I, 8e, 8f, and 8g)	8h			75384
i	Net inc	come (loss) (subtract li	ne 8h from line 8c)	8i			-67899
i	Transf	ers to (from) the plan (see instructions)	8j			
<u> </u>							

Form	5500	SF	201

Page 2 -	1
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Dart IV	Dlan	Charac	teristics
Part IV	Plan	L.narac	Teristics

- **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:

During the plan year:		Yes	No		Amou	nt
Was there a failure to transmit to the plan any participant contributions within the time period described in					Ainou	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			X			
on line 10a.)	10b		X			
Was the plan covered by a fidelity bond?	10c		^			
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			
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			
Has the plan failed to provide any benefit when due under the plan?	10f		X			
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
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					
VI Pension Funding Compliance						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor						
is this a defined benefit plan subject to minimum randing requirements: (ii 163, 366 instructions and cor	nplete	Sched	lule SB (I	Form		
5500))						res I
					+	res X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	302 of EF	RISA?		res X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instru	e or se	ction 3	302 of EF	RISA?	the lette	r ruling
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	e or se uctions, nth t of a	and e	and a second sec	RISA?	the lette	Yes X I
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moreovou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? It VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	e or se	and e	and the senter the Day	date of Yes	the lette	Yes X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	e or se uctions, nth t of a	and e	302 of EF enter the Day	date of Yes	the letter Year No	r ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moreovou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? It VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	e or se uctions, nth t of a under	and e	anter the Day	date of Yes	the letter Year No	Yes X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se uctions, nth t of a under	and e	anter the Day	Yes	the letter Year _	r ruling
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belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/08/2012	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 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

Pa						12/21/2011			
For c	aleridai piari year 2011 di liodai piari year begiining	1/01/2		and ending		12/31/2011			
Ат	nis return/report is for:	a multiple-e	mployer plan (r	ot multiemployer)	ltiemployer)				
Вт	return/report is:								
		a short plan	year return/rep	ort (less than 12 mo	nths)				
C C	heck box if filing under: X Form 5558	automatic e	extension			DFVC program			
0	special extension (enter description	1)							
Pai									
	Name of plan				1b	Three-digit			
PLA	NNED PARENTHOOD OF INLAND NORTHWEST 403	(B) PLA	N			plan number 001			
					40	(PN)			
						Effective date of plan 01/01/1992			
	Plan sponsor's name and address; include room or suite number (er	nnlover if f	or a single-emp	lover plan)		Employer Identification Number			
2 a I	Plan sponsor's name and address; include room of stile number (er NNED PARENTHOOD OF INLAND NORTHWEST	iipioyei, ii i	or a single emp	oyor plant,		(EIN) 91-0885036			
1 111					2c	Sponsor's telephone number			
111	7 Tieton Drive					509-225-3405			
					2d	Business code (see instructions)			
	ima WA 98902					621410			
3a	Plan administrator's name and address (if same as plan sponsor, er NNED PARENTHOOD OF INLAND NORTHWEST	iter "Same")		3b	Administrator's EIN 91-0885036			
					3c	Administrator's telephone number			
	7 Tieton Drive xima WA 98902					509-225-3405			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/report filed for this plan, enter the			4b	EIN			
-	name, EIN, and the plan number from the last return/report.				40	DN			
	Sponsor's name				4c	9			
	Total number of participants at the beginning of the plan year				5a	3			
	Total number of participants at the end of the plan year				5b	3			
С	Number of participants with account balances as of the end of the properties this item)	olan year (d	efined benefit p	lans do not	5c	3			
	were all of the plan's assets during the plan year invested in eligib	lo accete?	See instructions	2.)	1	X Yes No			
ъа b	Are you deiming a waiver of the annual examination and report of	an independ	dent qualified pu	ıblic accountant (IQ	PA)	п п			
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condition	ons.)			X Yes ∐ No			
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5 <u>500-</u> S	F and must in	stead use Form 55	00.				
Pa	rt III Financial Information					(b) End of Year			
7	Plan Assets and Liabilities		(a) Beg	inning of Year 732	7.0	(b) End of real 5380			
	Total plan assets			132	13	3300			
	Total plan liabilities	1 _ 1		732	70	5380			
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c			7 5				
8	Income, Expenses, and Transfers for this Plan Year		(a)	Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	. 8a(1)		39	26				
	(2) Participants	8a(2)							
	(3) Others (including rollovers)								
h	Other income (loss)			35	59				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					7485			
d	Benefits paid (including direct rollovers and insurance premiums			D. C. C.	2.0				
	to provide benefits)			750	32				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f		3	52				
g	Other expenses	. 8g				FEC. 0.4			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				75384			
i	Net income (loss) (subtract line 8h from line 8c)	. <u>8i</u>			-	-67899			
	Transfers to (from) the plan (see instructions)		1						

	ı	Form 5500-SF 2011	Page 2 -			_					
_	. 13.	Dian Characteristics			***						
Pai	rt IV	Plan Characteristics plan provides pension benefits, enter the applicable pension feature	e codes from the Lis	st of Plan Charac	cterist	ic Co	des in t	he instruction	ns:		
	2 E	' 2G 2J 2K 2L 3D									
b	If the	plan provides welfare benefits, enter the applicable welfare feature	codes from the List	of Plan Charact	eristic	Code	es in th	e instructior	ns:		
Par	t V	Compliance Questions					т				
10	Dur	ing the plan year:				Yes	No	A	mou	nt	
	29	Was there a failure to transmit to the plan any participant contributions within the time period described in X 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)									
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)										
С		as the plan covered by a fidelity bond?			10c		Х				45000
d	l Did	the plan have a loss, whether or not reimbursed by the plan's fidelity	y bond, that was ca	used by fraud	10d		Х				
e	We	re any fees or commissions paid to any brokers, agents, or other per urance service or other organization that provides some or all of the l tructions.)	rsons by an insuran benefits under the r	ce carrier, plan? (See	10e		х				
f		s the plan failed to provide any benefit when due under the plan?			10f		Х				
ç		the plan have any participant loans? (If "Yes," enter amount as of ye		l l	10g		Х				
	, 16+1	nis is an individual account plan, was there a blackout period? (See in 20.101-3.)	nstructions and 29	CFR	10h		Х				
i	If 1	Oh was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3	uired notice or one	of the	10i						
Dar	t VI	Pension Funding Compliance									
11	ا ما	his a defined benefit plan subject to minimum funding requirements?	' (If "Yes," see instr	uctions and comp	plete	Sched	lule SE	(Form		Yes	
12	le	this a defined contribution plan subject to the minimum funding requi	rements of section	412 of the Code	or se	ction :	302 of	ERISA?		Yes	X No
	/15	Was " complete 12a or 12b, 12c, 12d, and 12e below, as applicable.")								
	a İfa	waiver of the minimum funding standard for a prior year is being am	ortized in this plan	WIOTIL	tions, th	, and 6	enter th Day	e date of th	e leti Year	er rulii	ng
ı	f you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	skip to line 13.		г	12b				
i) En	ter the minimum required contribution for this plan year			••••••••	····	12b				
(: En	ter the amount contributed by the employer to the plan for this plan y	ear			├	120				
	ne	btract the amount in line 12c from the amount in line 12b. Enter the r gative amount)		••••		[12d	Yes [7 N	n [
		If the minimum funding amount reported on line 12d be met by the fu	inding deadline?					Tes		<u> </u>	IVIA
		Plan Terminations and Transfers of Assets					\(\frac{1}{2}\)	/ N			
13	а На	is a resolution to terminate the plan been adopted in any plan year?					X ,	Yes N			0
	lf '	Yes," enter the amount of any plan assets that reverted to the emplo	yer this year		1	13a			-		
ı	٥f	ere all the plan assets distributed to participants or beneficiaries, tran			•••••					Yes	X No
_	C If	during this plan year, any assets or liabilities were transferred from thich assets or liabilities were transferred. (See instructions.)	nis plan to another p	olan(s), identify th	ne pla		o 3c(2) E	INI(a)	-	130/3\	PN(s)
	13c	1) Name of plan(s):			-	- 11	oc(2) ∟	114(2)	+	100(0)	114(0)
Ca	ution	: A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonab	le ca	use is	s estab	lished.			
Un SE	der p	enalties of perjury and other penalties set forth in the instructions, I dehedule MB completed and signed by an enrolled actuary, as well as is true, correct, and complete.	lactare that I have e	examined this ret	urn/re	eport.	includii	ng, it applica	able, know	a Sche ledge	edule and
	,		10/5/12	Karl Eastl	und						
	IGN ERE	[274-0-0]	Date	Enter name of i	ndivid	lual si	gning a	as plan adm	inistr	ator	,
<u> </u>		Signature of plan administrator		Karl Eastl							
1	IGN ERE	S	Date	Enter name of i	indivio	dual si	gnina a	as employer	orp	lan sp	onsor
n		Signature of employer/plan sponsor	Date								

Signature of employer/plan sponsor