	P			Report of Small Employ	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Plan d under sections 104 and 4065 of the Employee			2011			
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	of 1974 (ER	ISA), and sections 6057(b) and 6058(Code (the Code).	of This Form is Open to Public Inspection				
	ension Benefit Guaranty Corporation)-SF.	118	pection					
		entification Information			0/04/	2044			
-	calendar plan year 2011 or fisca	al plan year beginning 01/01/20	-	e	2/31/2				
	This return/report is for:			e-employer plan (not multiemployer)		a one-partici	bant plan		
Β.	This return/report is:	the first return/report	-	eturn/report					
-		an amended return/report	-	an year return/report (less than 12 mo	onths)	—			
C	Check box if filing under:	Form 5558		cextension		DFVC progra	m		
		special extension (enter descript							
		nation—enter all requested inforr	nation		1h	Three-digit			
	Name of plan IETH H. COLEMAN 401K PLAN	V			1D	plan number			
						(PN) ▶	002		
					1c	Effective date o 01/01	•		
2a	Plan sponsor's name and addre	ess; include room or suite number (employer, if	for a single-employer plan)	2b	Employer Identi			
				-	0.0	(EIN) 91-20			
					20	Sponsor's telep 509-83			
	V RIVERSIDE AVE., STE. 654 (ANE, WA 99201-0411				2d	Business code (54111			
	Plan administrator's name and OFFICES OF KENNETH H COI	address (if same as plan sponsor, o LEMAN PS 421 W RIVE			3b	Administrator's 91-20	EIN 09991		
	SPOKANE, W			0411	3c	Administrator's 509-838	elephone number 3-2425		
4		lan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN			
а	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	DN			
	•	the beginning of the plan year			5a		2		
-	Total number of participants at the end of the plan year			-	<u>5a</u> 5b				
c		count balances as of the end of the			50				
			• • •	-	5c		2		
	-			(See instructions.)			X Yes 🗌 No		
b				ndent qualified public accountant (IQF ions.)			X Yes 🗌 No		
		ч ,		SF and must instead use Form 550					
Pa	rt III Financial Informa	ation		1					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End			
a				235070			237911		
b		·····		235070			237911		
<u> </u>	Income, Expenses, and Transf	'b from line 7a)	7c			(1-) 7			
a	Contributions received or recei			(a) Amount		(b) 1	otai		
u			8a(1)						
	(2) Participants		8a(2)						
	(3) Others (including rollovers))	8a(3)		_				
b	()			2866					
С С		8a(2), 8a(3), and 8b)	8c				2866		
d		rollovers and insurance premiums							
е	, ,	ive distributions (see instructions)							
f		s (salaries, fees, commissions)		25					
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h				25		
i	Net income (loss) (subtract line	e 8h from line 8c)	8i				2841		
j	Transfers to (from) the plan (se	ee instructions)	··· 8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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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:
 - 2E 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:

Part	V	Compliance Questions								
10	D	uring 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)									
b		Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.)	10b		Х					
с	v	Vas the plan covered by a fidelity bond?	10c	Х					500	00
d		id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х					
е	in	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		X					
f	Н	as the plan failed to provide any benefit when due under the plan?	10f		Х					
g	D	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					431	48
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		Х					
i		10h was answered "Yes," check the box if you either provided the required notice or one of the cceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI	Pension Funding Compliance								
11										No
a lf c d <u>e</u> Part 13a										
 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to 										
		hich assets or liabilities were transferred. (See instructions.)			(0) =:					
1	3c	(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(3)
Caut	ion	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	ished.				
Unde	r n	enalties of perium and other penalties set forth in the instructions. I declare that I have examined this retu	irn/ro	oort in	cludin	a if annli	ahla	a Sch	ماريام	

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.	10/15/2012	KENNETH H. COLEMAN					
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					

F	R	Ο	Μ		÷
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Form 5500-SF			Report of Small Employ Plan	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Rovenue Service			ctions 104 and 4065 of the Employe	2011			
Department of Labor Retirement Income Security Act of Employee Benefits Security Administration the Internal			SA), and sections 6057(b) and 6058 Code (the Code).	This Form is Open to Public inspection			
Pension Benefit Guaranty Corporation		rdance with	the Instructions to the Form 850)-SF.			
Part I Annual Report Id For calendar plan year 2011 or fisca	entification Information	01/01/2	2011 and ending		12/31/2011		
	a single-employer plan		-employer plan (not multiemployer)		a one-participant plan		
A misteunineportionor.		4. T					
B This return/report is:	the first return/report	4	eturn/report	méha			
	an amended return/report	.	n year return/report (less than 12 me	anns,	au.		
C Check box if filing under:	K Form 5558		extension		DFVC program		
	special extension (enter descript						
	nation-enter all requested inform	nation		1h	Three-digit		
1a Name of plan KENNETH H. COLEMAN 40	NIK DI AN				plan number		
KENNEIR A. COMBREM 40					(PN) • 002		
*					Effective date of plan 01/01/2004		
2a Plan sponsor's name and addre	ess; include room or suite number (employer, if	for a single-employer plan)	2b	Employer Identification Number		
LAW OFFICES OF KENNET	'H H COLEMAN PS			-	(EIN) 91-2009991		
421 W RIVERSIDE AVE.,	STF 654			2¢	Sponsor's telephone number		
421 W RIVERSIDE AVE.,	D.W. 074			2ď	509-838-2425 Business code (see instructions)		
SPOKANE	WA 99201-0411				541110		
3a Plan administrator's name and LAW OFFICES OF KENNET	address (if same as plan sponsor, a TH H COLEMAN PS	enter "Same	")	3b	Administrator's EIN 91-2009991		
				3¢	Administrator's telephone number		
421 W RIVERSIDE AVE., SPOKANE	WA 99201-0411			41-	509-838-2425		
4 If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the	last return/r	report filed for this plan, enter the	40	EIN		
a Sponsor's name				4c	PN		
5a Total number of participants at	the beginning of the plan year			5a	2		
				5b	2		
c Number of participants with ac	count balances as of the end of the	plan year («	defined benefit plans do not	5c	2		
6a Were all of the plan's assets d	uring the plan year invested in eligi	ble assets?	(See instructions.)		🕅 Yes 🗌 No		
under 29 CFR 2520.104-467 (See instructions on waiver eligibility	/ and conditi	dent qualified public accountant (IQ)				
		rorm 5500-	SF and must instead use Form 55	<i>.</i>			
Part III Financial Informa	ation		(a) Boginging of Vog-		(b) End of Year		
7 Plan Assets and Liabilities			(a) Beginning of Year 23507	0	(b) End of Year 237911		
				1	23/311		
	'b from line 7a)		23507	0	237911		
C Net plan assets (subtract line 7 B Income, Expenses, and Transf			(a) Amount	1	(b) Total		
 a Contributions received or received 				+			
(1) Employers	•••••	8a(1)					
)						
b Other income (loss)		8b	286	6			
	l income (add lines 8z(1), 8a(2), 8a(3), and 8b)		•··· ·		2866		
to provide benefits)	rollovers and insurance premiums						
	ive distributions (see instructions).			_			
f Administrative service provider	rs (salaries, fees, commissions)	•	2	틘			
U			1	_			
	8e, 8f, and 8g)				25		
Net Income (loss) (subtract line	Bh from line 8c)	<u>8i</u>		+	2841		
] Transfers to (from) the plan (se	ee instructions)	··· 8]			Form (\$00_SE (2044)		
For Paperwork Reduction Act Notice and On	NB Control Numbers, see the instructions fo	of Form 6500-5	г.		Farm 6600-\$F (2011) v.012611		

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	Form 5500-SF 2011	Page 2 -			_			
Par	IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fea $2E$ $2J$ $2K$ $2R$ $3D$	iture codes from the	List of Plan Chara	acteris	lic Co	deş in	the instruction	ns:
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the L	ist of Plan Charac	teristic	c Cod	es in t	he instruction	5.
Part	V Compliance Questions							
10	During the plan year:				Yes	No	A	mount
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducia	ary Correction Progra	am) (me	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	Do not include transi	actions reported	105		х		
¢	Was the plan covered by a fidelity bond?		le la	10c	х			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fld or dishonesty?	elity bond, that was a	caused by fraud	10d		х		
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	persons by an insur he benefits under the	ance carrier, plan? (See	10e		x		
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 o			10g	х			43148
'n	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 2	9 CFR	10h		х		······································
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or on	e of the	101				
Part								
11	is this a defined benefit plan subject to minimum funding requiremen	ts? (If "Yes," see ins	tructions and comp	plete S	Sched	ule SE	3 (Form	
12 a	5500)). Is this a defined contribution plan subject to the minimum funding re- (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab If a waiver of the minimum funding standard for a prior year is being granting the waiver.	quirements of section le.) amortized in this play	n 412 of the Code n year, see instruc	or sec tions,	stion 3 and e	302 of Inter th	ERISA? he date of the	Yes X No
17 1	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	IB (Form 5500), and	d skip to line 13.			_		
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	n year				12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)					12d		
	Will the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No N/A
Part						<u> </u>		
13a	Has a resolution to terminate the plan been adopted in any plan year?						Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the em				3a			
	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?							🗌 Yes 🕅 No
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identity th	ne pier T				13c(3) PN(s)
1	3c(1) Name of plan(s):				1-0	C(2) E	in(a)	100(0) 114(0)
Caut	on: A penalty for the late or incomplete filing of this return/report	t will be assessed	unless reasonabi	le cau	se is	estab	lished.	
SBo	r penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well , it is true, correct, and complete.	l declare that I have as the electronic ven	examined this retu sion of this return/	report,	ort, ir , and i	icludin to the	ig, if applicab best of my kr	le, a Schedule lowledge and
		al. 12 2012	KENNETH H.	COL	EMA	N		
SIG		Date	Enter name of in	ıdividu	al sig	ning a	s plan admin	strator
SIG	V							
HER	E Signature of employer/plan sponsor	Date	Enter name of in	ndividu	ial sig	ning a	s employer o	r plan sponsor

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