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

This Form is Open to Public Inspection

P		lance witl	n the instructions to the Form 5500	D-SF.		•	
Pä	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/20	011		
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
		•	eturn/report	L		•	
			•				
_			in year return/report (less than 12 mo	ontns) F	7		
С	Check box if filing under:	automatic	extension		DFVC progra	m	
	special extension (enter description	n)					
Pa	art II Basic Plan Information—enter all requested informa	ition					
1a	Name of plan			1b	Three-digit		
	ERANS INDEPENDENT ENTERPRISES OF WASHINGTON 401(K) F	PROFIT S	HARING PLAN		plan number		
					(PN) ▶	001	
				1c	Effective date of	fplan	
					01/01/	/1998	
	Plan sponsor's name and address; include room or suite number (en	nployer, if	for a single-employer plan)		Employer Identif		r
VEII	ERANS INDEPENDENT ENTERPRISES OF WASHINGTON				(EIN) 91-13		
				2c	Sponsor's telep		
	16TH STREET EAST #B				253-922		
FIFE	, WA 98424			2d 1	Business code (s)
					54199	00	
	Plan administrator's name and address (if same as plan sponsor, enter RANS INDEPENDENT ENTERPRISES OF 4630 16TH ST			3b /	Administrator's E 91-13		
	HINGTON FIFE, WA 9842		131 #B	30	Administrator's t		hor
				36 /	253-922		bei
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	FIN		
	name, EIN, and the plan number from the last return/report.			- 1.0			
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			1
b	Total number of participants at the end of the plan year			5b			1
С	Number of participants with account balances as of the end of the pl	lan vear (d	defined benefit plans do not				
	complete this item)	• (•	5c			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and report of a	n indeper	dent qualified public accountant (IQF	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at		•			X Yes	No
_	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 550	00.			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	99656			97735	
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	99656			97735	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		, ,		, ,		
	(1) Employers	8a(1)	0				
	(2) Participants	8a(2)	0				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	-1589				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-1589	
d	Benefits paid (including direct rollovers and insurance premiums						
-	to provide benefits)	8d	332				
е	Certain deemed and/or corrective distributions (see instructions)	8e	0				
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				332	
- ;						-1921	
;	Net income (loss) (subtract line 8h from line 8c)	8i				1021	
J	Transfers to (from) the plan (see instructions)	8j					

Form	5500	SF	201

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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2J 2K 3D
- 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		Δm	ount	
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		7.11	Ount	
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10a		X				
Was the plan covered by a fidelity bond?	10b	Χ					200
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					12
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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 5500))					Г	Yes	X
5500))	······			····		1	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	······			····		Yes Yes	X
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	ERISA?	· [Yes	X
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 enter th	ERISA?	of the le	Yes	
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	ction 3	302 of enter th	ERISA?	of the le	Yes	
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. Moreovous completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	e or se	ction 3	302 of enter th	ERISA?	of the le	Yes	
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 enter th Day	ERISA?	of the le	Yes	
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.	e or se	and e	302 of enter th Day	ERISA?	of the le	Yes	
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	and e	302 of enter the Day 12b 12c	ERISA?	of the k	Yes	
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	and e	302 of enter the Day 12b 12c	ERISA?	of the k	Yes etter ru	
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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). Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or se	and e	12b 12c	ERISA?	of the lo	Yes etter ru	
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. You 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?. VII 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	and e	12b 12c 12d	ERISA?	of the lo	Yes etter ru] '
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. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	e or se	and e	12b 12c 12d	ERISA?	of the lo	Yes etter ru] !
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? VII 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. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.)	e or se	and e	12b 12c 12d	ERISA?	of the lo	Yes etter ru] <u> </u>
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	and e	12b 12c 12d	ERISA?	of the lo	Yes etter ru ar No Yes] [

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	JUDY SCHWIND
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/15/2012	JUDY SCHWIND
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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	► Complete all entries in accor	dance with	h the instructions to the Form 550	0-SF.	inspection
	art Annual Report Identification Information				
For	the calendar plan year 2011 or fiscal plan year beginning	01/0	1/2011 and ending	12	2/31/2011
Α	This return/report is for: x a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	;	eturn/report	L.	_ a one-participant pian
	an amended return/report	1		11 1	
_		ī	an year return/report (less than 12 mo	ntns)	
C	Check box if filing under: x Form 5558	ı	extension	L	DFVC program
	special extension (enter description	,			
	art II Basic Plan Information enter all requested info	mation.			
1a	Name of plan			1b	Three-digit
	Veterans Independent Enterprises of Washington	401(K)	PROFIT SHARING PLAN		plan number (PN) ► 001
	•				(PN) ► 001 Effective date of plan
					01/01/1998
2a		ployer, if fo	or single-employer plan)		Employer Identification Number
	VETERANS INDEPENDENT ENTERPRISES OF WASHINGTON	7			(EIN) 91-1398031
				2c	Plan sponsor's telephone number
	4630 16TH STREET EAST #B				(253) 922-5650
				2d	Business code (see instructions)
US					541990
зa	Plan administrator's name and address (If same as plan sponsor, ent Same	er "Same")		3b /	Administrator's EIN
				3c /	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/rep	ort filed for this plan, enter the	4b 1	=IN
•	name, EIN, and the plan number from the last return/report.		plan, sincy and		
<u>a</u> 5a		····		4c F	7N
b	Total number of participants at the beginning of the plan year			<u>5a</u>	14
c	Total number of participants at the end of the plan year	n vear (defi	ned henefit plans do not	5b	14
	complete this item)	• • •	· · · · · · · · · · · · · · · · · · ·	5c	6
6a	Were all of the plan's assets during the plan year invested in eligible a	assets? (Se	e instructions.)		· · · · · · · · · · · · · · · · · · ·
b	Are you claiming a waiver of the annual examination and report of an	independer			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and				· · · · XYes No
De	If you answered "No" to either 6a or 6b, the plan cannot use Form	n 5500-SF a	and must instead use Form 5500.		
7		A STATE OF THE STATE OF	<u> </u>		
' _	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a	Total plan assets	· 7a	99,656		97,735
b	Total plan liabilities	7b			· · · · · · · · · · · · · · · · · · ·
<u>с</u> 8	Net plan assets (subtract line 7b from line 7a)	. 7c	99,656	 	97,735
o a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	72.00	(a) Amount		(b) Total
-	(1) Employers	8a(1)	0		
	(2) Participants	8a(2)	0		
	(3) Others (including rollovers)	8a(3)	0		
b	Other income (loss)	8b	(1,589)		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			14 500
d	Benefits paid (including direct rollovers and insurance premiums				(1,589)
	to provide benefits)	8d	332	10 400	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0		
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			332
i	Net income (loss) (subtract line 8h from line 8c)	8i			(1,921)
<u>j</u>	Transfers to (from) the plan (see instructions)	8j			
F	B				

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Par	IV Plan Characteristics			*******					·····
9a	the plan provides pension benefits, enter the applicable pension fea	ature codes from the I	ist of Plan Charac	teristic	Codes	in the	instructions		
	2E 2F 2J 2K 3D							•	
b	the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the Li	st of Plan Characte	eristic C	odes i	in the	instructions:		
Par	V Compliance Questions								
10	During the plan year:				Yes	No	T	Amount	
а	Was there a failure to transmit to the plan any participant contribution	ons within the time pe	riod described in		1.03		 	Amount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Progra	m)	. 10a	<u> </u>	X	ļ	···	
U	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			. 10b		x			
С	Was the plan covered by a fidelity bond?			10c	х	<u> </u>			200 000
ď	Did the plan have a loss, whether or not reimbursed by the plan's fic			. 100		-		~	200,000
	or dishonesty?	• • • • • •	• • • • • •	· 10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other	persons by an insura	nce carrier,						**
	insurance services or other organization that provides some or all o instructions.)	f the benefits under the	ne plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?					x			
g	Did the plan have any participant loans? (If "Yes," enter amount as				x				10.01
h	If this is an individual account plan, was there a blackout period? (S			· 10g	_^_		-10000000000000000000000000000000000000		12,247
_	2520.101-3.)	· · · · · · ·		. 10h		х			
i	If 10h was answered "Yes," check the box if you either provided the	required notice or on	e of the						
Part	exceptions to providing the notice applied under 29 CFR 2520.101- VI Pension Funding Compliance	3	• • • • • •	. 10i		<u> </u>			al a li
11	Is this a defined benefit plan subject to minimum funding requireme	nts? (If "Yes." see ins	tructions and com	nlete Sc	hedul	o SR /	Form		war
	5500))	_ 	<u> </u>	<u></u>			<u> </u>	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding re	equirements of section	1 412 of the Code	or sectio	n 302	of EF	RISA?	Yes	x No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica								
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortized in this pla	n year, see instruct	tions, ar	id ente	er the	date of the le	etter ruling	1
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	MB (Form 5500), and	skip to line 13.			Day	····	Teal	
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				. [12¢			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	he result (enter a min	us sign to the left o	of a		12d			
е	negative amount)	e funding deadline?	• • • • • •	• •	• _	**	l ∏Yes	ΠNο	□N/A
Part		e landing deadline:	• • • • •	• • •	•	•			
13a	Has a resolution to terminate the plan been adopted in any plan yea	r?						Tyes	X No
	If "Yes," enter the amount of any plan assets that reverted to the em		• • • • • •	· · ·	<u>.</u> ن	13a	<u> </u>		E IVO
b	Were all the plan assets distributed to participants or beneficiaries, t			nder the					
^	of the PBGC?					• •		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another p	plan(s), identify the	plan(s)	to				
1	Sc(1) Name of plan(s):		.7		13/	c(2) E	M(c)	13c(3)	DNI(a)
				1		3(2)	111(3)	130(3)	F1V(S)
	· · · · · · · · · · · · · · · · · · ·								
Courtie	A nonella for the Later view and the City			Ш			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	n: A penalty for the late or incomplete filing of this return/report								
SB or	penalties of perjury and other penalties set forth in the instructions, I dechedule MB completed and signed by an enrolled actuary, as well as	declare that I have ex s the electronic versio	amined this return/ n of this return/ren	report, i	ncludi	ng, if	applicable, a	Schedule	
belief,	is true, correct, and complete.			ort, arra	to the	Desi	Of Hity Known	suge and	
SIGN	Judy Schund	10-15-12	Judy	50	nw	mi	1		
HER		Date	Enter name of in					trator	
SIGN	Λ Λ	10 15 12		5U					
HER		Date	Enter name of in				employer or i	olan spons	sor