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 the Internal Revenue Code (the Code).

2011

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of

	Complete all entries in accord	lance witl	n the instructions to the Form 5500)-SF.		
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 07/01/2011		and ending 0	6/30/2	2012	
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participan	t plan
В	This return/report is:	the final re	eturn/report		<u> </u>	
_			in year return/report (less than 12 mo	nthe)		
_	님 ' 님	•		niti is)		
C	Check box if filing under: Form 5558	automatic	extension		DFVC program	
	special extension (enter description	n)				
Pa	art II Basic Plan Information—enter all requested informa	ation				
1a	Name of plan			1b	Three-digit	
PAR	TNERS INVESTMENT NETWORK SAVINGS PLAN				plan number	
					(PN) •	001
				1c	Effective date of plant	
0-				-	07/01/19	
	Plan sponsor's name and address; include room or suite number (en TNERS INVESTMENT NETWORK	nployer, if	for a single-employer plan)		Employer Identifica	
			•		(=114)	
				2C	Sponsor's telephor 509-838-4	
	V. RIVERSIDE AVE., SUITE 940 KANE, WA 99201			24		_
3501	(ANL, WA 99201			Zu	Business code (see 523120	e instructions)
32	Plan administrator's name and address (if same as plan sponsor, en	tor "Same	,"\	3h	Administrator's EIN	1
	THERS INVESTMENT NETWORK 601 W. RIVER			35	91-1407	
	SPOKANE, W	'A 99201	·	3c	Administrator's tele	phone number
					509-838-4	432
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	eport filed for this plan, enter the	4b	EIN	
_	name, EIN, and the plan number from the last return/report.			4.		
	Sponsor's name			4c	PN	
ъa	Total number of participants at the beginning of the plan year			5a		14
b	Total number of participants at the end of the plan year			5b		10
С	Number of participants with account balances as of the end of the pl			_		10
	complete this item)			5c		10
6a	Were all of the plan's assets during the plan year invested in eligible		,			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 If you answered "No" to either 6a or 6b, the plan cannot use Fo		,			V les No
Pa	rt III Financial Information	7111 3300-	or and must mistead use i orm 550	<i>.</i>		
7			(a) Bandania a a (Vana		(b) F	V
_	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of	894342
a	Total plan assets	7a	1370244			004042
b	Total plan liabilities	7b	4070047	-		904242
С	Net plan assets (subtract line 7b from line 7a)	7c	1376244			894342
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Tota	al
а	Contributions received or receivable from:	0-/4\	3877			
	(1) Employers	8a(1)				
	(2) Participants	8a(2)	61407			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	-45265			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				20019
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	499750			
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f	2171			
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				501921
- ;						-481902
:	Net income (loss) (subtract line 8h from line 8c)	8i				101002
J	Transfers to (from) the plan (see instructions)	8j				

_		~-		
Form	5500	-SE	201	1

Page 2 -	1
----------	---

Dart IV	Dlan	Characteristics
Partiv	Pian	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 2F 2G 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:

art	V Compliance Questions						
0	During the plan year:		Yes	No		Amount	
	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	103	X		Amount	
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			25000	00
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		Х			
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		Х			
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					
art	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and composition of the second secon					Yes N	Ю
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes X N	Ю
	(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 instruction granting the waiver						
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г		ı		
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 sign to the left of negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A	4
art	VII Plan Terminations and Transfers of Assets						
3a	Has a resolution to terminate the plan been adopted in any plan year?				res X N	lo	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought upon the PBGC?					Yes X N	10
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e caı	ıse is	estab	ished.		_
Inde B or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r	rn/re	port, ir	ncludin	g, if applic		
CIICI	Filed with authorized/valid electronic signature.						

SIGN	Filed with authorized/valid electronic signature.	11/02/2012	J.D. ALLEN
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

	Part I Annual Report Identification Information							
For		07/01/	2011 and ending		06/30/2012			
A	This return/report is for:	a multiple	-employer plan (not multiemployer)	r) a one-participant plan				
В	This return/report is: the first return/report	the final r	eturn/report	_				
		a short plan year return/report (less than 12 months)						
C	Check box if filing under: Form 5558		extension	,	☐ DFVC program			
	special extension (enter description)		Oxionolon		_ bi vo program			
De	rt II Basic Plan Information—enter all requested informa							
	Name of plan	ation		1h	Three-digit			
	rtners Investment Network Savings Plan			מו	plan number			
					(PN) • 001			
				1c Effective date of plan				
2-		,			07/01/1991			
	Plan sponsor's name and address; include room or suite number (ei rtners Investment Network	mployer, if	for a single-employer plan)	26	Employer Identification Number (EIN) 91-1407407			
				20	Sponsor's telephone number			
60	l W. Riverside Ave., Suite 940			20	509-838-4432			
				2d	Business code (see instructions)			
Sp	okane WA 99201				523120			
3a	Plan administrator's name and address (if same as plan sponsor, er rtners Investment Network	nter "Same	")	3b	Administrator's EIN			
				20	91-1407407			
60. Sp	l W. Riverside Ave., Suite 940 okane WA 99201			SU	Administrator's telephone number 509-838-4432			
	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	EIN			
	name, EIN, and the plan number from the last return/report.							
	Sponsor's name			4c				
	Total number of participants at the beginning of the plan year		ì	<u>5a</u>	14			
b	Total number of participants at the end of the plan year			5b	10			
С	Number of participants with account balances as of the end of the p complete this item)			5с	10			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No			
	Are you claiming a waiver of the annual examination and report of a	an indeper	dent qualified public accountant (IQF	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		X Yes No			
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550)0.				
7	Plan Assets and Liabilities		(a) Basinning of Vac	T	(h) End of Voca			
-	Total plan assets	7a	(a) Beginning of Year 137624	1	(b) End of Year 894342			
_	Total plan liabilities	7b	137024	1	0,74,542			
	Net plan assets (subtract line 7b from line 7a)	75 7c	137624	4	894342			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	1				
	Contributions received or receivable from:		ια) Amount	-	(b) Total			
	(1) Employers	8a(1)	387	7				
	(2) Participants	8a(2)	6140	7				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-4526	5				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			20019			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	49975	0				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	217	1				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			501921			
i	Net income (loss) (subtract line 8h from line 8c)	8i			-481902			
j	Transfers to (from) the plan (see instructions)	Ri						

	Form 5500-SF 2011 Page 2	·						
Par	t IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from t	he List of Plan Charac	cteris	tic Co	des in	the instructi	ons:	
h	2E 2F 2G 2J 2K 2R 3D	a List of Blan Charact	lariati	ام ۲۰۰۸	laa in H	an inntruction	201	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the	e List of Plan Charact	teristi	C Coa	ies in tr	ie instructio	15:	
Part	V Compliance Questions							
10	During the plan year:			Yes	No	P	mount	
а	Was there a failure to transmit to the plan any participant contributions within the time 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Pro	•	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include tra on line 10a.)	• •	10b		Х			
С	Was the plan covered by a fidelity bond?		10c	Х			2	250000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that wa or dishonesty?		10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insinsurance service or other organization that provides some or all of the benefits under instructions.)	surance carrier, the plan? (See	10e		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 year end.)		10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 2520.101-3.)	· ·	10h		Х		*	
i	If 10h was answered "Yes," check the box if you either provided the required notice or exceptions to providing the notice applied under 29 CFR 2520.101-3	1	10i					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see i 5500))						Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of sec	tion 412 of the Code of	or se	ction 3	302 of I	ERISA?	Yes	X No
	(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 p granting the waiver.	Month						
_	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), a			г	405			
	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	negative amount)	-		L	12d	-	1	
	Will the minimum funding amount reported on line 12d be met by the funding deadline	?				Yes	No	N/A
Part		V-10-		***	· ·	<u> </u>		
13a	Has a resolution to terminate the plan been adopted in any plan year?				Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to anoth of the PBGC?			• • • • • • • • • • • • • • • • • • • •			Yes	X No
	If during this plan year, any assets or liabilities were transferred from this plan to anoth which assets or liabilities were transferred. (See instructions.)	ner plan(s), identify the	e plar	n(s) to	!		1	· · · · · · · · · · · · · · · · · · ·
1	I3c(1) Name of plan(s):			130	c(2) Ell	N(s)	13c(3) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assesse	d unless reasonable	cau	se is	establ	ished.		
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I hav r Schedule MB completed and signed by an enrolled actuary, as well as the electronic v f, it is true, correct, and complete							
SIG	N 1. 0 all	J.D. Allen						
HER		Enter name of inc	dividu	ıal sig	ning as	plan admin	istrator	
SIG					<u>*</u>			
HER		Enter name of inc	dividu	ıal sigi	ning as	employer o	r plan sp	onsor

Date

Enter name of individual signing as employer or plan sponsor

Signature of employer/plan sponsor