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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	the instructions to the Form 55	00-SF.				
Pä	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 07/01/201	1	and ending	06/30/20	012			
A	This return/report is for: $\overline{igwedge}$ a single-employer plan $igwedge$	is for: a single-employer plan a multiple-employer plan (not multiemployer						
В	This return/report is: the first return/report	the final re	eturn/report					
	an amended return/report	a short pla	n year return/report (less than 12 r	nonths)				
С	Check box if filing under: X Form 5558	automatic	extension	Ī	DFVC progra	m		
	special extension (enter description)			L	-			
Dr								
	Int II Basic Plan Information—enter all requested information Name of plan	ation		1h ·	Three-digit			
	KANE AIDS NETWORK 403(B) PLAN				plan number			
0. 0.	0 W.E. 7 W.B.B. 17 W.B. 180(B) 1 E7 W.				(PN))	001		
				1c	Effective date of	plan		
					08/01/	2002		
	Plan sponsor's name and address; include room or suite number (er KANE AIDS NETWORK	mployer, if	for a single-employer plan)		Employer Identif			
350	NAME AIDS NETWORK				(EIN) 91-138			
				2c S	Sponsor's telept 509-455			
	S. MONROE ST. KANE, WA 99204			24 (
3701	VAINE, WA 99204			Zu	3) Business code	see instructions)		
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	")	3b /	Administrator's E			
	KANE AIDS NETWORK 905 S. MONR	OE ST.		/ 0.5	91-13			
	SPOKANE, W	/A 99204		3c /		elephone number		
				4.	509-455	-8993		
4	If the name and/or EIN of the plan sponsor has changed since the laname, 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				
b	Total number of participants at the end of the plan year					1		
C	Number of participants with account balances as of the end of the p			30		<u> </u>		
·	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							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes No		
Do	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 5	500.				
			()5					
7	Plan Assets and Liabilities	_	(a) Beginning of Year 27013		(b) End	of Year 15577		
a	Total plan assets					461		
b	Total plan liabilities	7b	27013			15116		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)	450					
	(2) Participants	8a(2)	2500					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-1148					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				1802		
d	Benefits paid (including direct rollovers and insurance premiums	- 00						
_	to provide benefits)	8d	12409					
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g	1290					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				13699		
i	Net income (loss) (subtract line 8h from line 8c)	8i				-11897		
j	Transfers to (from) the plan (see instructions)	8i						
		,						

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 2G 2M 2R 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0	During the glasses		Vaa	NI-				
	During 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)	10a	X					328
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	Χ					5000
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		Х				
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	Χ					1169
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						
rt '	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))						Yes	Пи
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod							ᆜ
		മ റr മേ	ction ?	202 of F	RISA?		Yes	X No
		e or se	ction 3	802 of E	ERISA?		Yes	× No
a	(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	ıctions,	and e	nter th	e date c	of the le	tter ruli	ng
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	ıctions, nth	and e	nter th	e date c	of the le	tter ruli	ng
a Ify	(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	ictions, nth	and e	nter th	e date c	of the le	tter ruli	ng
a If y b	(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. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ictions, nth	and e	enter the Day ₋	e date c	of the le	tter ruli	ng
a If y b c d	(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	actions, nth	and e	nter the Day _	e date c	of the le	tter ruli	ng
a lf y b c d	(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. Morou 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	nth	and e	nter the Day 12b 12c 12d	e date c	of the le	tter ruli	ng
a lfy b c d	(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. Morou 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)	nth	and e	nter the Day 12b 12c 12d	e date d	of the le	tter ruli	ng ——
a fy b c d	(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. Morou 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?	nctions, nth		12b 12c 12d	e date c	of the le	tter ruli	ng ——
a If y b c d e	(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. Morou 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?	of a		12b 12c 12d	e date c	of the le	tter ruli	ng ——
a lfy b c d e <u>rt'</u> a	(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. Morou 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? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	ortions,	and e	12b 12c 12d	e date c	The left the	tter ruli r	ng —–
a If y b c d ert 'a	(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. Morou 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	ortions, hth original and the second	and e	12b 12c 12d	e date c	The left the	tter ruli	ng —–
a If y b c d ert ' sa b	(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. Morou 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 to	ortions, hth original and the second	and e	12b 12c 12d	Yes X	Yea	tter ruli r	ng
a If y b c d e rt ' Ba	(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. Morou 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 the which assets or liabilities were transferred. (See instructions.)	ortions, hth original and the second	and e	12b 12c 12d [Yes X	Yea	ves	ng

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	03/22/2013	RENEE CLEVELAND
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

	art I Annual Report Identification Info								
For	r calendar plan year 2011 or fiscal plan year beginning		1/2011	and ending		06/30/2012			
Α -	This return/report is for:	plan 🗌 a mu	tiple-employer plar	n (not multiemployer)	a one-participant plan				
В	This return/report is:	ort the fi	nal return/report						
	an amended return	eport (less than 12 mor	nths)						
C Check box if filing under:						DFVC program			
	special extension		L						
Pa	art II Basic Plan Information—enter all re					· · · · · · ·			
	Name of plan	quotou momanom			1b	Three-digit			
	pokane AIDS Network 403(b) Plan					plan number			
						(PN) D01			
						Effective date of plan			
2a	Plan sponsor's name and address; include room or	suite number (employ	er if for a single-en	nnlover plan)		Employer Identification Number			
	ookane AIDS Network	valle trainings (employ	or, in too a oringio or	inprojer plany		(EIN) 91-1380583			
						Sponsor's telephone number			
90	05 S. Monroe St.					509-455-8993			
~					2d	Business code (see instructions)			
	ookane WA	99204				624100			
sa Sp	l Plan administrator's name and address (if same as p ookane AIDS Network	olan sponsor, enter "S	ame")	İ		Administrator's EIN 91-1380583			
90	05 S. Monroe St.			-	3c	Administrator's telephone number			
Spe	ookane WA 992					509-455-8993			
4	If the name and/or EIN of the plan sponsor has char name, EIN, and the plan number from the last return		urn/report filed for	this plan, enter the	4b	EIN			
а	Sponsor's name	игероп.			4c	PN			
5a	Total number of participants at the beginning of the	Total number of participants at the beginning of the plan year				9			
b	Total number of participants at the end of the plan y	ear		—	<u>5a</u> 5b	13			
	Number of participants with account balances as of	the end of the plan ye	ar (defined benefit	plans do not	-				
	complete this item)			. '	<u>5c</u>	6			
	Were all of the plan's assets during the plan year in					X Yes No			
D	Are you claiming a waiver of the annual examination under 29 CFR 2520.104-46? (See instructions on w	nand report of an indealists and co	ependent qualified	public accountant (IQP/	A)	X Yes ∏ No			
	If you answered "No" to either 6a or 6b, the plan								
Pa	art III Financial Information								
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End of Year			
а	Total plan assets	78	ı <u></u>	27013		15577			
b	Total plan liabilities	<u>71</u>	·	O		461			
C	Net plan assets (subtract line 7b from line 7a)	70	:	27013	<u> </u>	15116			
8	Income, Expenses, and Transfers for this Plan Year	<u> </u>	<u>: </u>	n) Amount	<u> </u>	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(.	450	,	(基础的) 1000 (1000 mg) 1100 mg			
	(2) Participants			2500	1				
	(3) Others (including rollovers)								
b	Other income (loss)			-1148					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					1802			
d	Benefits paid (including direct rollovers and insurance	e premiums				Payababahan da hili da hili			
	to provide benefits)			12409					
e	Certain deemed and/or corrective distributions (see	, ,							
T 	Administrative service providers (salaries, fees, com			4.5.5					
g	Other expenses (add lines 0d, 0s, 0f, and 0s)			1290	711				
n :	((())) () () () () () () ()		4 4 5 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6		 	13699			
į	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)			<u>Transportis en présido.</u>	-	-11897			
J	mandra to firding the bight (see matractions)	8i			100	Marija katif ya dalili ka atawa i			

	Form 5500-SF 2011	Page 2 -							
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:								
b	2G 2M 2R 3D								
Part	/ Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a	Х				3285
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						,,,		
С	Was the plan covered by a fidelity bond?			10c	Х				5000
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelior dishonesty?			10d		Х			
	Were any fees or commissions paid to any brokers, agents, or other pensurance service or other organization that provides some or all of the nstructions.)	benefits under the	e 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 y	vear end.)	·····	10a	Х				1169
h	f this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 2	9 CFR	10g 10h		Х			
i	f 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or or	e of the	10i					· ·
Part \									
11	s this a defined benefit plan subject to minimum funding requirements?	? (If "Yes," see ins	tructions and comp	olete S	Sched	ule SB	(Form	☐ Yes	∏ No
	s this a defined contribution plan subject to the minimum funding requi							Yes	X No
	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	.)						_	
	f a waiver of the minimum funding standard for a prior year is being am granting the waiver.		Monti	tions, h	and e	nter th Day	e date of th	e letter ruli Year	ng
	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB	•	-		г	401			
	Enter the minimum required contribution for this plan year					12b			
	Enter the amount contributed by the employer to the plan for this plan y Subtract the amount in line 12c from the amount in line 12b. Enter the r					12c			
	egative amount)		***************************************		∟	12d	7 7/22 [7 No. 1	1
	Will the minimum funding amount reported on line 12d be met by the fu	inding deadline?			••••••		Yes	No	N/A
Part \						<u> </u>			
	Has a resolution to terminate the plan been adopted in any plan year?			_		Y	es X No)	
	f "Yes," enter the amount of any plan assets that reverted to the emplo								
	Vere all the plan assets distributed to participants or beneficiaries, tran					ntrol 		Yes	No No
	f during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	e plan					
- 10	c(1) Name of plan(s):				130	(2) EII	ν(s)	13c(3)	PN(S)
Cautio	n: A penalty for the late or incomplete filing of this return/report w	vill be assessed u	ınless reasonable	e caus	se is e	stabli	shed.	1	
Under SB or	penalties of perjury and other penalties set forth in the instructions, I described MB completed and signed by an enrolled actuary, as well as t is true, correct, and complete.	eclare that I have	examined this retur	rn/rep	ort. in	cluding	ı. if applical	ole, a Sche nowledge	dule and
SIGN	Lence Chercland 2	03/21/13	Renee Cleve	land	đ				
HERE		Date	Enter name of inc	dividus	al sion	ina as	nlan admir	nistrator	

Date

Date

03/21/13

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Renee Cleveland

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE