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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		Complete all entries in accor	dance with the motif	uctions to the Form 55	000-3F.			
Part I		dentification Information						
For calenda	ar plan year 2012 or fisc	cal plan year beginning 01/01/201	2	and ending	12/31/2	2012		
A This ret	urn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer	.)	a one-particip	ant plan	
B This ret	urn/report is:	the first return/report X	the final return/repor	t				
		an amended return/report	a short plan year retu	ırn/report (less than 12	months))		
C Check I	oox if filing under:	Form 5558	automatic extension			DFVC progra	m	
C 0.100.11	ooxg uuo	special extension (enter description	on)					
Part II	Rasic Plan Infor	mation—enter all requested inform	<u> </u>					
1a Name	•	mation enter all requested illioning	lation		1h	Three-digit		
	•	AND NORTHWEST 403(B) PLAN			'~	plan number		
						(PN) •	001	
					1c	Effective date of	plan	
						01/01/	1992	
2a Plan sp	ponsor's name and add	ress; include room or suite number (e	employer, if for a single	e-employer plan)	2b	Employer Identif		r
PLAININED F	ARENTHOOD OF INLA	AND NORTHWEST				(EIN) 91-08		
					2c	Sponsor's telep		
1117 TIETO YAKIMA, WA					0-1	509-225		
TAKINA, W	4 30302				2 a	Business code (62141		s)
3a Dian a	dminiatratar'a nama ana	A address Dema as Dian Chancer N	Nome Come so Die	on Changer Address	2h	Administrator's I		
		d address Same as Plan Sponsor N		an Sponsor Address	30		=11N 85036	
LANNED PA	RENTHOOD OF INLAN	ND NORTHWEST 1117 TIETON YAKIMA, WAS			3с	Administrator's t	elephone numl	ber
						509-225		
		plan sponsor has changed since the	last return/report filed	for this plan, enter the	4b	EIN		
		ber from the last return/report.			40	PN		
	or's name	at the beginning of the plan year			_	PN		
		0 0 1 7			<u> </u>			3
		at the end of the plan yearccount balances as of the end of the			<u>5b</u>			0
		Dalances as of the end of the		·	5c			0
6a Were	all of the plan's assets	during the plan year invested in eligib	ole assets? (See instru	uctions.)			X Yes	No
b Are yo	ou claiming a waiver of t	the annual examination and report of	an independent qualif	ied public accountant (I	QPA)			
		(See instructions on waiver eligibility					X Yes	No
lf you	answered "No" to eitl	her line 6a or line 6b, the plan canr	not use Form 5500-S	F and must instead us	e Form	5500.		
		r incomplete filing of this return/re						
		er penalties set forth in the instruction d signed by an enrolled actuary, as w						
	true, correct, and compl		eli as trie electroriic ve	ersion or this return/repo	Jit, aliu	to the best of my	knowledge and	,
			<u> </u>					
SIGN	Filed with authorized/va	alid electronic signature.	04/12/2013	KARL EASTLUND				
HERE	Signature of plan ad	ministrator	Date	Enter name of indiv	idual siç	gning as plan adn	ninistrator	
SIGN								
HERE	Signature of employ	er/plan sponsor	Date	Enter name of indiv	idual sid	ning as employe	r or plan spons	or
	name (including firm na	me, if applicable) and address; include		•		parer's telephone		
JODI CALH						509-838	-5500	
	HURLEY, INC. ERSIDE AVE					300 300	-500	
SUITE 1600)							
SPOKANE,	WA 99201							

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Pai	t III Financial Information												
	Plan Assets and Liabilities		(a) Beginning of Yea	(a) Paginning of Year (b) End of						Vear			
	Total plan assets	7a	(a) Deginning of Tea				(b) End of Year						
	Total plan liabilities	7b	000										
	Net plan assets (subtract line 7b from line 7a)	7c	538	so.						0			
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) Total						
	Contributions received or receivable from:		(a) Amount				(D) 10	Jlai					
	(1) Employers	8a(1)											
	(2) Participants	8a(2)											
	(3) Others (including rollovers)	8a(3)											
b	Other income (loss)	8b											
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								0			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	538	0									
е	Certain deemed and/or corrective distributions (see instructions)	8e											
f	Administrative service providers (salaries, fees, commissions)	8f											
g	Other expenses	8g											
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							538	80			
i	Net income (loss) (subtract line 8h from line 8c)	8i							-538	80			
j	Transfers to (from) the plan (see instructions)	8j											
Par	t IV Plan Characteristics	-,											
	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 2L 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	ions	3:				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:					
Par	V Compliance Questions												
	•				Yes	No		A	1				
10 a	During the plan year: Was there a failure to transmit to the plan any participant contributions.	tions within	n the time period described in		163	NO		Am	ount				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X							
D	on line 10a.)			10b		X							
С	Was the plan covered by a fidelity bond?			10c		X							
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х							
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	ner person	s by an insurance carrier,										
	instructions.)			10e		X							
f	f Has the plan failed to provide any benefit when due under the plan?					X							
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X							
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					X							
ī	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												
Part		1 0		10i									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	П	No		
112	Enter the amount from Schedule SB line 39					11a							
12													
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•			54011	JUL 01		_		^			
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and	enter th	ne date of the	ie le Yea		ıling			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		1 00					
	· · · · · · · · · · · · · · · · · · ·	_ ,. 5.					I						
b	Enter the minimum required contribution for this plan year				!	12b							

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Enter the amount contributed by the employer to the plan for this plan year	12c			
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?	X	'es No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	ontrol		X Yes	No
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	0		_	
3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3) F	PN(s)
VIII Trust Information (optional)			<u> </u>	
	Nill the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year

14b Trust's EIN

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

A This return/report is for:

B This return/report is:

Part i Annual Report identification Information

a single-employer plan

the first return/report

For calendar plan year 2012 or fiscal plan year beginning

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.

the final return/report

01/01/2012

OMB Nos, 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

12/31/2012

a one-participant plan

and ending

a multiple-employer plan (not multiemployer)

an amended return/report a short plan year return/report (less than 12 mo	onths)				
C Check box if filing under: Form 5558 automatic extension	DFVC program				
special extension (enter description)	_				
Part II Basic Plan Information—enter all requested information					
1a Name of plan PLANNED PARENTHOOD OF INLAND NORTHWEST 403 (B) PLAN	1b Three-digit plan number (PN) 001				
	1c Effective date of plan 01/01/1992				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) PLANNED PARENTHOOD OF INLAND NORTHWEST	2b Employer Identification Number (EIN) 91-0885036				
1117 Tieton Drive	2c Sponsor's telephone number 509-225-3405				
Yakima WA 98902	2d Business code (see instructions) 621410				
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address PLANNED PARENTHOOD OF INLAND NORTHWEST	3b Administrator's EIN 91-0885036				
1117 Tieton Drive	3c Administrator's telephone number 509-225-3405				
Yakima WA 98902					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	4b EIN				
a Sponsor's name	4c PN				
5a Total number of participants at the beginning of the plan year	5a 3				
b Total number of participants at the end of the plan year	5b 0				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c 0				
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQI under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes ∐ No				
Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cau	-				
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report belief, it is true, correct, and complete.	port, including, if applicable, a Schedule				
SIGN 4/9/13 Karl Eastlund					
UEDE	idual signing as plan administrator				
SIGN 4/9/13 Karl Eastlund					
	ual signing as employer or plan sponsor				
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)	Preparer's telephone number (optional)				
Jodi Calhoun	509-838-5500				
Randall & Hurley, Inc. 601 W, Riverside Ave					
Suite 1600					
Spokane WA 99201					

Pa	t III Financial Information							0.70	9434.5	
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Ye	ar	17
a	Total plan assets	7a		5380	0				-	0
b	Total plan liabilities	7b			0.00	.::		96		
С	Net plan assets (subtract line 7b from line 7a)	7c		5380	0					0
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount				(b)	Total		-3070.500	
а	Contributions received or receivable from:									
	(1) Employers	8a(1)			7(800 V/800				100 A 100 A	
_	(2) Participants	8a(2)		_	1625	SELVEN.		SERVE S	F 125 495 90 5 77 9	
_	(3) Others (including rollovers)	8a(3)	A 22		APETIS	STATE OF THE PARTY.		NY SECTION		
	Other income (loss)	8b			9600	TOTAL CO	PERME		550 M	0
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		1000	2522	HILLEY.	CHICA-DA		010/197	ALABORS.
•	to provide benefits)	8d		5380	0					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			SEC. 19					
f	Administrative service providers (salaries, fees, commissions)	8f						SEE		
g	Other expenses	. 8g			100		1077767	20.578		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			1100						5380
I	Net income (loss) (subtract line 8h from line 8c)	. 8i			100					-5380
1	Transfers to (from) the plan (see instructions)	81			3655			TO SE		
Pai	t IV Plan Characteristics		***							
b	2F 2G 2J 2K 2L 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan	eature code	es from the List of Plan Charac	cteristic	Code	es in t	he instruc	tions:		
				_	Yes	No		•		
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fid. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)			10a	100	х		Anic	ount	
ь	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					х			.00	
			22/2014/01/2014	10c		х	2			
-		fidelity bor	nd, that was caused by fraud	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	her persons of the bene	s by an insurance carrier, efits under the plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		х				
_	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	nd.)	10g		х	1			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h	\neg	х				
ī		he required	I notice or one of the	10i						
Par	VI Pension Funding Compliance		20 2882C2243334-0							
11								Tr	Yes	∏ No
11:	Enter the amount from Schedule SB line 39					11a	Ţ.	200		190/161
12	Is this a defined contribution plan subject to the minimum funding				22. 17. 1	302 of	ERISA?	. [Yes	X No
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below							2 20		100 1
_ a	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ing amortiz	ed in this plan year, see instru	nth	and e	nter ti Day		f the le		ling
_ !	you completed line 12a, complete lines 3, 9, and 10 of Schedu									
t	Enter the minimum required contribution for this plan year					12b		100.00		CALA-II