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

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instr	uctions to the Form 550	0-SF.							
Part I	Annual Report	Identification Information										
For calenda	ar plan year 2012 or f	iscal plan year beginning 07/01/20)12	and ending (06/30/2	013						
	turn/report is for:	r) a one-participant plan										
D This ret	um/report is:	the first return/report an amended return/report	the final return/repo	urn/report (less than 12 m	ontho\							
_		ontns) r	П									
C Check box if filing under:						DFVC program						
		special extension (enter descrip	tion)									
Part II	Basic Plan Info	ormation—enter all requested infor	mation									
1a Name	•					Three-digit						
SPOKANE A	AIDS NETWORK 403	(B) PLAN				plan number	004					
					-	(PN) •	001					
		1c Effective date of plan 08/01/2002										
2a Dlon o	noncor's name and a	ddraes include room er quite number	(ampleyor if for a sing	o omployor plan)	2h							
	AIDS NETWORK	ddress; include room or suite number	(employer, il lor a sing	e-employer plan)		Employer Identi (EIN) 91-13	80583	iber				
					2c	Sponsor's telep		er .				
905 S. MON						509-45	5-8993					
SPOKANE,	WA 99204				2d	Business code (62410		ons)				
3a Plan a	dministrator's name a	and address Same as Plan Sponsor	Name Same as P	an Sponsor Address	3b	Administrator's	EIN 880583					
POKANE All	DS NETWORK	905 S. MONI SPOKANE, V			30	telephone nu	ımher					
		OF OTAINE, I	WA 33204			509-45		inibei				
		ne plan sponsor has changed since the	e last return/report filed	for this plan, enter the	4b	EIN		-				
	, EIN, and the plan nu or's name	umber from the last return/report.			4c	DN						
		s at the beginning of the plan year			+ -			13				
					5a							
		s at the end of the plan year			5b			4				
		account balances as of the end of the		•	5c			4				
·	•	ts during the plan year invested in elig					X Yes	No				
_		of the annual examination and report of						_				
under	29 CFR 2520.104-46	6? (See instructions on waiver eligibilit	y and conditions.)		·····		X Yes	No				
If you	answered "No" to e	either line 6a or line 6b, the plan car	not use Form 5500-S	F and must instead use	Form	5500.						
Caution: A	penalty for the late	or incomplete filing of this return/r	eport will be assesse	d unless reasonable cau	use is e	established.						
	, , ,	ther penalties set forth in the instruction	,			ο, II	,					
	edule MB completed a true, correct, and com	and signed by an enrolled actuary, as applete.	well as the electronic v	ersion of this return/repor	t, and to	o the best of my	knowledge	and				
SIGN	Filed with authorized	I/valid electronic signature.	03/20/2014	GAYE WEISS								
HERE	Signature of plan	administrator	Date	Enter name of individ	ninistrator							
SIGN												
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual sini	ning as employe	r or plan spo	onsor				
Preparer's		name, if applicable) and address; incli				arer's telephone						
JODÍ CALH	OUN			,	·	509-838	` .	,				
	& HURLEY, INC. ERSIDE AVE., SUITE	1600				309-030	, 5500					
SPOKANE,		- 1000										

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Pa	rt III Financial Information											
7	Plan Assets and Liabilities	(a) Beginning of Yea	Reginning of Year				(h) End of Your					
<u>′</u> а	Total plan assets	. 7a		15577			(b) End of Year					
	•	7b	46		-				1037			
	Net plan assets (subtract line 7b from line 7a)	7c	1511				10372					
8	· · · · · · · · · · · · · · · · · · ·	70		0	-		(b) -	r _{atal}	10372			
a	Income, Expenses, and Transfers for this Plan Year (a) Amount Contributions received or receivable from:						(b)	Γotal				
	(1) Employers											
	(2) Participants	31										
	(3) Others (including rollovers)	8a(3)		0								
b	Other income (loss)	. 8b	87	' 2								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2778	3		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	712	22								
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0								
f	Administrative service providers (salaries, fees, commissions)	8f	40	0								
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							752	2		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-474	4		
j	Transfers to (from) the plan (see instructions)	8j										
Pa	rt IV Plan Characteristics				•							
9a	If the plan provides pension benefits, enter the applicable pension 2G 2M 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	ctions	S:			
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 instruc	ions:				
Par	t V Compliance Questions											
10					Yes	No		Λ				
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within	n the time period described in	I	103	110		AIII	ount			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	X						148	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•		10b		X						
C	Was the plan covered by a fidelity bond?			10c	X					5	000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					500	
—е	Were any fees or commissions paid to any brokers, agents, or oth											
·	insurance service or other organization that provides some or all of											
	instructions.)			10e		X						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X						
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	`		10h		X						
i				10i								
Par	VI Pension Funding Compliance											
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form									Yes	П	No	
	,							<u> </u>				
11:	Finter the amount from Schedule SB line 39		Enter the amount from Schedule SB line 39									
					ction		ERISA2	T	Yes	Y	Nο	
11a	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code		ction		ERISA?		Yes	X	No	
12	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being	requireme , as applicang amortize	ents of section 412 of the Code able.) ed in this plan year, see instruc	e or se		302 of enter th			etter ru	X	No	
12 a	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	requireme , as applicang amortiz	ents of section 412 of the Code able.) ed in this plan year, see instru Mon	e or se		302 of		the le	etter ru	X	No	
a If	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being	requirement, as applications amortized to the management of the ma	ents of section 412 of the Code able.) ed in this plan year, see instru Mon m 5500), and skip to line 13.	e or se	and	302 of enter th			etter ru	X	No 	

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			1						
C Enter the amount contributed by the employer to the plan for this plan year									
d	d 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)								
е	Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?				Yes	No	N/A	
Part	VII Plan Terminations and Transfers of Assets								
13a	The sale of the second to the)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				control Yes X				X No	
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the p	lan(s) t	0					
13c(1) Name of plan(s):				13c(2) EIN(s)			13c(3) PN(s)		
Part	VIII Trust Information (optional)	_							
14a 1	Name of trust			14b	Trust'	s EIN			

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

2012

This Form is Open to Public inspection

Complete all entries in act	coldance with the instruc	MONE OF THE POINT COOL	0-or.				
Part I Annual Report Identification Information	07/01/2012	and ending	06/30	/2013			
For calendar plan year 2012 or fiscal plan year beginning		e-participant plan					
	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer)						
B This return/report is:	the final return/report	n/report (less than 12 mg					
an amended return/report	F1						
C Check box if filing under:	automatic extension		∐ DFV	C program			
special extension (enter descri	iption)						
Part II Basic Plan Information—enter all requested info	ormation						
1a Name of plan			1b Three-c				
Spokane AIDS Network 403(b) Plan			plan nu (PN)	1001			
				e date of plan			
				/2002			
2a Plan sponsor's name and address; include room or suite number	er (employer, if for a single-	employer plan)	2b Employ	er Identification Number			
Spokane AIDS Network				1-1380583			
005 0 Manuary Ob			2c Sponsor's telephone number				
905 S. Monroe St.				155-8993			
Spokane WA 99204			20 Busines 62410	ss code (see instructions)			
3a Plan administrator's name and address Same as Plan Spons	or Name Same as Plan	Sponsor Address	3b Adminis				
Spokane AIDS Network	Позито по	Oponout raceous		380583			
Sporane arms necustr			•	strator's telephone number			
905 S. Monroe St.			509-4	55-8993			
200 01							
Spokane WA 99204							
4 If the name and/or EIN of the plan sponsor has changed since t	the last return/report filed for	or this plan, enter the	4b EIN				
name, EIN, and the plan number from the last return/report.							
a Sponsor's name	4c PN						
5a Total number of participants at the beginning of the plan year			5a	13			
b Total number of participants at the end of the plan year			5b	4			
C Number of participants with account balances as of the end of t complete this item)			5c	4			
6a Were all of the plan's assets during the plan year invested in e				X Yes No			
b Are you claiming a waiver of the annual examination and repor	t of an independent qualifie	ed public accountant (IQ	PA)	ļ n			
under 29 CFR 2520.104-46? (See instructions on waiver eligib If you answered "No" to either line 6a or line 6b, the plan of				M 169 170			
Caution: A penalty for the late or incomplete filling of this return				-had			
Under penalties of perjury and other penalties set forth in the instruc-							
SB or Schedule MB completed and signed by an enrolled actuary, a	as well as the electronic ver	sion of this return/report	, and to the bo	est of my knowledge and			
belief, it is true, correct, and complete.			<u></u>				
SIGN AM UM	77014	Gaye Weiss					
HERE Signature of plan administrator	Pate	Enter name of individ	lual signing as	plan administrator			
sign 100 llu	17/80/14	Gaye Weiss					
HERE Signature of employer/plan sponsor	Date	Enter name of individ	lual signing as	employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address; in				elephone number (optional)			
JODI CALHOUN			50	9-838-5500			
Randall & Hurley, Inc.				,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
601 W. Riverside Ave., Suite 1600							
Spokane WA 99201							

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	d of Y	ear		
а	Total plan assets	7a		1557	7		` '			103	72
b	Total plan liabilities	. 7b		46	51						
С	Net plan assets (subtract line 7b from line 7a)	t plan assets (subtract line 7b from line 7a)								103	72
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from:	0-(4)		152	5						
	(1) Employers	8a(1)		38							
	(2) Others (including relleves)	8a(2)		30	0						
	(3) Others (including rollovers)	8a(3)		87	Ť						_
	Other income (loss)	8b		- 0 /						27	7.8
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								۷,	70
	to provide benefits)	8d		712	2						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f	Administrative service providers (salaries, fees, commissions)	8f		40	0						
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								75	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i								-47	44
	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2G 2M 2R 3D	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instru	ictions	:		
	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cteristi	ic Coc	les in t	he instruc	tions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
а	a 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)									1	48
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х					50	00
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	ner person	s by an insurance carrier,								
	insurance service or other organization that provides some or all o			10e		Х					
f	instructions.) Has the plan failed to provide any benefit when due under the pla					Х					_
				10f							
9			<u>, </u>	10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the								
Dord	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part 11	5 .	onto 2 (If III	Voc. " and instructions and som	nloto	Cabac	dula CI) /Form	1			
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	······		· 				. [Yes	N	Ю
	Enter the amount from Schedule SB line 39					11a		T 1			
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA?.	.	Yes	ΧИ	10
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			- C				0			
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	ne date of	the le Yea		ing ——	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			- 1	40'	1				
b	Enter the minimum required contribution for this plan year					12b					