## 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

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	<ul> <li>Complete all entries in acco</li> </ul>	ordance with the instru	ctions to the Form 5500	)-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report le	dentification Information							
For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 09/30/2013									
A This ret	turn/report is for:	a one-participant plan							
<b>B</b> This ret	turn/report is:								
		n/report (less than 12 mo	onths)	_					
C Check box if filing under:						DFVC program			
	T	special extension (enter descript							
Part II	Basic Plan Infor	mation—enter all requested inform	mation	ı					
1a Name	•	\ DLAN				Three-digit olan number			
SPUKANE A	AIDS NETWORK 403(B)	) PLAN				(PN)	001		
						Effective date of	f plan		
0	<del> </del>					08/01/			
	ponsor's name and addi AIDS NETWORK	lress; include room or suite number (	(employer, if for a single-	-employer plan)			fication Number 80583		
905 S. MON	IROE ST				2c S	Sponsor's telep 509-455			
SPOKANE,					<b>2d</b> E	Business code (	see instructions)		
		d address Same as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b A	Administrator's E			
POKANE AII	DS NETWORK	905 S. MONF SPOKANE, V	ROE ST. VA 99204		3c /		telephone number		
name		plan sponsor has changed since the obser from the last return/report.	e last return/report filed fo	or this plan, enter the	4b E				
name	, EIN, and the plan num or's name			·			4		
a Spons 5a Total r b Total r	, EIN, and the plan num or's name number of participants a number of participants a	at the beginning of the plan year			4c F		4 0		
a Spons 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with ac	at the beginning of the plan year	e plan year (defined bene	efit plans do not	4c F				
name, a Spons 5a Total r b Total r c Numb compl	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item) all of the plan's assets	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi	e plan year (defined bene ible assets? (See instruc	efit plans do not	4c F 5a 5b 5c	PN	0		
name, a Spons 5a Total r b Total r C Numb compl 6a Were b Are younder	EIN, and the plan num or's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligithe annual examination and report o (See instructions on waiver eligibility	e plan year (defined bene ible assets? (See instruc if an independent qualific y and conditions.)	efit plans do not ctions.)	4c F 5a 5b 5c	PN	0		
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name. a Spons. 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is to	, EIN, and the plan num or's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan, is it covered under the PBGC ir incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as we	ible assets? (See instruction of an independent qualifier y and conditions.)	efit plans do not etions.)ed public accountant (IQF and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	4c F 5a 5b 5c	PN  5500.  Yes No stablished.	0  X Yes No  X Yes No  Not determined  able, a Schedule		
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name, a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is i	A EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan, is it covered under the PBGC or incomplete filling of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as wellete.  Talid electronic signature.	e plan year (defined bene- ible assets? (See instruc- if an independent qualifier y and conditions.)	efit plans do not etions.) ed public accountant (IQF and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep rsion of this return/report,	4c F 5a 5b 5c PA) Form 5 se is eacort, inc., and to	S500.  Yes No stablished. Eluding, if application the best of my	O  X Yes No X Yes No Not determined  able, a Schedule knowledge and		
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name. a Spons. 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE  Preparer's JODI CALH RANDALL 8 601 W. RIV	, EIN, and the plan num or's name number of participants a number of participants a er of participants with ac lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan, is it covered under the PBGC or incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as wellete.  Incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as wellete.  Incomplete filing of this return/re er/plan sponsor ame, if applicable) and address; inclu-	e plan year (defined bene- ible assets? (See instruc- if an independent qualifier y and conditions.)	efit plans do not etions.)	4c F 5a 5b 5c PA) Form 5 se is enort, inc., and to	5500. Yes No stablished. Studing, if applicate the best of my sing as plan adming as employerer's telephone	O  X Yes No  X Yes No  Not determined  Able, a Schedule knowledge and  Prinistrator  Prior plan sponsor number (optional)		
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	d III - Electrical Information									
Pa	rt III Financial Information		I		- I					
7_	Plan Assets and Liabilities	(1) 13 3			_		(b) Eı	nd of Y		
<u>a</u>	Total plan assets	·			_				(	
	plan liabilities			0	_				(	
<u> </u>	Net plan assets (subtract line 7b from line 7a)		1037	10372					C	)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants									
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	4	7						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							47	
	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d	952	9						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f	41	5						
g	Other expenses	. 8g	47	5						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							10419	)
i	Net income (loss) (subtract line 8h from line 8c)	8i							-10372	2
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics				•					
	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	des in	the inst	ruction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instru	uctions	:	
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Λm	ount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in				103	140		AIII	Ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X				
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
C				40-	Χ					F000
	<u> </u>			10c						5000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
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 instructions.)			10e		X				
f				10f		Χ				
	· · · · · · · · · · · · · · · · · · ·					X				
<u>g</u>				10g						
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem								7 Voc	Пио
110	5500) and line 11a below)  Enter the unpaid minimum required contribution for current year fr								Yes	No
						11a	EDICAG	Тг	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	3U2 Of	EKISA?	L	res	^ INO
a	(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			ctions,	, and e	enter th	ne date o	of the le	etter ru	ing
	granting the waiver.			th		Day		_ Ye	ar	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			T	12b				
a	Enter the minimum required contribution for this plan year					120	1			

Page	3 -	. 1	
raye	J		

С	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 a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
Part	VII Plan Terminations and Transfers of Assets					
13a	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			0	
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				X Yes	No	
С	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				
1	3c(1) Name of plan(s):	3 <b>c(2)</b> EI	N(s)	13c(3)	PN(s)	
Part	VIII Trust Information (optional)					
14a Name of trust			14b Trust's EIN			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	Complete all entries in a	ccordance with the instruction	ons to the Form 5500	-SF.				
Part I Annual Report Identification Information								
For calendar plan year 2013 or fis								
A This return/report is for:	a one-participant plan							
B This return/report is:								
•	an amended return/report	X a short plan year return/r	eport (less than 12 mo	onths) 	_			
C Check box if filing under:	Form 5558	automatic extension			DFVC progra	m		
	special extension (enter des	cription)						
Part II   Basic Plan Info	rmation—enter all requested in							
1a Name of plan					hree-digit			
Spokane AIDS Networ	k 403(b) Plan			•	olan number PN)	001		
					ffective date of	f plan		
				0	8/01/2002	i		
2a Plan sponsor's name and ad	dress: include room or suite num	ber (employer, if for a single-er	nployer plan)			fication Number		
Spokane AIDS Networ	k	• • • •			EIN) 91-138			
					Sponsor's telep			
905 S. Monroe St.					509-455-89			
					Business code ( 524100	(see instructions)		
Spokane	WA 99204	Onne de Clan	Pagagor Address	<del>                                     </del>	Administrator's	FIN		
3a Plan administrator's name a		nsor Name Same as Plan	Sporisor Address		91-138058			
Spokane AIDS Networ	k					telephone number		
				5	09-455-89	993		
905 S. Monroe St.				1				
Spokane	WA 99204							
~		a the last return/report filed for	this plan, enter the	4b	FIN			
4 if the name and/or EIN of the	e plan sponsor has changed sinc mber from the last return/report.	e the last returnseport med to	tills plan, citter ale	70	<u> </u>			
a Sponsor's name				4c	PN			
5a Total number of participants	at the beginning of the plan year			5a		4		
b Total number of participants	s at the end of the plan year	***************************************		5b	<u> </u>	0		
c Number of participants with	account balances as of the end of	of the plan year (defined benef	it plans do not	5c		0		
complete this item)	***************************************					X Yes No		
6a Were all of the plan's asse	is during the plan year invested in	eligible assets? (See instruct	ons.)t public accountant (iC	 ΣΡΔΙ	***************************************			
b Are you claiming a waiver of	of the annual examination and rep 3? (See instructions on waiver elig	on or an independent qualities in the property of an independent qualities.	Thomas accominant fie			X Yes No		
If you answered "No" to	either line 6a or line 6b, the plai	n cannot use Form 5500-SF a	and must instead use	Form	5500.	_		
C If the plan is a defined bene	efit plan, is it covered under the Pi	BGC insurance program (see l	ERISA section 4021)?		Yes No [	Not determined		
	or incomplete filing of this ret					<del></del>		
41 1	the exemplified and forth in the inch	nuctions. I declare that I have a	examined this return/re	eport. in	iciudino, if appli	cable, a Schedule		
SB or Schedule MB completed a	and signed by an enrolled actuary	, as well as the electronic vers	ion of this return/repor	rt, and t	o the best of m	y knowledge and		
belief, it is true, correct, and con	nplete.							
SIGN /	100	13/20114	Gaye Weiss					
HERE Signature of plan	administrator	Date	Enter name of indivi	dual sig	ning as plan ad	Iministrator		
1250 90 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	aummanaro:	3/201/4	Gaye Weiss	***				
SIGN ///	40	Data	Enter name of indivi	dual ein	ning as employ	er or plan sponsor		
L Signature of empl	oyer/plan sponsor name, if applicable) and address	Date : include room or suite numbe		Prep	arer's telephon	e number (optional)		
JODI CALHOUN	mand a obbusiness and reserves		*	1		8-5500		
Randall & Hurley,	inc.			1				
601 W. Riverside Av								
Spokane	WA 99201							

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Pai	rt III Financial Information									
7	an Assets and Liabilities (a) Beginning of Y			ar			(b) End of Year			
<u>.</u>	Total plan assets						(b) Liid 0	i i cai		C
	Total plan liabilities	7b			0					0
	Net plan assets (subtract line 7b from line 7a)				72					0
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) To	tal		
	Contributions received or receivable from:		(a) Amount				(b) 10	ıaı		
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	4.0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								47
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		952	29					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		41	.5					
g	Other expenses	8g		47	75					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							10	)419
i	Net income (loss) (subtract line 8h from line 8c)	8i							-10	372
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	٠,	l							
	If the plan provides pension benefits, enter the applicable pension to 2G 2M 2R 3D	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instruction	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Co	des in t	he instruction	ns:		
Par	V Compliance Questions									
					Yes	No	Π.			
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribut	tions withi	n the time period described in		162	NO	Amount			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	rection Program)	10a		Х				
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
c				40-	Х				_	5000
				10c			<del>                                     </del>			-000
d	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	•								
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end )	10q		Х	<del> </del>			
h	1 11 7	(See instru	uctions and 29 CFR	10g		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required	d notice or one of the							
Part		1-3		10i						
11	Is this a defined benefit plan subject to minimum funding requirement							П Уо	. П	No.
44-	5500) and line 11a below)						<u> </u>	Ye	<b>o</b>	No
	Enter the unpaid minimum required contribution for current year from		,			11a	<u> </u>			
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	Ye	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							. 1-11	1'	
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mon		, and	enter tl Day		e letter i /ear	uling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•	•				Т			
b	Enter the minimum required contribution for this plan year					12b				