## 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 section 6058(a) of the Internal Revenue Code (the Code).

0040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 5500	0-SF.			
		dentification Information						
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 0	9/30/	2010		
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan	
В.	This return/report is for:	first return/report	final retur	n/report				
	·	an amended return/report	short plan	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am	
	oncok box ii iiiiig undoi:	special extension (enter description						
Do	rt II   Pacia Plan Infor	mation—enter all requested inform	,					
		mation—enter all requested inform	ation		1h	Three-digit	1	
	Name of plan TTLE NEPHROLOGY RETIREM	MENT PLAN			10	plan number	004	
OL, (	TEE NEI TIKOLOGI KETIKEI	WEITT 2.00				(PN) <b>•</b>	001	
					1c	Effective date of		
						01/01/2	2005	
		ress (employer, if for single-employer	plan)		2b	Employer Identi		ſ
SEA	TTLE NEPHROLOGY, P.L.L.C.				20	(LIIV)		
	N. 115TH ST., SUITE 10				20	Plan sponsor's 206-36	7-5252	Ю
SEAT	TTLE, WA 98133				2d	Business code	(see instructions	s)
						621498		
3a	Plan administrator's name and TLE NEPHROLOGY, P.L.L.C.	address (if same as Plan sponsor, e	enter "Same	e") UTF 10	3b	Administrator's 91-216		
OLA	TEE NEI TIKOLOOT, T.E.E.O.	SEATTLE, W		71 TO	30	Administrator's		
					30	206-36	7-5252	Jei
<b>4</b> I	f the name and/or EIN of the pla	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN		
- 1	name, EIN, and the plan number	er from the last return/report. Sponso	or's name		40	DNI		
52	Total number of participants of	t the heginaing of the plan year			4c	PN		2
		t the beginning of the plan year		;	5a			0
b		t the end of the plan year		:	5b			0
С		rith account balances as of the end o		•	5c			0
62		during the plan year invested in eligib					X Yes	No
	•	he annual examination and report of		` '				
		(See instructions on waiver eligibility					X Yes	No
		ner 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.			
Pa	rt III Financial Inform	ation	1	T				
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End	of Year	
а	Total plan assets		. 7a	100249	,			0
b	Total plan liabilities		. 7b	100010	_			_
C	Net plan assets (subtract line	7b from line 7a)	. 7с	100249	,			0
8	Income, Expenses, and Trans			(a) Amount		(b) ·	Total	
а	Contributions received or rece		90(1)					
			. 8a(1)		-			
			` `		_			
h	, ,	5)	` ` `	4378	-			
b	` ,	0-(0) 0-(0)1 0h)		1070			Δ.	378
C C		8a(2), 8a(3), and 8b)	. 8c					,,,
d		rollovers and insurance premiums	. 8d	104627	'			
е		tive distributions (see instructions)						
f		rs (salaries, fees, commissions)						
g								
h	•	8e, 8f, and 8g)					1046	327
i		e 8h from line 8c)					-1002	249
i	` , `	ee instructions)						

	Form 5500-SF 2010	Page <b>2-</b>
Part IV	Plan Characteristics	
	e plan provides pension benefits, 2G 2J 2K 2T 3D	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	acteris	tic Cod	des in	the instruc	tions:	
Part	V Compliance Questions						
10	During the plan year:		Yes	No		Amount	
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			
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			
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		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		X			
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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))				•	Yes	s X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ection 3	302 of	ERISA?	Yes	s 🔼 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 plan year, see instrugranting the waiver	nth					
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г		1		
b	Enter the minimum required contribution for this plan year		⊢	12b			
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 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 during the plan year or any prior year?					X Yes	S No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		the co	ntrol		X Yes	s No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to				
1	3c(1) Name of plan(s):		130	c(2) El	N(s)	13c(3	B) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le ca	use is	estab	lished.		
SB o	or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return of, it is true, correct, and complete.						
	Filed with authorized/valid electronic signature						

SIGN	Filed with authorized/valid electronic signature.	10/08/2010	JUNG H. JOH, M.D.
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 section 6058(a) of the Internal Revenue Code (the Code).

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OMB Nos. 1210-0110 1210-0089

2010

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	art I Annual Report Identification Information	uance wit	il the histructions to the Form 5	300-5F.	<u> </u>		
	art I   Annual Report Identification Information calendar plan year 2010 or fiscal plan year beginning 01/01/201	<u>, o</u>	and and a	09/30/	2010		_
	V		and ending	09/30/			
			employer plan (not multiemployer)		one-participa	nt plan	
В	This return/report is for:	final retu	•				
_	☐ an amended return/report 🗵	•	n year return/report (less than 12 n	nonths)	_		
Ç	Check box if filing under: Form 5558		extension		□ DFVC progra	m	
	special extension (enter description)	,					
L P	art II Basic Plan Information—enter all requested inform	ation				-	
1a	Name of plan			1b	Three-digit		
SEA	TTLE NEPHROLOGY RETIREMENT PLAN				plan number	001	
				10	(PN)		
				''	Effective date of 01/01/2		
2a	Plan sponsor's name and address (employer, if for single-employer	plan)	<u> </u>	2b	Employer Identif	ication Numb	 er
SEA	TTLE NEPHROLOGY, P.L.L.C.				(EIN) 91-216	1202	
4677	AND MACTURE OF COURTS AND			2c	Plan sponsor's t	elephone num	ber
	) N. 115TH ST., SUITE 10 TTLE WA 98133			24	206-36;		
				Zu	Business code ( 621498	see instruction	ns)
	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's E	EIN	
SAM	IE .			_	91-216		
				3c	Administrator's t 206-367	elephone num 7-5252	nber
4	f the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4ь	EIN		
	name, EIN, and the plan number from the last return/report. Sponso	r's name	, ,		<u> </u>		
Fo	Tatal number of maticipants at the beginning of the plan and			<del> </del>	PN		
5a	, , , , , , , , , , , , , , , , , , , ,			<del>  •</del>			2
b	Total number of participants at the end of the plan year			<u>  5b</u>			0
С	Total number of participants with account balances as of the end of complete this item)			5c			0
6a	Were all of the plan's assets during the plan year invested in eligib				<u> </u>	X Yes	No
b	Are you claiming a waiver of the annual examination and report of	an indeper	ident qualified public accountant (I	OPA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ons.)			X Yes	No
Б	If you answered "No" to either 6a or 6b, the plan cannot use F	<u>orm 5500-</u>	<u>SF and must Instead use Form (</u>	5500.	<del></del> -		
	rt III   Financial Information	1 7 7 7 7 7					
7	Plan Assets and Liabilities	C. 60 (1) (1)	(a) Beginning of Year	40	(b) End	of Year	
a	Total plan assets		1002	49			0
	Total plan liabilities	t		40			
_	Net plan assets (subtract line 7b from line 7a)	7c	1002-	49			0
8	Income, Expenses, and Transfers for this Plan Year	to a language	(a) Amount		(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)	<u>.                                    </u>	_			
	(3) Others (including rollovers)			_		of the following with John Charles States	ja kontrati. Kontrati
b	, , , , , , , , , , , , , , , , , , , ,	8b	43	78			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			<u> </u>	<u></u>	378
d	Benefits paid (including direct rollovers and insurance premiums		<u> </u>	_	<u> </u>		
	to provide benefits)	8d	1046	27			
e	Certain deemed and/or corrective distributions (see instructions) $\ldots$	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g				Artino III. Artinologia (Val	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-	104	627
i	Net income (loss) (subtract line 8h from line 8c)	81				-100	249
i	Transfers to (from) the plan (see instructions)	0:		:		g la ywarf t	

Form 5500-SF 2010

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#959 P. 004/007

	t IV Plan Characteristics					-	·
9a	If the plan provides pension benefits, enter the applicable pension fe	ature codes from th	e List of Plan Charact	teristic Co	des in	the instruct	tions:
b	2E 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fea	ature codes from the	List of Plan Characte	eristic Co	des in	the instructi	ons:
Par	V Compliance Questions						·
10	During the plan year:			Yes	No		<b>9</b>
а		ons within the time p	eriod described in	res	NO		Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Correction Prog	ram) 1	0a	Х		
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	(Do not include trans	sactions reported	0Ь	Х		
C	Was the plan covered by a fidelity bond?			0c	X		
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	- 		Od	Х		
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	the benefits under th	ne plan? (See	0e	х	- ··· -	-
f	Has the plan failed to provide any benefit when due under the plan?	***************************************		Of	Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.}	<del>                                     </del>	Dg Dg	X		
h	If this is an individual account plan, was there a blackout period? (Se	ee instructions and 2	29 CFR	yg .		0 11	
	2520.101-3.)	***********************************		Oh	Х		
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or o	ne of the	01			
Part							-
11	ls this a defined benefit plan subject to minimum funding requiremen 5500)).	its? (If "Yes," see in:	structions and comple	te Sched	ule SB	(Form	
12	is this a defined contribution plan subject to the minimum funding re-	guirements of saction	on 412 of the Code or	naction 0	00 -61		Yes X No
•	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	ole.)					ш ш
	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortized in this pla	Month	ns, and e	nter th Day	e date of th	e letter ruling Year
lf :	granting the waiver	amortized in this pla	Month _ id skip to line 13.		Day_	e date of th	e letter ruling Year
lf ; b	rou completed line 12a, complete lines 3, 9, and 10 of Schedule N  Enter the minimum required contribution for this plan year	amortized in this pla	nd skip to line 13.		Day_	e date of th	e letter ruling Year
lf ; b C	granting the waiver	amortized in this pla	nd skip to line 13.		Day_	e date of th	e letter ruling Year
lf b c d	eranting the waiver.  You completed line 12a, complete lines 3, 9, and 10 of Schedule Note that the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	amortized in this pla //B (Form 5500), an n year e result (enter a mir	MonthMonthMonth		Day 12b 12c 12d	e date of th	Year
lf b c d	completed line 12a, complete lines 3, 9, and 10 of Schedule No Enter the minimum required contribution for this plan year	amortized in this pla //B (Form 5500), an n year e result (enter a mir	MonthMonthMonth		Day 12b 12c 12d		Year
lf b c d e Part	Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)  Will the minimum funding amount reported on line 12d be met by the VII Plan Terminations and Transfers of Assets	amortized in this plants of the second of th	nd skip to line 13.	3	Day 12b 12c 12d		Year
b c d e Part 13a	Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)  Will the minimum funding amount reported on line 12d be met by the VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan of the employer, and the employer in the amount of any plan assets that reverted to the employer.	amortized in this plants and the plants and the plants are result (enter a minute funding deadline?	mus sign to the left of a	3	Day 12b 12c 12d		Year
b c d e Part 13a	Enter the minimum required contribution for this plan year  Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)  Will the minimum funding amount reported on line 12d be met by the  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan y  If "Yes," enter the amount of any plan assets that reverted to the employer all the plan assets distributed to participants or beneficiaries, troof the PBGC?	amortized in this plants and in the plants and in year	mus sign to the left of a	er the cor	Day		No N/A  Yes No
b c d e Part 13a	Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)  Will the minimum funding amount reported on line 12d be met by the VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan of the employer, and the employer in the amount of any plan assets that reverted to the employer.	amortized in this plants and in the plants and in year	mus sign to the left of a	er the cor	Day		No N/A  Yes No
b c Part 13a b c	Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)  Will the minimum funding amount reported on line 12d be met by the VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year, enter the amount of any plan assets that reverted to the employer all the plan assets distributed to participants or beneficiaries, trof the PBGC?	amortized in this plants and in the plants and in year	mus sign to the left of a	er the cor	Day	Yes [	Year No N/A    Yes   No 0
b c Part 13a b c	Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)  Will the minimum funding amount reported on line 12d be met by the VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan of the PBGC?  If "Yes," enter the amount of any plan assets that reverted to the empty of the PBGC?  If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	amortized in this plants and in the plants and in year	mus sign to the left of a	er the cor	Day	Yes [	No N/A  Yes No
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b c Part 13a b c	Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)  Will the minimum funding amount reported on line 12d be met by the VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan of the PBGC?  If "Yes," enter the amount of any plan assets that reverted to the empty of the PBGC?  If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	amortized in this plants and in the plants and in year	mus sign to the left of a	er the cor	Day	Yes [	Year No N/A    Yes   No 0
e Part 13a b c Caut	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)  Will the minimum funding amount reported on line 12d be met by the VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan of the PBGC?  Were all the plan assets distributed to participants or beneficiaries, the of the PBGC?  If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)  3c(1) Name of plan(s):	amortized in this plants and the plants are result (enter a minute funding deadline?  year or any prior year ansferred to another this plan to another this plan to another this plan to assessed	mus sign to the left of a	er the con	Day	Yes Ves	No N/A  No N/A  Yes No  Ves No  13c(3) PN(s)
lf b c d e Part 13a b c C Under SB or	Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)  Will the minimum funding amount reported on line 12d be met by the VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan of the PBGC?  If "Yes," enter the amount of any plan assets that reverted to the empty of the PBGC?  If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	amortized in this plant.  AB (Form 5500), and any year	mus sign to the left of a	er the cor	Day	Yes Ves Ves	No N/A  No N/A  Yes No  Ves No  13c(3) PN(s)
lf b c d e Part 13a b c C Under SB or	Enter the minimum required contribution for this plan year	amortized in this plant.  AB (Form 5500), and any year	mus sign to the left of a	er the corplan(s) to	Day	Yes Ves Ves	No N/A  No N/A  Yes No  Ves No  13c(3) PN(s)
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lf b c d e Part 13a b c C Cauti Unde SB or belief	Enter the minimum required contribution for this plan year	amortized in this plant.  ### (Form 5500), and in year	mus sign to the left of a	er the corplan(s) to  13c  ause is ereport, incort, and to	Day  12b  12c  12d   13a  htrol  (2) EIN	Yes  N(s)  Shed.  if applicablest of my kr	No N/A  No N/A  Yes No  Yes No  13c(3) PN(s)