## 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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pa	art I	Annual Report I	Identif	ication Inform	ation				
		ar plan year 2009 or fis			01/01/20	009	and ending	12/31/	2009
Α	This ret	urn/report is for:	X sing	le-employer plan		multiple-e	mployer plan (not multiemployer)		one-participant plan
	This return/report is for:					final return/report			
			an a	amended return/rep	ort	short plar	year return/report (less than 12 m	onths)	
C	Chack h	box if filing under:		n 5558	L [	╡ `	extension	,	DFVC program
•	special extension (enter description)						Oxionolon		_ 5. ve pregram
Dr	rt II	Pacia Plan Infor	ш.	`					
	Art II Name	Basic Plan Infor	rmatio	n—enter all reque	stea infor	mation		1h	Three-digit
		orpian FAMILY MEDICINE, P.S	S RETII	REMENT TRUST				''	plan number
07.10	ONDET	7 WILL WEDION C, T.	O. RETH	tement moor					(PN) • 001
								1c	Effective date of plan
2-	Di		. ,					26	10/01/2003
		ponsor's name and add FAMILY MEDICINE, P.S		nployer, if for single	e-employe	er plan)		ZD	Employer Identification Number (EIN) 91-1580684
0, 10	ONDET	7 WILL WEDION C, T .	· · ·					2c	Plan sponsor's telephone number
		THEAST 131ST AVE							360-254-4402
	E 203 COUVE	ER, WA 98683						2d	Business code (see instructions) 621111
		dministrator's name and		ss (if same as Plan	sponsor,	enter "Same	<b>;</b> ")	3b	Administrator's EIN
CAS	CADE F	FAMILY MEDICINE, P.S	S.		06 B. SOL UITE 203	JTHEAST 13	B1ST AVE	20	91-1580684
				V	ANCOUV	ER, WA 986	83	30	Administrator's telephone number 360-254-4402
							port filed for this plan, enter the	4b	EIN
	name, E	EIN, and the plan numb	per from	the last return/repo	ort. Spons	sor's name		4c	PN
5a	Total r	number of participants a	at the be	eginning of the plar	year			_	13
b	• =							. 5b	13
С							ear (defined benefit plans do not	0.0	
	compl	ete this item)						5c	12
		•	•		J		(See instructions.)		X Yes No
b							dent qualified public accountant (loos.)		X Yes No
			•				SF and must instead use Form 5		
Pa	rt III	Financial Inform							
7	Plan A	Assets and Liabilities					(a) Beginning of Year		(b) End of Year
а	Total p	olan assets				7a	1869	60	287425
b	Total p	olan liabilities				7b		0	0
С	Net pla	an assets (subtract line	7b from	ı line 7a)		7с	1869	60	287425
8	Incom	e, Expenses, and Trans	sfers for	this Plan Year			(a) Amount		(b) Total
а		butions received or rec				92/1)	128	92	
	. ,	mployers				` ,	363		
		articipants					303	0	
b	(3) Others (including rollovers)					529			
C		her income (loss)				525	13	102178	
d		its paid (including direc				60			102170
<b>~</b>		vide benefits)		•		8d	17	13	
е	Certair	n deemed and/or corre	ective dis	tributions (see inst	ructions) .	8e		0	
f	Admin	istrative service provide	lers (sala	ıries, fees, commis	sions)	8f		0	
g	Other	expenses				8g		0	
h	Total e	expenses (add lines 8d							4740
_			I, 8e, 8f,			8h			1713
i		come (loss) (subtract lir		and 8g)					100465

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Part IV	Plan	Charac	teristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2A 2J 2G 2K

If the plan provides welfare benefits, enter the applicable welfare, feature codes from the List of Plan Characteristic Codes in the instructions:

	in the plant provides wellare benefits, enter the applicable wellare readule codes from the List of Flant Chara								
art					1				
0	During the plan year:		Yes	No		Amou	nt		
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					50000	
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					1652	
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							
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							
art	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					. 🔲 \	es >	X No	
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?.	. 📗 \	es 🤇	X 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						g 	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г		I				
b	Enter the minimum required contribution for this plan year			12b					
	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	
art	VII Plan Terminations and Transfers of Assets								
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						es 🤇	X 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?			ntrol			⁄es 🄉	X 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)	13	<b>c(3)</b> F	N(s)	
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole cau	ıse is	establ	ished.				
Inde B o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct, and complete.	urn/re <sub>l</sub>	port, in	cludin	g, if appli				

SIGN	Filed with authorized/valid electronic signature.	10/14/2010	LAWRENCE E. FOLTZ					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	10/14/2010	LAWRENCE E. FOLTZ					
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).

OMB Nos. 1210-0110

1210-0089

2009

This Form is Open to Public Inspection.

	Pension Benefit Guaranty Corporation   Complete all entries in accord	dance with	the instructions to the Form 5500-5	SF.				
	art I Annual Report Identification Information							
Foi	the calendar plan year 2009 or fiscal plan year beginning	2009-	01-01 and ending	200	09-12-31			
Α	This return/report is for: x single-employer plan	multiple-en	nployer plan (not multiemployer)	Γ	one-participa	nt plan		
	This return/report is for:   first return/report	final return	/report	-	•			
D			•					
	an amended return/report	short plan	year return/report (less than 12 months)	, —	3			
C	Check box if filing under: x Form 5558	automatic	extension	L	DFVC progra	m		
	special extension (enter description)	)						
Б	artill Basic Plan Information enter all requested infor	mation				The Matter of the second secon		
	Name of plan	madon.		1b 1	Three-digit			
, 0	·			•	olan number	0.01		
	Cascade Family Medicine, P.S. Retirement Trust		<u> </u>		PN) ▶	001		
					Effective date of 2003-10-01	plan		
20	Discourse and address (ampleyer if for single ampleyer pl	an)				ication Number		
2a	Plan sponsor's name and address (employer, if for single-employer pl Cascade Family Medicine, P.S.	aii)	1		EIN) 91-158			
	cascade ramity medicine, r.s.					elephone number		
	406 B. SOUTHEAST 131ST AVE			(	(360) 254-4	402		
	SUITE 203 VANCOUVER WA 98683					see instructions)		
		tar IICamali			521111 Administrator's B	=INI		
3а	Plan administrator's name and address (If same as plan employer, en Same	ter Same,		- W	summodator s t	-11.4		
			<u> </u>	<u> </u>		Miles and the second second		
				3C A	Administrator's t	elephone number		
A.	If the name and/or EiN of the plan sponsor has changed since the las	t return/repo	ort filed for this plan, enter the	4b e	EIN			
	name, EIN and the plan number from the last return. Sponsor's Name	•		4c PN				
Ea				5a	<u> </u>	13		
~	Total number of participants at the beginning of the plan year			5b		13		
D C	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the			9 10				
•	complete this item)			5c		12		
6a	Were all of the plan's assets during the plan year invested in eligible a					XYes No		
b	Are you claiming a waiver of the annual examination and report of an							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and			• •		X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF a	nd must instead use Form 5500.					
P:	ittili Financial Information	be somewhat received			·····			
7	Plan Assets and Liabilities	P. P.	(a) Beginning of Year		(b) End	of Year		
a	Total plan assets	7a	186,960			287,425		
b	Total plan liabilities	7b	0			0		
C	Net plan assets (subtract line 7b from line 7a)	7c	186,960			287,425		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 7	Total		
a	Contributions received or receivable from:		•					
	(1) Employers	8a(1)	12,892	y in		Table 1		
	(2) Participants	8a(2)	36,373	416				
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)	d8	52,913					
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				102,178		
ď	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d	1,713			A PARTIES		
0	Certain deemed and/or corrective distributions (see instructions)	8e	0					
ş	Administrative service providers (salaries, fees, commissions)	8f	0		un President			
g	Other expenses	8g	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1,713		
ì	Net income (loss) (subject line 8h from line 8c)	8i				100,465		
	Transfers to (from) the plan (see instructions)	8ì	0	對戰	<b>"""我们是</b>			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2009) v.092308.1

	Form 5500-SF (2009)	F	age <b>2-</b>	<u>]</u>	<del></del>				
Pai	VIV. Plan Characteristics							<del>-1</del>	
<u> </u>	If the plan provides pension benefits, enter the applicable pension fea	ture codes from the Li	st of Plan Cha	racteristic	Codes	in the	instruction	ns:	***************************************
b	2F 2A 2J 2G 2K If the plan provides welfare benefits, enter the applicable welfare featu	ure codes from the List	of Plan Char	acteristic C	odes i	in the i	nstructions	s:	
Pa	iV Compliance Questions						<del></del>		······································
10	During the plan year:		<del></del>		Yes	No	T T	Amount	
	Was there a failure to transmit to the plan any participant contribution	on within the time perio	d described in	, [	1	x			
2_	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia		•	E .		<del>  ^</del> -			18444-24-41
Ø	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	•	•	3		x			
~	Was the plan covered by a fidelity bond?			10c	1	T	<u> </u>	· · · · · · · · · · · · · · · · · · ·	50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid					<del> </del>			
_	or dishonesty?	•	•	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or other insurance services or other organization that provides some or all of	the benefits under the	plan? (See	10e	x		The state of the s		1,652
g	instructions.)				<del> </del>	x	<u> </u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Į.	Has the plan failed to provide any benefit when due under the plan?				├	<del> </del>			
9	Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (Se	•		· · 10g		X		47.13	
h	2520.101-3.)			10h					
nout nout	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			101					
Par	VI Pension Funding Compliance								
17	Is this a defined benefit plan subject to minimum funding requiremer 5500))							□Yes	x No
12	Is this a defined contribution plan subject to the minimum funding re-							, , , , , , , , , , , , , , , , , , ,	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicate			<b>30 01 000</b>		- 0			hi
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver			Month					~
b	Enter the minimum required contribution for this plan year				. Г	12b		·	
c	Enter the amount contributed by the employer to the plan for this pla				<u> </u>	12¢		***************************************	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minus				12d			
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline? .	<b>5</b> 5 6 4				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?	·		هـ ه			. TYes	X No
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year			<u>l</u>	13a		WV-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
b	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?					rol	a	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another pi	an(s), identily	the plan(s		·*************************************			******************************
1	3c(1) Name of plan(s):				13	Ic(2) E	IN(s)	13c(3	) PN(s)
					··-		**************************************		***************************************
Cautio	n: A penalty for the late or incomplete filing of this return/report	will be assessed unio	ess reasonat	ile cause i	s esta	blishe	d.		
SB or	penalties of perjury and other penalties set forth in the instructions, I on Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.								
<b>建</b> 超過	Parker of Calif	10-12-2010	LAWRENCE	ग्रेज ज	י צייו	n 0			<u></u>
SIG HEF	22.33	Date	Enter name		**********		plan admir	nistrator	
A P	2	10-12-2010	LAWRENCE				,		*******************************
SIG HEF		Date	Enter name				emplover	or plan spoi	nsor