## 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.

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information							
For	calendar plan year 2009 or fiscal plan year beginning 10/01/2009	9	and ending	09/30/2	2010			
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant 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 mg	onths)				
С	Check box if filing under: Form 5558	automatic	extension		DFVC program			
	special extension (enter descriptio	n)						
Pa	art II Basic Plan Information—enter all requested information	ation						
	Name of plan			1b	Three-digit			
NSIN	I RETIREMENT PLAN				plan number			
					(PN)			
				'C	Effective date of plan 10/01/1991			
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number			
NOR	THSIDE INTERNAL MEDICINE ASSOCIATES, PS				(EIN) 91-1240863			
6400	NI MANIFAID CT			2c	Plan sponsor's telephone number 509-489-7483			
	N MAYFAIR ST KANE, WA 99208-1033			2d	Business code (see instructions)			
					621111			
	Plan administrator's name and address (if same as Plan sponsor, er THSIDE INTERNAL MEDICINE ASSOCIATES, PS 6120 N MAYE		2")	3b	Administrator's EIN			
NOR	SPOKANE, W		1033	30	91-1240863 Administrator's telephone number			
					509-489-7483			
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponsor	rs name		4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	39			
b				5b	11			
С								
	complete this item)			5c	11			
-	Were all of the plan's assets during the plan year invested in eligible		` '		X Yes No			
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes ☐ No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•					
Pa	rt III Financial Information	1						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	. 7a	195105	3	79448			
b	Total plan liabilities	. 7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	195105	3	79448			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	1000	3				
	(2) Participants	8a(2)	3592	6				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	. 8b	13310	7				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			179036			
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d	203533	_				
e	Certain deemed and/or corrective distributions (see instructions)	. 8e	959	_				
f	Administrative service providers (salaries, fees, commissions)	. 8f	571					
g	Other expenses	. 8g		0	0050044			
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			2050641			
!	Net income (loss) (subtract line 8h from line 8c)	8i			-1871605			
J	Transfers to (from) the plan (see instructions)	8j		0				

		Form 5500-SF 2009	Page <b>2-</b> [1	
Pa	rt IV	Plan Characteristics		
9a		plan provides pension benefits, enter the applicable pension feature codes for the second sec	from the List of Plan Characteristic Codes in the instructions:	

b	If th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acterist	tic Cod	des in t	he instructio	ns:		
Part	: <b>V</b>	Compliance Questions							
10	Du	ing the plan year:		Yes	No	Α	mount		
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X				300	0000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty?	10d		Χ				
е	ins	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	Х				2	2338
f	Ha	s 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					0
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Ye	s	No
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ye	s X	No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	gra	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- nting the waiverMor	ıth						
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		ı					
b	Ent	er the minimum required contribution for this plan year			12b				
С		er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative 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?		<u></u>			X Ye	s	No
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?	under	the co	ntrol		∏ Ye:	s X	No
С	If d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	he plai	n(s) to					
	13c(1	) Name of plan(s):		130	(2) EII	N(s)	13c(	3) PN	l(s)
	_						-		
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establi	ished.			

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	11/08/2010	H. KENNEDY CATHCART MD
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

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.

Short Form Annual Return/Report of Small Employee

**Benefit Plan** 

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	Ranti Annual Report Identification Information					<del></del>	
Fo	or calendar plan year 2009 or fiscal plan year beginning	10/0	1/2009	and ending	·····	00/20/202	
Α	This return/report is for:		ole-employer plan (no			09/30/201	
В		11		t multiemployer)		one-participa	ant plan
	an amended return/report		eturn/report				
C	Check box if filing under: Form 5558		plan year return/repo	rt (less than 12 m	onths)		
•			atic extension			DFVC progra	am
E	special extension (enter descri	ption)					
	Part II Basic Plan Information—enter all requested info	rmation					
	NSIM RETIREMENT PLAN				1b	Three-digit	
	This I have					plan number	_
					10	(PN)	001
					10	Effective date of 10/01/199:	plan
28	Plan sponsor's name and address (employer, if for single-employ NORTHSIDE INTERNAL MEDICINE ASSOCIATES	er plan)			2b	Employer Identif	
		, PS				(EIN) 91-124	0863
	6120 N MAYFAIR ST				2c	Plan sponsor's to	elephone number
	SPOKANE WA 99208-1033				24	509-489-74	
3a					20	Business code (s	see instructions)
Vu	Plan administrator's name and address (if same as Plan sponsor, NORTHSIDE INTERNAL MEDICINE ASSOCIATES	enter "Sa	me")		3b	Administrator's E	IN
	6120 N MAYFAIR ST	,				91-1240863	
	SPOKANE WA 99208-10	33			3C	Administrator's te 509-489-74	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the name. EIN, and the plan number from the last satura(count.)	last return.	report filed for this p	an, enter the	4b		:03
	name, EIN, and the plan number from the last return/report. Spon	sor's name	•				
5a	Total number of participants at the beginning of the plan year				4c	PN	
b	Total number of participants at the end of the plan year			••••••	5a		3 9
С	Total number of participants with account halances as of the and	af the			5b	-	11
					5c		1.1
6a	were all of the plan's assets during the plan year invested in eligi	hle secote	2 (Can instructions)				X Yes ∏ No
IJ							co   140
	If you answered "No" to either 6a or 6b, the plan cannot use						X Yes No
Pa	rt III Financial Information	01111 3300	7-SF and must inste	ad use Form 550	0.		
7	Plan Assets and Liabilities		(a) Bogins	ing of Year	T		
а	Total plan assets	7a	(a) Degiiii	1951053	,	(b) End o	
b	Total plan liabilities	7b		173103	<del>' </del>		79448
С	Net plan assets (subtract line 7b from line 7a)	7c		1951053			
8	Income, Expenses, and Transfers for this Plan Year		(a) An	·	Ή		79448
а	Contributions received or receivable from:		(4) 741	TOUTE	Fig. 1	(b) Tot	al
	(1) Employers	. 8a(1)		10003			
	(2) Participants	. 8a(2)		35926	]		
b	(3) Others (including rollovers)	. 8a(3)		0			
C	Other income (loss)	8b		133107			
d i	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					179036
_ 1	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		202525			
e (	Certain deemed and/or corrective distributions (see instructions)	8e		2035332	1		
f /	Administrative service providers (salaries, fees, commissions)	8f		9599 5710			
g	Other expenses	8g		2/10			
h 1	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h		U			
i	Net income (loss) (subtract line 8h from line 8c)	8i					2050641
j 1	ransfers to (from) the plan (see instructions)	OI O:					-1871605

Form	5500-SF	2000

_	_	 1
Page	2-	

Enter name of individual signing as employer or plan sponsor

Par	t IV Plan Characteristics		Page <b>Z-</b>						*****
	If the plan provides pension benefits, enter the applicable pension	feature codes from	the List of Dlan Ch						
	2E 2F 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare f								
Part			the List of Plan Char	acteris	tic Co	des in	the instru	ctions:	
10									
а	During the plan year: Was there a failure to transmit to the plan or a radial of the plan			,	Yes	No		Amoun	ıt
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any page 27th transmit in the plan any participant contribute.	iciary Correction Pr	oaram)	10a		Х			
	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				30000
đ	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	fidelity band, that w	on an and to the			х			30000
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	er persons by an in	surance carrier,	10d	x				222
f	Has the plan failed to provide any benefit when due under the plan		***************************************	10e					2338
g	Did the plan have any participant loans? (If "Vos." onto a cream to		***************************************	10f		Х			
h	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$	of year end.)		10g	Х				
	2520.101-3.)			10h		х			
Control of the second	exceptions to providing the notice applied under 29 CFR 2520.101-	e required notice or -3	one of the	10i					
Part \	- John Million				<del></del>				
11	s this a defined benefit plan subject to minimum funding requirements	nts? (If "Yes," see i	nstructions and comp	plete S	chedu	le SB	(Form	П Уа	
12	Is this a defined contribution plan subject to the minimum funding re	equirements of soc	tion 412 of the Code					Yes	
<b>a</b> !	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical a waiver of the minimum funding standard for a prior year is being tranting the waiveru completed line 12a, complete lines 3, 9, and 10 of Schedule I	ble.) amortized in this p	lan year, see instruct					ne letter ri Year	
b i	nter the minimum required contribution for this plan year	WID (FORM 5500), 8	ina skip to line 13.			<u></u> T			***************************************
C E	inter the amount contributed by the employer to the plan for this pla		••••••	• • • • • • • • • • • • • • • • • • • •	·   -	2b			
•	egative amount)	na racult (antor a m	inun nima ka kina tan			2c 2d		<del></del>	
<u>e</u> v	/ill the minimum funding amount reported on line 12d be met by the	funding deadline?		••••••	<u> </u>	$-\frac{1}{h}$	Yes	☐ No ☐	Π N/A
Part V	I Plan Terminations and Transfers of Assets			***********	*********	<u>··                                   </u>	163	140	N/A
13a ⊦	as a resolution to terminate the plan been adopted during the plan	vear or any prior ve	ar?	····					П.
- 1	"Yes," enter the amount of any plan assets that reverted to the emr	nlover this year			1	2-	<del></del>	X Yes	∐ No
	tere all the plan assets distributed to participants or hopoficiarios, tr	conclossed to							
C If	during this plan year, any assets or liabilities were transferred from							Yes	X No
***************************************	hich assets or liabilities were transferred. (See instructions.)  (1) Name of plan(s):		· · · · · · · · · · · · · · · · · · ·	F (c		) F11/		T	
					13c(2	) EIN(:	š)	13c(3)	PN(s)
					· · · · · · · · · · · · · · · · · · ·	······································		<u> </u>	***************************************
aution	: A penalty for the late or incomplete filing of this roturn/report			······································	***********				
711UC1 D	: A penalty for the late or incomplete filing of this return/report enalties of perjury and other penalties set forth in the instructions, I shedule MB completed and signed by an enrolled actuary, as well a is true, correct, and complete.							le, a Sche	edule and
	20 h (-		7						
SIGN HERE	Signature of plan administrator	. , ,	H. Kennedy C				w		
	7 4 %	Date	Enter name of indiv	vidual s	signing	as pla	an admini	strator	
SIGN HERE	Si di	4/2/12_	H. Kaned	, (	41	40	m		
	Signature of employer/plan sponsor	Date	Enter name of indiv	idual s	sianina	as en	anlover or	nlan spo	nsor