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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information			10/01		
For	calendar plan year 2010 or fiscal plan year beginning 10/01/2	_	and ending	12/31/	2010 	
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participa	int plan
В	This return/report is for: first return/report	X final retur	n/report			
	an amended return/report	x short plar	year return/report (less than 12 m	onths)		
С	Check box if filing under: Form 5558	automatio	extension		DFVC progra	am
	special extension (enter descri	ption)				
Pa	Irt II Basic Plan Information—enter all requested info	rmation				
1a	Name of plan			1b	Three-digit	
NSIN	I RETIREMENT PLAN				plan number (PN) ▶	001
				10	Effective date o	f plan
				.0	10/01/1	•
	Plan sponsor's name and address (employer, if for single-employer)	yer plan)		2b	Employer Identi	
NOR	THSIDE INTERNAL MEDICINE ASSOCIATES, PS				(EIN) 91-124	
6120	N MAYFAIR ST			2c	Plan sponsor's to 509-48	telephone number 9-7483
SPO	KANE, WA 99208-1033			2d	Business code	(see instructions)
					621111	
3a NOR	Plan administrator's name and address (if same as Plan sponsor THSIDE INTERNAL MEDICINE ASSOCIATES, PS 6120 N M.	r, enter "Same AYFAIR ST	; ")	3b	Administrator's 91-124	
		E, WA 99208-	1033	3c	_	telephone number
					509-48	9-7483
	f the name and/or EIN of the plan sponsor has changed since the		port filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Spor	isor's name		4c	PN	
5a	Total number of participants at the beginning of the plan year				1	11
	Total number of participants at the end of the plan year					0
С	Total number of participants with account balances as of the end	d of the plan	ear (defined benefit plans do not	0.0		
	complete this item)			5c		0
_	Were all of the plan's assets during the plan year invested in eli	-	,			Yes No
b	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibili					X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use	•	,			
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	7a	794	48		0
b	Total plan liabilities	7b				0
C	Net plan assets (subtract line 7b from line 7a)	7с	794	48		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) ⁷	Γotal
а	Contributions received or receivable from: (1) Employers	8a(1)		0		
	(2) Participants	, ,		0		
	(3) Others (including rollovers)			0		
b	Other income (loss)		42	84		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					4284
d	Benefits paid (including direct rollovers and insurance premiums		007	0.4		
	to provide benefits)		837			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0		
f	$\label{providers} \mbox{Administrative service providers (salaries, fees, commissions)}$	8f		8		
g	Other expenses	8g		0		0075
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				83732
i	Net income (loss) (subtract line 8h from line 8c)					-79448
	Transfers to (from) the plan (see instructions)	gi	İ	0		

	Form 5500-SF 2010 Page 2-							
ar	t IV Plan Characteristics							
3	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in	the instruction	ns:		
	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	etoriet	ic Co	doe in t	the instruction			
,	in the plant provides wellare benefits, effect the applicable wellare feature codes from the List of Flant Chara	iciensi	.10 000	ues III i	ine mstruction	15.		
art	V Compliance Questions							
)	During the plan year:		Yes	No	Α	moun	t	
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	Χ				30	00000
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	Х					8
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		Х				
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						
rt	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•			•	Y	es	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	ERISA?	Ye	es X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day.				
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	of a		124				

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? Yes No If "Yes," enter the amount of any plan assets that reverted to the employer this year......

12d

Yes

N/A

No

X Yes No

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.	01/13/2011	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

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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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

F	art Annual Report Identification Information						
-01	calendar plan year 2010 or fiscal plan year beginning	10/01/2	010 and ending		12/31/2010)	
Α	This return/report is for: X single-employer plan	multiple-er	mployer plan (not multiemploye	r)	one-participant plan		
В	This return/report is for: first return/report	X final return	/report		-		
	an amended return/report	x short plan	year return/report (less than 12	months)			
С	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m	
	special extension (enter descrip	otion)					
Р	art II Basic Plan Information—enter all requested information	mation					
-	Name of plan			1b	Three-digit		
	NSIM RETIREMENT PLAN				plan number		
					(PN) •	001	
				16	Effective date of 10/01/1993		
2a	Plan sponsor's name and address (employer, if for single-employ	er plan)		2b	Employer Identif	ication Number	
	NORTHSIDE INTERNAL MEDICÍNE ASSOCIATES	, PS			(EIN) 91-124		
	6120 N MAYFAIR ST			20	Plan sponsor's to 509-489-74		
	CDOMANTE MA COOCO 1022			2d	Business code (s		
	SPOKANE WA 99208-1033		,	- 25	621111		
Ja	Plan administrator's name and address (if same as Plan sponsor, NORTHSIDE INTERNAL MEDICINE ASSOCIATES	, PS)	30	Administrator's E		
	6120 N MAYFAIR ST SPOKANE WA 99208-10	12.2		3с	Administrator's to	•	
4	SPOKANE WA 99208-10 fthe name and/or EIN of the plan sponsor has changed since the		ort filed for this plan, enter the	4b	509-489-74 EIN	183	
	name, EIN, and the plan number from the last return/report. Spon		•				
	Total number of participants at the beginning of the plan year				PN	11	
b						0	
С	Total number of participants with account balances as of the end	of the plan ye	ar (defined benefit plans do no	1			
	complete this item)					0	
	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of		•		***************************************	X Yes No	
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibilit					X Yes No	
	If you answered "No" to either 6a or 6b, the plan cannot use	Form 5500-S	F and must instead use Forn	5500.			
	rt III Financial Information						
7	Diam Annaha and Makittina			т			
	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		
a	Total plan assets	···		448	(b) End	0	
b	Total plan assets	7b	79		(b) End	0	
b c	Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b	79	448		0 0	
b 8	Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7b	79		(b) End (0 0 0	
b c	Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b	79			0 0 0	
b 8	Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7b 7c 8a(1)	79	448		0 0	
b 8	Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7b 7c 8a(1) 8a(2)	79	448		0 0 0	
b 8	Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	7b 7c 8a(1) 8a(2) 8a(3)	7 9 7 9 (a) Amount	0 0		0 0	
8 a	Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7b 7c 8a(1) 8a(2) 8a(3) 8b	7 9 7 9 (a) Amount	0 0 0		0 0 0	
b c 8 a	Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	79 (a) Amount	0 0 0		0 0 0 otal	
b c 8 a b	Total plan assets	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	79 (a) Amount	0 0 0 284		0 0 0 otal	
b c 8 a b c	Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	79 (a) Amount	0 0 0 284		0 0 0 otal	
b c 8 a b c d	Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d 8f	79 (a) Amount	0 0 0 0 284		0 0 0 otal	
b c 8 a b c d	Total plan assets		79 (a) Amount	0 0 0 0 284 724 0 8		0 0 0 otal	
b c 8 a b c d e f g	Total plan assets	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	79 (a) Amount	0 0 0 0 284 724 0 8		0 0 0 otal 4284	

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ı	-ari 11	1.834	Plan	u.nara	acter	STICS

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	part part and the approach would be approached to the approach to the approached to	codes from the List of Flatt Chare	10101131		203 111	the monded	,,,,	
Part	V Compliance Questions							
10	During the plan year:			Yes	No	P	mount	
а	Was there a failure to transmit to the plan any participant contributions w	ithin the time period described in			X			
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary (Were there any nonexempt transactions with any party-in-interest? (Do	• .	10a					
b	on line 10a.)	iot include transactions reported	10ь		X			
С	Was the plan covered by a fidelity bond?		10c	Х	· · · · · · · · · · · · · · · · · · ·		30	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?		Х		***************************************			
е	Were any fees or commissions paid to any brokers, agents, or other persinsurance service or other organization that provides some or all of the binstructions.)	Х				8		
f	Has the plan failed to provide any benefit when due under the plan?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of ye				X			
h	If this is an individual account plan, was there a blackout period? (See in	structions and 29 CFR	10g		X	l elec		
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3	ired notice or one of the	10h 10i					
Part	VI Pension Funding Compliance		l					
11	Is this a defined benefit plan subject to minimum funding requirements? (5500))	If "Yes," see instructions and com	plete \$	Sched	ule SE	(Form	☐ Yes [□ No
12	Is this a defined contribution plan subject to the minimum funding require						<u> </u>	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		0. 00.					
а	If a waiver of the minimum funding standard for a prior year is being amo	rtized in this plan year, see instruc	tions,	and e	nter th	e date of the	letter rulin	ng
15.	granting the waiver.		th		Day	Y	ear	
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (I	•		Г	12b		·····	**************
	Enter the minimum required contribution for this plan year			. –				
	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the res				12c			
	negative amount)				12d			
е	Will the minimum funding amount reported on line 12d be met by the fund	ling 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?		<u></u>			X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employe	r this year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transf of the PBGC?	erred to another plan, or brought ι	under t	he co	ntrol		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify th	ie plan	(s) to				
1:	3c(1) Name of plan(s):			13c	(2) EII	V(s)	13c(3) P	PN(s)
	on: A penalty for the late or incomplete filing of this return/report wil							
SB or	penalties of perjury and other penalties set forth in the instructions, I decided and Schedule MB completed and signed by an enrolled actuary, as well as the it is true, correct, and complete.	are that I have examined this reture electronic version of this return/r	rn/rep eport,	ort, inc and to	luding the b	j, if applicabl est of my kn	e, a Sched owledge ar	lule nd
SIGN	H K. Car	اری H. Kennedy	Catl	ncar	t MI			
HERE	9931						strator	
	1000	110/201 HKen	n o	ar sign	y us	Than	<u> </u>	
SIGN	-			44		10100	0	
	Signature of employer/plan sponsor Dat	e Enter name of in	aividua	ai sign	ing as	employer or	plan spon	sor