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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	•				
		dentification Information								
For	calendar plan year 2009 or fisc	al plan year beginning 11/01/200)9	and ending 1	0/31/2	2010				
Α .	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for:	first return/report	final retur	n/report		_				
		an amended return/report	short plar	year return/report (less than 12 mor	nths)					
С	Check box if filing under:		DFVC program							
	Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description)									
Do	ert II Pacia Blan Inform									
		mation—enter all requested inform	nation		1h	Three digit				
	Name of plan	. 401(K) PROFIT SHARING PLAN T	DIICT		ID	Three-digit plan number				
IXLINI	NETITI. 2. IOAAGO, W.D., T.O	. 401(K) 1 KOLLI SHAKING LAN I	ROOT			(PN) • 002				
					1c	Effective date of plan				
						11/01/1986				
2a	Plan sponsor's name and addr	ess (employer, if for single-employer	r plan)		2b	Employer Identification Numbe	r			
KENI	NETH H. Z. ISAACS, M.D., P.S					(EIN) 91-1157613				
					2c	Plan sponsor's telephone numl	oer			
	ST ALDER, SUITE 215 LA WALLA, WA 99362-2863				24	509-529-0941	٥)			
					Zu	Business code (see instruction 621111	5)			
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN				
	NETH H. Z. ISAACS, M.D., P.S	. 5 WEST ALI	DER, SUIT	E 215		91-1157613				
		WALLA WAI	LLA, WA 99	9362-2863	3с	Administrator's telephone num	ber			
4 .	Color and a second second second		-11 /	and the different control of the	41.	509-529-0941				
	•	an sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	4b EIN					
	name, Env, and the plan name	or from the last retain report. Opons	or o marrie		4c	PN				
5a	Total number of participants at	t the beginning of the plan year			5a		8			
b	Total number of participants at	5b		8						
C	, ,	rear (defined benefit plans do not	JD							
·					5c		8			
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)		X Yes	No			
				ndent qualified public accountant (IQI						
	· · · · · · · · · · · · · · · · · · ·			ions.)		X Yes	No			
-			orm 5500-	SF and must instead use Form 55	00.					
Pa	rt III Financial Inform	ation		Τ	1					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		. 7a	2587974	ŀ	3092	099			
b	Total plan liabilities		. 7b	C)		0			
С	Net plan assets (subtract line 7	7b from line 7a)	. 7с	2587974	ļ	3092	099			
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or rece		2 (1)	26245						
				26343	-					
				32850)					
_	` ` ` ` ` `	.)	- ` '		_					
b	Other income (loss)		8b	465902	2					
С		8a(2), 8a(3), and 8b)	. 8c			525	095			
d	1 \	rollovers and insurance premiums	8d							
е	. ,	tive distributions (see instructions)								
f		rs (salaries, fees, commissions)		20970)					
g	· .									
h	•	8e, 8f, and 8g)				20	970			
i		e 8h from line 8c)					125			
i		ee instructions)					Ť			
,			·1 XI)					

Part IV	Dlan	Charac	torictics
Partiv	Plan	Charac	reristics

SIGN HERE

Signature of employer/plan sponsor

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

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

	- ' ' '										
art	V Compliance Questions										
0	During the plan year:		Yes	No		Amo	unt				
а	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in 10a		X							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	d 10b		X							
С	Was the plan covered by a fidelity bond?	10c	X					300000			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau or dishonesty?		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.)		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									
art	VI Pension Funding Compliance										
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c 5500))						Yes	No			
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection 3	302 of	ERISA?		Yes	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 ins granting the waiver	onth									
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line $^{\prime}$		г								
b	b Enter the minimum required contribution for this plan year										
	Enter the amount contributed by the employer to the plan for this plan year			12c							
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the I negative amount)		-	12d	<u> </u>	П		1			
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?										
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?				Ī		Yes	X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a							
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?						Yes	X No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifully which assets or liabilities were transferred. (See instructions.)	y the pla				1					
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	1	3c(3)	PN(s)			
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	able ca	use is	establ	ished.						
SB o	or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct, and complete.										
SIGI	Filed with authorized/valid electronic signature. 02/16/2011 KENNETH H.Z	. ISAAC	S, M.E) .							
HER				individual signing as plan administrator							

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Depertment of Labor Employee Benefits Security Administration

Pension Benefil 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

F	ension Benefit Guaranty Corporation Complete all entries in accord	dance with	h the instructions to the Form 550	0-SF.						
	art I Annual Report Identification Information									
For	For calendar plan year 2009 or fiscal plan year beginning 11/01/2009 and ending 10/31/2010									
Α	This return/report is for: X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	int plan				
В	This return/report is for:									
	an amended return/report	short plan	year return/report (less than 12 mo	nths)						
С	Check box if filing under: Form 5558 automatic extension DFVC program									
	special extension (enter description)									
Pa	rt II Basic Plan Information—enter all requested informa		· · · · · · · · · · · · · · · · · · ·							
	Name of plan			1b	Three-digit					
	KENNETH H. Z. ISAACS, M.D., P.S. 401(K)	PROFIT	SHARING PLAN TRUST		plan number					
		4 -	(PN))	002						
				10	Effective date o 11/01/198	•				
2a	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identi					
	KENNETH H. Z. ISAACS, M.D., P.S.	pion		_~	(EIN) 91-115					
	5 WEST ALDER, SUITE 215			2c		elephone number				
	5 WEST ADDER, SOITE 215			24	509-529-0					
	WALLA WALLA WA 99362-2863			Zu	621111	(see instructions)				
3a	Plan administrator's name and address (if same as Plan sponsor, er KENNETH H. Z. ISAACS, M.D., P.S.	nter "Same	9")	3b	Administrator's	EIN				
	KENNETH H. Z. ISAACS, M.D., P.S.				91-115761					
	5 WEST ALDER, SUITE 215 WALLA WALLA WA 99362-286	પ		3с	Administrator's 1	telephone number				
4 1	f the name and/or EIN of the plan sponsor has changed since the las	=	port filed for this plan, enter the	4b		241				
	name, EIN, and the plan number from the last return/report. Sponsor		p-11 1 pie, 4 1							
_		•		4c	PN					
	Total number of participants at the beginning of the plan year			5a		8				
	Total number of participants at the end of the plan year	5b		8						
С	Total number of participants with account balances as of the end of complete this item)			5c		8				
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Do	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information									
7			(a) Parimina of Vaca		/b\ == 4	-£V				
•	Plan Assets and Liabilities	7-	(a) Beginning of Year 258797	1	(D) E110	of Year 3092099				
_	Total plan assets	7a 7b		0	•	3092099				
	Net plan assets (subtract line 7b from line 7a)	7c	258797	-		3092099				
8	Income, Expenses, and Transfers for this Plan Year	70		-	/h\ 7	Fotal				
	Contributions received or receivable from:		(a) Amount		(0)	IOtal				
_	(1) Employers	8a(1)	2634	3						
	(2) Participants	8a(2)	3285	0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	46590	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				525095				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8 e		\Box						
f	Administrative service providers (salaries, fees, commissions)	8f	2097	0						
g	Other expenses	8g	****	\perp						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				20970				
i	Net income (loss) (subtract line 8h from line 8c)	8i		\perp		504125				
j	Transfers to (from) the plan (see instructions)	8j		0						

		Form 5500-SF 2009 Page 2-							
Par									
9a	If the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 3D 2J 2K	racteri	stic Co	des in	the ins	truction	ıs:	
b		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Cod	des in	the ins	ruction	S:	
Part	٧	Compliance Questions							-
10		ing the plan year:		Yes	No		An	ount	
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		х				
С	Wa	s the plan covered by a fidelity bond?	10c	х				3	00000
d	Did or d	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		х				
е	Wer	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rrance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		х				
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 year end.)	10g		Х				
h	252	is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		х				
i	If 10	The 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						<u> </u>
Part		Pension Funding Compliance							
11	ls th 5500	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	nplete	Sched	lule SE	3 (Form	<u>'</u> Г	Yes	☐ No
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	X No
_		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	nth	and e	enter th Day	e date	of the li Ye	etter ru ar	ling ——
_		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b	ı			
		er the minimum required contribution for this plan year			120	 			
c d	Subi	er the amount contributed by the employer to the plan for this plan yeartract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	of a		12C	<u> </u>			
_		etive amount)				 		г	7
Part		the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets		**********		Ye:	5	No	N/A
		a resolution to terminate the plan been adopted during the plan year or any prior year?					٦	T Voc	X No
134		es," enter the amount of any plan assets that reverted to the employer this year			 13a	T	L	<u> </u>	A NO
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	under	the co	ntrol	J	Γ	Ves	X No
С	If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)					L	ս	<u> </u>
1		Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
							_		
Cauti	on. A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	le co	150 }5	establ	ichad			
Caul	UII. /	Learning for the rate of incomplete mind of this tetritivehort will be assessed duffest tessonal	ne cal	ise is	estab	isned.			

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 HERE	Cuncket to Example	Fds. 11, 2011	KENNETH H.Z. ISAACS, M.D.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Connider E12200	Felo II, 2011	
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor