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

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
	This return/report is for: first return/report final return/report				
_	an amended return/report	short plan	year return/report (less than 12 mo	nths)	
_	Check box if filing under: Form 5558	•	extension	,	DFVC program
C	special extension (enter description		Octorision		_ Bi vo piogram
D					
	art II Basic Plan Information—enter all requested information Name of plan	ation		1h	Throo digit
	BERT L. COOPER, MD, PS RETIREMENT SAVINGS PLAN			וו	Three-digit plan number
· (OD	ETT E. GOOT ET, MB, TO TE TITE METT OF WITHOUT ETT				(PN) ▶ 004
				1c	Effective date of plan
					01/01/1992
	Plan sponsor's name and address (employer, if for single-employer BERT L. COOPER, MD, PS	plan)		2b	Employer Identification Number (EIN) 91-1541697
KOB	ERT E. GOOFER, WID, F3			20	(LIIV)
	S COWLEY ST				Plan sponsor's telephone number 509-838-7028
5PU	KANE, WA 99202-1316			2d	Business code (see instructions)
2-	Discontinuity of the second of	-1	· m	24	621111
	Plan administrator's name and address (if same as Plan sponsor, et BERT L. COOPER, MD, PS 530 S COWL	EY ST	,	30	Administrator's EIN 91-1541697
	SPOKANE, V	VA 99202-	1316	3с	Administrator's telephone number
					509-838-7028
	If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN
	name, EIN, and the pian number from the last return/report. Sponso	rs name		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	7
b	Total number of participants at the end of the plan year	5b	6		
С				0.0	
	complete this item)		•	5c	6
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		X Yes No
b	- ,				X Yes ☐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		•		Tes 100
Pa	art III Financial Information	51111 5500-	or and must mistead use i orm so	.	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	916344	1	1125631
b	Total plan liabilities	7b	()	0
С		7c	916344	1	1125631
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а			,		V-7 - 2-2-2
	(1) Employers	8a(1)	40349		
	(2) Participants	8a(2)	35703		
	(3) Others (including rollovers)	8a(3)	(
b	Other income (loss)	8b	136932	2	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			212984
d	3		339		
	to provide honefite)	0~1		,	
^	to provide benefits)	. 8d	(_	
e f	Certain deemed and/or corrective distributions (see instructions)	8e	()	
f	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	. 8e . 8f)	
f g	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	. 8e . 8f . 8g	()	3697
f	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8e 8f 8g 8h	()	3697 209287
f g	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	. 8e . 8f . 8g	()	3697 209287

	Form 5500-SF 2010 Page 2-							
ar	rt IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 2A 2E 2F 2G 2J 2R 3H 3D	n Characteri	stic Co	des in	the instru	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan	Characteris	tic Co	des in t	he instruc	tions:		
art	t V Compliance Questions							
)	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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reponline 10a.)			X				
С	Was the plan covered by a fidelity bond?	10с	X				1	15000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by to dishonesty?			Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrie insurance service or other organization that provides some or all of the benefits under the plan? (Se instructions.)	e	Х					341
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.)			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							<u>_</u>
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar 5500))	•			•		Yes	No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	instructions Month	, and e	enter th		the lette		No No
	Enter the minimum required contribution for this plan year		Г	12b				
				12c				
_	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	he left of a		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?						Yes	No

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

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

of the PBGC?..... 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.)

13	sc(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
			<u> </u>
			1

Yes X No

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.	07/28/2011	ROBERT COOPER
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

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2010

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OMB Nos. 1210-0110

1210-0089

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

F	art I Annual Report Identification Information						
Fo	r calendar plan year 2010 or fiscal plan year beginning	01/01	/2010	and ending		12/31/2010)
Α	This return/report is for: Single-employer plan	multiple	e-emplover plan	(not multiemployer)		one-participa	
	This return/report is for: first return/report	=	urn/report	(are plan
	an amended return/report		•	eport (less than 12 mo	onths)		
С	Check box if filing under: Form 5558	=	tic extension	oport (1000 triair 12 frie	,,,,,,	DFVC progra	ım
	special extension (enter descripti	1	uo oxtorioion			☐ bi ve piogra	1111
P	art II Basic Plan Information—enter all requested inform	,					
	Name of plan	nation			1h	Three-digit	
	ROBERT L. COOPER, MD, PS RETIREMENT SAV	INGS E	LAN		וו	plan number	
						(PN))	004
					1c	Effective date of	•
2a	Plan sponsor's name and address (employer, if for single-employe				- AL	01/01/199	
	ROBERT L. COOPER, MD, PS	i piari)			20	Employer Identif (EIN) 91-154	
	530 S COWLEY ST				2c		elephone number
	220 2 COMPET 21					509-838-70	028
	SPOKANE WA 99202-1316				2d	Business code (see instructions)
3a	Plan administrator's name and address (if same as Plan sponsor, eROBERT L. COOPER, MD, PS	enter "Sar	ne")		3b	Administrator's E	EIN
						91-1541697	7
	530 S COWLEY ST SPOKANE WA 99202-131	6			3с	Administrator's to 509-838-70	elephone number
4	f the name and/or EIN of the plan sponsor has changed since the la	st return/i	eport filed for th	is plan, enter the	4b		020
	name, EIN, and the plan number from the last return/report. Sponso	or's name		• ,			
5a	Total number of participants at the beginning of the plan year				4c	PN T	
					5a		7
	Total number of participants at the end of the plan year Total number of participants with account balances as of the end o				5b		6
	complete this item)	the plan	year (defined b	enetit plans do not	5c		ϵ
6a	Were all of the plan's assets during the plan year invested in eligib	le assets	? (See instruction	ns.)		***************************************	X Yes No
b	Are you claiming a waiver of the annual examination and report of	an indene	ndent qualified	nublic accountant (IOI	ΣΔ1		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	and condi	tions.)	notood use Form FF		••••••	X Yes No
Pa	rt III Financial Information	01111 0000	-or and must i	iisteau use roiiii 55t	<i>.</i>		
7	Plan Assets and Liabilities		(a) Be	ginning of Year	T	(b) End (of Year
а	Total plan assets	7a	1	91634	4	(0) =110 (1125631
	Total plan liabilities			(0		0
С	Net plan assets (subtract line 7b from line 7a)	7c		91634	1		1125631
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To	otal
а	Contributions received or receivable from: (1) Employers	0-(4)		40244			
	(2) Participants	8a(1)		40349	_		
	(3) Others (including rollovers)	8a(2)		35703	7		
	Other income (loss)	8a(3) 8b		136932	-		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		130932			212004
d	Benefits paid (including direct rollovers and insurance premiums	<u> </u>					212984
	to provide benefits)	8d		339	<u>.</u>		
	Certain deemed and/or corrective distributions (see instructions)	8e		C	<u>)</u>		
	Administrative service providers (salaries, fees, commissions)	8f		3358	1		
	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					3697
	Net income (loss) (subtract line 8h from line 8c)	8i				~~~~	209287
J	Transfers to (from) the plan (see instructions)	8j			IN.		

8		Form 5500-SF 2010 Page 2-	***************************************			
	t IV					
9ą	If the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha $^{ m A}$ $^{ m ZE}$ $^{ m ZF}$ $^{ m ZG}$ $^{ m ZJ}$ $^{ m ZR}$ $^{ m ZH}$ $^{ m ZR}$	racteri	stic Co	odes ir	n the instructions:
b		e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	stic Co	des in	the instructions:
Par	٠V	Compliance Questions			***************************************	
10	Duri	ing the plan year:		Yes	No	Amount
а	Was 29	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		Х	Amount
b	Wer	re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		Х	
С	Was	s the plan covered by a fidelity bond?	10c	Х		115000
d	Did t	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	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	Х		341
f		the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h	If this 2520	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Χ	
Ĭ	If 101	h 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		Pension Funding Compliance	·			
11	Is this 5500	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com))	plete :	Schedu	ule SE	3 (Form Yes No
12	Is thi	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code				
а	If a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc-	ctions,	and er	nter th	ne date of the letter ruling
lf y	ou co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	tn		Day.	Year
		the minimum required contribution for this plan year		F	12b	
С	Enter	the amount contributed by the employer to the plan for this plan year	*******		12c	
d	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the amount)	of a		12d	
e	Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes No N/A
art \	/11	Plan Terminations and Transfers of Assets				
3a	Has a	resolution to terminate the plan been adopted during the plan year or any prior year?				Yes X No
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year			13a	
b	Were of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u PBGC?	ınder t	he con	itrol	Yes X No
С	lf durii which	ng 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.)	e plan	(s) to		

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

13c(1) Name of plan(s):

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.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Polent & Cooper MT	7-26-11	Robert Cooper
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