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).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance witl	h the instructions to the Form 5500)-SF.		
		dentification Information					
For	calendar plan year 2009 or fisc	al plan year beginning 11/01/200	09	and ending 1	0/31/	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:	first return/report	final retur	n/report			
		an amended return/report	short plan	year return/report (less than 12 mor	nths)		
C	Check box if filing under:	X Form 5558	automatic	extension		DFVC progra	am
	-	special extension (enter descripti	on)			_	
Pa	rt II Basic Plan Infor	mation—enter all requested inform	nation				
	Name of plan				1b	Three-digit	
	IAEL H. CUNNINGHAM, MD, F	PS 401K PLAN				plan number	004
						(PN) •	
					1C	Effective date o	•
2a	Plan sponsor's name and add	ress (employer, if for single-employe	r plan)		2h	Employer Identi	
	IAEL H. CUNNINGHAM, MD, F	,	ι ριαιι)			(EIN) 91-122	
					2c		telephone number
	COWLEY ST STE 1 KANE, WA 99202-1234			·	24	509-45	
0, 0,	VIVE, VVV 00202 1204				Zū	621320	(see instructions)
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's	
	IAEL H. CUNNINGHAM, MD, F		LEY ST ST	E 1		91-122	9783
		SFORANE,	VVA 99202-	1234	3с	Administrator's 509-45	telephone number
4 II	the name and/or FIN of the pl	an sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4h	EIN	3-9331
	•	er from the last return/report. Spons		per med ter and plant, erner and	70		
					4c	PN	
5a	Total number of participants a	t the beginning of the plan year			5a		40
b		t the end of the plan year		ļ	5b		37
С		rith account balances as of the end of			5c		30
60							X Yes No
	•	0 , ,		(See instructions.)dent qualified public accountant (IQF		••••••	
~				ons.)			X Yes No
r			orm 5500-	SF and must instead use Form 550	00.		
Pa	rt III Financial Inform	ation					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
а	Total plan assets		7a	915752	2		1124996
b	Total plan liabilities		7b	0)		
C	Net plan assets (subtract line	7b from line 7a)	7с	915752	!		1124996
8	Income, Expenses, and Trans			(a) Amount		(b) 1	<u>Fotal</u>
а	Contributions received or received (1) Employers	ivable from:	8a(1)	40285			
			. ,	102290	-		
	• •	s)	. ,	0	_		
b	, ,		` ` `	77543	-		
C	,	8a(2), 8a(3), and 8b)		77010			220118
d		rollovers and insurance premiums	00				
			8d	10874	Ц		
е	Certain deemed and/or correct	tive distributions (see instructions)	8e		_		
f	Administrative service provide	rs (salaries, fees, commissions)	8f	0			
g	Other expenses		8g	0			
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h				10874
i	Net income (loss) (subtract lin	e 8h from line 8c)	8i				209244
j	Transfers to (from) the plan (s	ee instructions)	8i				

Part IV	Plan Characteristics

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 2J 2K 3D 2G 2R 3H 3B

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 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		Χ				
С	Was the plan covered by a fidelity bond?	10c	X					112000
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				
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								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							X No
_		: 01 56	CHOIT	002 01	LNISA!	Ш	100	
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	.4:				د ا د داد	4 a a a !!	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver							ng
lf y	/ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		100		
	Enter the minimum required contribution for this plan year		Г	12b				
	Enter the amount contributed by the employer to the plan for this plan year		1	12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		-		Yes	П	lo	N/A
art							<u> </u>	<u> </u>
						П	Yes	X No
sa	Has a resolution to terminate the plan been adopted during the plan year or any prior year?			 13a			162	/ NO
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
D	of the PBGC?	under					Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EI	N(s)		13c(3)	PN(s)
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
Во	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ i, it is true, correct, and complete.							
SICI	Filed with authorized/valid electronic signature 07/20/2011 MICHAEL H. CLII	NNINC	SHAM					

SIGN HERE
Signature of plan administrator
Date
Enter name of individual signing as plan administrator

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

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

2009

This Form is Open to Public Inspection

		lentification Information									
Fo	r calendar plan year 2009 or fisca		11/01/2	2009	and ending		10/31/2010	0			
Α	This return/report is for:	x single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan			
В	This return/report is for:	first return/report	final return	n/report							
		an amended return/report	short plan	year return/re	port (less than 12 mo	onths)					
С	Check box if filing under:	Form 5558	automatic	extension			☐ DFVC progra	am			
	Ī			-							
P	art II Basic Plan Inforn		rmation								
1a	Name of plan			***************************************	***************************************	1b	Three-digit				
	MICHAEL H. CUNNING	HAM, MD, PS 401K PLA	N				plan number	004			
						10	(PN) ▶ Effective date o	004			
						16	11/01/200	•			
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	yer plan)			2b	Employer Identi				
	MICHAEL H. CUNNING	HAM, MD, PS					(EIN) 91-122	9783			
	842 S COWLEY ST ST	E 1				2c	Plan sponsor's t 509-455-9	telephone number			
	Q Q					2d		see instructions)			
	SPOKANE	WA 99202-1234					621320				
3a	Plan administrator's name and a MICHAEL H. CUNNING	address (if same as Plan sponsor HAM,MD, PS	r, enter "Same	")		3b	Administrator's I				
	842 S COWLEY ST STE					30		telephone number			
	SPOKANE SPOKANE	WA 99202-1	234				509-455-9351				
		n sponsor has changed since the		ort filed for thi	s plan, enter the	4b	EIN				
	name, Env, 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					T	40			
	b Total number of participants at the end of the plan year				5b	3					
С		th account balances as of the end									
	complete this item)		***************************************			5c		30			
-		uring the plan year invested in elig					***************************************	X Yes No			
b	Are you claiming a waiver of the under 29 CFR 2520.104-46? (S	e annual examination and report See instructions on waiver eligibili	ot an independ tv and conditio	ient qualitied p ins)	oublic accountant (IQ	PA)		X Yes No			
		er 6a or 6b, the plan cannot use					***************************************				
Pa	rt III Financial Informa	tion	· · · · · · · · · · · · · · · · · · ·								
7	Plan Assets and Liabilities			(a) Be	ginning of Year		(b) End	of Year			
а	Total plan assets		7a		91575	2	·	1124996			
b	•					0					
<u>C</u>	Net plan assets (subtract line 7)	b from line 7a)	7с		91575	2		1124996			
8	Income, Expenses, and Transfe			(a) Amount		(b) T	otal			
а	Contributions received or receiv (1) Employers	vable from:	8a(1)		4028	5					
	• • •			***************************************	10229						
	**					ol					
b	•				77543						
С	Total income (add lines 8a(1), 8	a(2), 8a(3), and 8b)	8c					220118			
d	Benefits paid (including direct ro	ollovers and insurance premiums									
_					1087	4					
e		ve distributions (see instructions)				\exists					
†		(salaries, fees, commissions)				0					
g	,		-			0					
						3 N		40001			
h :		e, 8f, and 8g)	100					10874			
	T-1-1										
n i		e, 8f, and 8g) 8h from line 8c)						10874 209244			

Form	. 55	ററ	CE	2000	7

Page	2-	
uge	4	

Part IV Plan Characteristic	/ Plan Cha	ractoristics
-----------------------------	------------	--------------

- **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 2J 2K 3D 2G 2R 3H 3B
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part					Ι	·····	1		
10	During the plan year:			r	Yes	No		Amoun	t
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)	ciary Correction Prod	gram)	10a		Х			
b	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				112000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	the benefits under t	he plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan?	7		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	****************	10g		Х			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)			10h		Х		•	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required notice or o	one of the	10i					MMM million (and an terminal and an analysis
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	nts? (If "Yes," see in	structions and com	plete	Sched	ule SB	3 (Form	Ye	es 🗍 No
12 a	Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical If a waiver of the minimum funding standard for a prior year is being granting the waiver.	equirements of secti ble.) amortized in this pl	on 412 of the Code an year, see instruc	or se	ction 3 and e	02 of l	ERISA?	e letter	ruling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule l	MB (Form 5500), ar	nd skip to line 13.			ouy.			
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			
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	ne result (enter a mi	nus sign to the left o	of a	Г	12d			
e	Will the minimum funding amount reported on line 12d be met by the	e funding 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 ye	ar?	,,,,,,,,				Ye	s 🗓 No
	If "Yes," enter the amount of any plan assets that reverted to the em					13a			
	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	ransferred to anothe	r plan, or brought u	nder t	he cor	ntrol		Ye	s 🛭 No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to anothe	plan(s), identify the	e plan	(s) to				
1:	3c(1) Name of plan(s):				13c	(2) EII	V(s)	13c(3) PN(s)
Cautio	on: A penalty for the late or incomplete filing of this return/repor	t will be assessed	unless reasonable	caus	se is e	stabli	shed.		
SB or	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	declare that I have as the electronic ver	examined this retur sion of this return/re	n/rep eport,	ort, inc and to	luding the b	, if applicat est of my ki	ile, a Sc nowledg	hedule e and
	M Cumman	7-25-11	Michael H.	Cuni	nina	ham			
SIGN							nlan admi-	introtor	
	A DW / WALLA A	Date	Enter name of ind				Pian aumin	istrator	
SIGN		7-25-11							
11m11L	Signature of employer/plan sponsor	Date	Enter name of ind	lividua	ıl signi	ing as	employer o	r plan s	ponsor