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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	n the instructions to the Form 5500	O-SF.		
Pa	art I Annual Report Id	lentification Information					
For	calendar plan year 2010 or fisca	al 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-particip	ant plan
В	This return/report is for: first return/report final return/report					_	
		an amended return/report	short plan	year return/report (less than 12 mor	nths)		
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progr	am
		special extension (enter description	n)			_	
Pa	rt II Basic Plan Inforr	nation—enter all requested information	ation				
	Name of plan	Tialieri emeram requestea mierine	ation		1b	Three-digit	
	ATRIC CRITICAL CARE ASSO	CIATES 401(K) PLAN				plan number	002
						(PN) •	
					1c	Effective date of 01/01/	
22	Plan enoneor's name and addr	ess (employer, if for single-employer	nlan)		2h		tification Number
	ATRIC CRITICAL CARE ASSO		piaii)		20	(EIN) 91-160	
					2c	Plan sponsor's	telephone number
	VEST 8TH AVENUE KANE, WA 99204				0-1		58-5233
					2a	Business code 62111	(see instructions)
3a	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's	EIN
PEDI	ATRIC CRITICAL CARE ASSO	OCIATES, P.S. 101 WEST 8' SPOKANE, V	TH AVENU	JÉ		91-160	
		51 510 H4E, V	77 00204		3с		telephone number 58-5233
4 i	f the name and/or FIN of the pla	an sponsor has changed since the las	st return/re	nort filed for this plan, enter the	4h	EIN	00 0200
	•	er from the last return/report. Sponso		pert med for time plant, eriter time			
						PN	
_	• •	the beginning of the plan year		ł	5a		6
b	Total number of participants at	the end of the plan year			5b		5
С	• • •	ith account balances as of the end of		` .	5c		5
6a	,	luring the plan year invested in eligible					X Yes No
	•	ne annual examination and report of		'			
		See instructions on waiver eligibility a					Yes No
_		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.		
	rt III Financial Informa	ation					
7	Plan Assets and Liabilities			(a) Beginning of Year 3302906		(b) End	d of Year 3345424
	Total plan assets		. 7a	3302900)		
b	•		. 7b	3302906			7524 3337900
<u>C</u>		7b from line 7a)	7c		<u>'</u>		
8	Income, Expenses, and Transf			(a) Amount		(b)	Total
а	Contributions received or recei (1) Employers		8a(1)	162500			
			8a(2)	93500	,		
)					
b	, ,	, 		706335	<u> </u>		
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				962335
d	Benefits paid (including direct	rollovers and insurance premiums		897503			
	to provide benefits)		. 8d	09/503	4		
e		tive distributions (see instructions)	. 8e	0004.4			
f	Administrative service provider	rs (salaries, fees, commissions)		22314	_		
g	•		. 8g	7524			007044
h		8e, 8f, and 8g)					927341
į		e 8h from line 8c)					34994
J	ransters to (from) the plan (se	ee instructions)	8i				

	Form 5500-SF 2010 Page 2-							
ar	t IV Plan Characteristics							
a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2F 2G 2J 2K 2R 3D	acteris	tic Co	des in	the instru	ictions:		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acterist	tic Cod	des in t	the instru	ctions:		
art	V Compliance Questions							
)	During the plan year:		Yes	No		Amour	nt	
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	X				250	000
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		Χ				
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				
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					0
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						
ırt	VI Pension Funding Compliance							
1	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	e or se	ction 3	302 of	ERISA?.	. Y	′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 instrugranting the waiver							
lf	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				
С	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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N	I/A
ırt	VII Plan Terminations and Transfers of Assets							
							, Y	

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?

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

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)

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.	09/13/2011	PETER W GRAVES, M.D.
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

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Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

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2010

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

	rt I Annual Report Identification Information							
For		1/01/2	010	and ending		12/31/2010		
A	return/report is for: single-employer plan					one-participant plan		
В	This return/report is for: first return/report final return/report							
	an amended return/report short plan year return/report (less than 12 months)							
C (Check box if filing under: X Form 5558	extension		Γ	DFVC program			
•	special extension (enter description		<u>.</u>					
Pa	rt II Basic Plan Information—enter all requested informa							
	Name of plan	ILIOI			1b	Three-digit		
	Pediatric Critical Care Associates 401(k) Plan				plan number		
						(PN) D02		
						Effective date of plan		
						01/01/1996		
2a	Flan sponsor's name and address (employer, if for single-employer, Pediatric Critical Care Associates, P.S.	olan)				Employer Identification Number (EIN) 91-1603823		
	,				_	Plan sponsor's telephone number		
	101 West 8th Avenue					509-458-5233		
	Spokane WA 99204				1	Business code (see instructions)		
3-		tar (Cama	773			621111 Administrator's EIN		
Sa	Plan administrator's name and address (if same as Plan sponsor, er Pediatric Critical Care Associates, P.S.	iter Same	,		35	91-1603823		
	101 West 8th Avenue				3c .	Administrator's telephone number		
	Spokane WA 99204					509-458-5233		
	the name and/or EIN of the plan sponsor has changed since the last		port filed for th	is plan, enter the	4b	EIN		
'	name, EiN, and the plan number from the last return/report. Sponsor	SHAIHE			4c	PN		
5a	Total number of participants at the beginning of the plan year				5a	6		
b	Total number of participants at the end of the plan year	*************			5b	5		
	Total number of participants with account balances as of the end of							
	complete this item)				5c	5		
	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	an indeper	dent qualified	public accountant (IQ	PA)	X Yes ∏ No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo							
Pa	rt III Financial Information	7111 3300°	or and mase	nateua ase i omi oo				
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End of Year		
· a	Total plan assets	7a		330290	6	3345424		
b	Total plan liabilities					7524		
	Net plan assets (subtract line 7b from line 7a)	7с	•	330290	6	3337900		
	Income, Expenses, and Transfers for this Plan Year		1	a) Amount		(b) Total		
a	Contributions received or receivable from:		```	7 11100111		\-\(\frac{\sqrt{\sq}}\sqrt{\sq}}}}}}}}\sqrt{\sqrt{\sq}}\sqrt{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}		
-	(1) Employers	8a(1)		16250	0			
	(2) Participants	8a(2)		9350	0			
	(3) Others (including rollovers)	8a(3)			_			
b	Other income (loss)	8b		70633	5			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-		962335		
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d		89750	3			
e	Certain deemed and/or corrective distributions (see instructions)	8e			_			
f	Administrative service providers (salaries, fees, commissions)	8f		2231	— .	and the state of the		
g	Other expenses	8g		752	4			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				927341		
i	Net income (loss) (subtract line 8h from line 8c)	8i		•	-	34994		
	Transfers to (from) the plan (see instructions)							

		00	201	~
Form	25110	· `> F	7113	()

_ ^	l .	
Page 2-		

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 2G 2J 2K 2R 3D

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

	, the plant provides well also sentence and the approval well as							
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Δ	\mount
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Progra	am) 1	10a		х		
þ	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)			10b		х		
С	Was the plan covered by a fidelity bond?	***************************************	1	10c	X			250000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d		х		1.1.1
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	ne benefits under the	e plan? (See	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	f year end.)		10a	Х			0
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)		9 CFR	10h		х		
i	If 10h was answered "Yes," check the box if you either provided the r exceptions to providing the notice applied under 29 CFR 2520.101-3			10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirement 5500))							Yes No
12	is this a defined contribution plan subject to the minimum funding red	quirements of sectio	n 412 of the Code o	or sec	ction 3	302 of E	ERISA?	Yes 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 a granting the waiver.							
lf v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M			·		Duy.		<u> </u>
b	Enter the minimum required contribution for this plan year		-	,	[12b		
С	Enter the amount contributed by the employer to the plan for this plan					12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a min	us sign to the left of	fa		12d		
е	Will the minimum funding amount reported on line 12d be met by the	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 y	ear or any prior yea	ir?					Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the emp	loyer this year				13a		
b	Were all the plan assets distributed to participants or beneficiaries, tra							Yes X No
C	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e plar	1(s) to	+		
1	3c(1) Name of plan(s):				13	c(2) El	N(s)	13c(3) PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report	t will be assessed	unless reasonable	cau	se is	establ	ished.	4
SB of	r penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a , it is true, correct, and complete.							
SIGI	SIGN Peter W Graves, M.D.							
HER		Date / ((Enter name of ind	dividu	ıal siq	ning as	plan admin	iistrator
SIG								
HER		Date	Enter name of ind	livid:	ıal sin	ning as	emplover c	or plan sponsor
					=:3			