

Form 5500-SF <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>04/01/2010</u> and ending <u>03/31/2011</u>	
A This return/report is for:	<input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B This return/report is for:	<input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months)
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan INLAND CARDIOLOGY ASSOCIATES, P.S. CASH BALANCE PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 04/01/2001</td> </tr> </table>	1b Three-digit plan number (PN) ►	002	1c Effective date of plan 04/01/2001			
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1c Effective date of plan 04/01/2001							
2a Plan sponsor's name and address (employer, if for single-employer plan) INLAND CARDIOLOGY ASSOCIATES, P.S. 122 W. 7TH AVENUE, SUITE 450 SPOKANE, WA 99204	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">2b Employer Identification Number (EIN) 91-1231911</td> <td style="width:40%;"></td> </tr> <tr> <td>2c Plan sponsor's telephone number 509-847-1564</td> <td></td> </tr> <tr> <td>2d Business code (see instructions) 621111</td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) 91-1231911		2c Plan sponsor's telephone number 509-847-1564		2d Business code (see instructions) 621111	
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2d Business code (see instructions) 621111							
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") INLAND CARDIOLOGY ASSOCIATES, P.S. 122 W. 7TH AVENUE, SUITE 450 SPOKANE, WA 99204	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">3b Administrator's EIN 91-1231911</td> <td style="width:40%;"></td> </tr> <tr> <td>3c Administrator's telephone number 509-847-1564</td> <td></td> </tr> </table>	3b Administrator's EIN 91-1231911		3c Administrator's telephone number 509-847-1564			
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3c Administrator's telephone number 509-847-1564							
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">4b EIN</td> <td style="width:40%;"></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN			
4b EIN							
4c PN							
5a Total number of participants at the beginning of the plan year	5a 110						
b Total number of participants at the end of the plan year.....	5b 108						
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c						
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
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.).....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
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 Plan Assets and Liabilities	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%;">(a) Beginning of Year</th> <th style="width:20%;">(b) End of Year</th> </tr> <tr> <td>a Total plan assets</td> <td>7a 870000</td> <td>919238</td> </tr> <tr> <td>b Total plan liabilities.....</td> <td>7b 0</td> <td>0</td> </tr> <tr> <td>c Net plan assets (subtract line 7b from line 7a).....</td> <td>7c 870000</td> <td>919238</td> </tr> </table>		(a) Beginning of Year	(b) End of Year	a Total plan assets	7a 870000	919238	b Total plan liabilities.....	7b 0	0	c Net plan assets (subtract line 7b from line 7a).....	7c 870000	919238																														
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8 Income, Expenses, and Transfers for this Plan Year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%;">(a) Amount</th> <th style="width:20%;">(b) Total</th> </tr> <tr> <td>a Contributions received or receivable from:</td> <td></td> <td></td> </tr> <tr> <td> (1) Employers</td> <td>8a(1) 0</td> <td></td> </tr> <tr> <td> (2) Participants</td> <td>8a(2) 0</td> <td></td> </tr> <tr> <td> (3) Others (including rollovers).....</td> <td>8a(3) 0</td> <td></td> </tr> <tr> <td>b Other income (loss).....</td> <td>8b 50811</td> <td></td> </tr> <tr> <td>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</td> <td>8c</td> <td>50811</td> </tr> <tr> <td>d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....</td> <td>8d -492</td> <td></td> </tr> <tr> <td>e Certain deemed and/or corrective distributions (see instructions)</td> <td>8e 0</td> <td></td> </tr> <tr> <td>f Administrative service providers (salaries, fees, commissions)</td> <td>8f 2065</td> <td></td> </tr> <tr> <td>g Other expenses.....</td> <td>8g 0</td> <td></td> </tr> <tr> <td>h Total expenses (add lines 8d, 8e, 8f, and 8g).....</td> <td>8h</td> <td>1573</td> </tr> <tr> <td>i Net income (loss) (subtract line 8h from line 8c).....</td> <td>8i</td> <td>49238</td> </tr> <tr> <td>j Transfers to (from) the plan (see instructions)</td> <td>8j</td> <td></td> </tr> </table>		(a) Amount	(b) Total	a Contributions received or receivable from:			(1) Employers	8a(1) 0		(2) Participants	8a(2) 0		(3) Others (including rollovers).....	8a(3) 0		b Other income (loss).....	8b 50811		c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	50811	d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d -492		e Certain deemed and/or corrective distributions (see instructions)	8e 0		f Administrative service providers (salaries, fees, commissions)	8f 2065		g Other expenses.....	8g 0		h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h	1573	i Net income (loss) (subtract line 8h from line 8c).....	8i	49238	j Transfers to (from) the plan (see instructions)	8j	
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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:

1B 1C 1G 1I 3H

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

	Yes	No	Amount
10 During the plan year:			
a 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)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		1000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e 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?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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			

Part VI Pension Funding Compliance**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

b Enter the minimum required contribution for this plan year	12b	
c 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 negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ☒ Yes ☐ NoIf "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** 0**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No**c** 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 HERE	Filed with authorized/valid electronic signature.	01/17/2012	PATRICIA BERNARD
	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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 04/01/2010 and ending 03/31/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>INLAND CARDIOLOGY ASSOCIATES, P.S. CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INLAND CARDIOLOGY ASSOCIATES, P.S.</u>	D Employer Identification Number (EIN) <u>91-1231911</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>870000</u>
b Actuarial value	2b <u>870000</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>0</u> <u>0</u>
b For terminated vested participants	3b <u>14</u> <u>2172</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>699</u>
(2) Vested benefits	3c(2) <u>728994</u>
(3) Total active	3c(3) <u>729693</u>
d Total	3d <u>110</u> <u>731865</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	<input type="checkbox"/>
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.36</u> %
6 Target normal cost	6 <u>3000</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>01/15/2012</u>
Signature of actuary	Date
<u>PAUL WITHINGTON</u>	<u>11-05564</u>
Type or print name of actuary	Most recent enrollment number
<u>NORTHWEST PLAN SERVICES, INC.</u>	<u>206-933-1500</u>
Firm name	Telephone number (including area code)
<u>5446 CALIFORNIA AVE. SW, SUITE 200</u> <u>SEATTLE, WA 98136-1513</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	33827	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	33827	0
10	Interest on item 9 using prior year's actual return of <u>12.68</u> %	4289	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		57616
b	Interest on (a) using prior year's effective rate of <u>6.28</u> %		3618
c	Total available at beginning of current plan year to add to prefunding balance		61234
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	38116	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	113.66 %
15	Adjusted funding target attainment percentage.....	15	118.87 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	110.53 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶		18(b)	0
		18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a		0
b Contributions made to avoid restrictions adjusted to valuation date	19b		0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c		0
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
c If 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 4.44 %	2nd segment: 6.62 %	3rd segment: 6.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 1
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

INLAND CARDIOLOGY ASSOCIATES, P.S. CASH BALANCE PENSION PLAN
EIN: 91-1231911
PN: 002
April 1, 2010

Schedule SB, line 26 - Schedule of Active Participant Data
Age/Service Distribution

AGE	SERVICE										Total
	Less Than 1	1 to 4.999	5 to 9.999	10 to 14.999	15 to 19.999	20 to 24.999	25 to 29.999	30 to 34.999	35 to 39.999	40 and up	
Under 25	0	1	0	0	0	0	0	0	0	0	1
25 to 29.999	1	10	1	0	0	0	0	0	0	0	12
30 to 34.999	0	15	3	0	0	0	0	0	0	0	18
35 to 39.999	2	12	3	0	0	0	0	0	0	0	17
40 to 44.999	1	5	2	0	0	0	0	0	0	0	8
45 to 49.999	0	7	6	0	0	0	0	0	0	0	13
50 to 54.999	0	6	5	0	0	0	0	0	0	0	11
55 to 59.999	0	1	8	0	0	0	0	0	0	0	9
60 to 64.999	0	1	4	0	0	0	0	0	0	0	5
65 to 69.999	0	1	0	0	0	0	0	0	0	0	1
70 and up	0	0	1	0	0	0	0	0	0	0	1
Total	4	59	33	0	0	0	0	0	0	0	96

Average Age: 41.8

Average Service 4.1

INLAND CARDIOLOGY ASSOCIATES, P.S.
CASH BALANCE PENSION PLAN
April 1, 2010
EIN/PN: 90-1231911/002

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

The Actuarial Value of Assets used is Market Value.

All calculations derived in this report are based on assumptions as to future demographic and economic events relating to the plan.

<u>Economic Assumptions:</u>	April 1, 2010	April 1, 2009
Future Interest Crediting Rate	4.65%	3.64%
First Segment Rate (Years 1-5)	4.44%	5.66%
Second Segment Rate (Years 6-15)	6.62%	6.48%
Third Segment Rate (Years after 15)	6.74%	6.60%
Effective Interest Rate	6.36%	6.28%
Future Salary Increases	NA	NA
Future Benefit Increases for IRC Section 404(o)(3)(A)(ii)	0.00%	0.00%
Annual Expenses	\$ 3,000	\$ 3,000

INLAND CARDIOLOGY ASSOCIATES, P.S.
CASH BALANCE PENSION PLAN
April 1, 2010
EIN/PN: 90-1231911/002

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Demographic Assumptions:

Mortality

All participants

The 2010 projected, static mortality tables for males and females and for annuitants and non-annuitants, as published in IRS Notice 2008-85.

Sample Annual Rates per 100 participants for annuitants are:

<u>Age</u>	<u>Male</u>	<u>Female</u>
30	0.04	0.02
40	0.09	0.05
50	0.40	0.18
60	0.62	0.57
70	1.72	1.54
80	5.43	4.07
90	17.13	12.51

Sample Annual Rates per 100 participants for non-annuitants are:

<u>Age</u>	<u>Male</u>	<u>Female</u>
30	0.04	0.02
40	0.09	0.05
50	0.14	0.11
60	0.33	0.35
70	0.68	0.67
80	5.43	4.07
90	17.13	12.51

INLAND CARDIOLOGY ASSOCIATES, P.S.
CASH BALANCE PENSION PLAN
April 1, 2010
EIN/PN: 90-1231911/002

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Termination	Rates of termination based on 150% of 2003 Society of Actuaries aggregate turnover rates. Annual rates per 100 participants:	
	Age	Rate
	25	29.25
	30	24.30
	35	18.15
	40	14.10
	45	10.95
	50	8.40
	55	6.30
	60	4.50
Form of Payment	All participants are assumed to elect an immediate lump-sum payment.	
Disability	None assumed.	
Retirement Age	Vested former employees are assumed to retire immediately. Active employees are assumed to retire at age 62 and 5 years of participation.	
Changes since last valuation	The segment rates and mortality tables required for determining the Funding Target were updated as required.	

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010**This Form is Open to Public
Inspection**For calendar plan year 2010 or fiscal plan year beginning 04/01/2010 and ending 03/31/2011▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

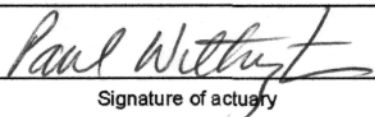
A Name of plan INLAND CARDIOLOGY ASSOCIATES, P.S. CASH BALANCE PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INLAND CARDIOLOGY ASSOCIATES, P.S.		D Employer Identification Number (EIN) 91-1231911
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a 870000
b Actuarial value	2b 870000
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 0 0
b For terminated vested participants	3b 14 2172
c For active participants:	
(1) Non-vested benefits	3c(1) 699
(2) Vested benefits	3c(2) 728994
(3) Total active	3c(3) 96 729693
d Total	3d 110 731865
4 If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 6.36%
6 Target normal cost	6 3000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

PAUL WITHINGTON

Type or print name of actuary

NORTHWEST PLAN SERVICES, INC.

Firm name

5446 CALIFORNIA AVE. SW, SUITE 200

SEATTLE WA 98136-1513
Address of the firm

01/15/2012

Date

1105564

Most recent enrollment number

206-933-1500

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

INLAND CARDIOLOGY ASSOCIATES, P.S.
CASH BALANCE PENSION PLAN
April 1, 2010
EIN/PN: 90-1231911/002

Schedule SB, Part V – Summary of Plan Provisions

Effective Date	April 1, 2001.
Eligibility	All employees, except those who are non-resident aliens, members of a union that has not bargained into this Plan and certain leased employees, enter the Plan on the next entry date following completion of age and service eligibility. No new participants on or after August 9, 2010.
Entry Date	The April 1 st or October 1 st coinciding with or next following completion of one year of service and age 21.
Plan Year	The plan year is the April 1 to March 31.
Year of Service	A plan year with at least 1,000 hours worked.
Normal Retirement Age	<p>Prior to April 1, 2008: Later of age 65 or fifth anniversary of date of participation.</p> <p>On or after April 1, 2008: Later of age 62 or fifth anniversary of date of participation.</p>
Normal Retirement Benefit	<p>Equal to hypothetical account balance of accumulated annual contribution credits and interest credits.</p> <p>Annual Contribution Credits: Plan year contributions determined by schedule per plan year for Highly Compensated Employees, minimum accrual for others. No contribution credits on or after August 9, 2010.</p> <p>Annual Interest Crediting Rate: Based on average 30-year US Treasury Bond yield for month prior to current year.</p>
Vested Termination Benefit	Vested account balance accumulated to the month of distribution.
Vesting	<p>Prior to April 1, 2008: Graded vesting schedule of 20% after 2 years, 40% after 3 years, 60% after 4 years, 80% after 5 years and 100% after 6 years of service.</p> <p>On or after April 1, 2008: 100% after 3 years of service.</p>
Death Benefit	No age or service requirement. Actuarial equivalent of the accrued benefit.

INLAND CARDIOLOGY ASSOCIATES, P.S.
CASH BALANCE PENSION PLAN
April 1, 2010
EIN/PN: 90-1231911/002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Disability Benefit	No age or service requirement. Actuarial equivalent of the accrued benefit.
In-Service Distributions	Employed participants may receive benefits from the plan after attaining normal retirement age.
Forms of Payment	Straight Life Annuity Lump Sum 50% and 75% Joint & Survivor Annuity
Changes Since Last Valuation	Plan benefits to be frozen effective August 9, 2010. The proposed plan termination date is October 31, 2010.

INLAND CARDIOLOGY ASSOCIATES, P.S. CASH BALANCE PENSION PLAN
EIN: 91-1231911
PN: 002
April 1, 2010

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Each active participant is assumed to retire based on the table below.

Retirement Age	% assumed to	# remaining after		Weighted
(A)	retire	assumed	# retiring at age	Average
(A)	(B)	retirements	(D)	Retirement Age
		(C)		(E) = (A) x (D)
		1.00		
55	0.063	0.94	0.06	3.47
56	0.060	0.88	0.06	3.15
57	0.056	0.83	0.05	2.79
58	0.053	0.79	0.04	2.53
59	0.050	0.75	0.04	2.30
60	0.045	0.72	0.03	2.02
61	0.042	0.69	0.03	1.83
62	1.000	0.00	0.69	42.50

Average age at retirement:

61