Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration **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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). 1210-0089

OMB Nos. 1210-0110

2011 This Form is Open to Public

Inspection

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

	art i Annual Report Identification information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	011				
Α	This return/report is for:	a multiple-	employer plan (not multiemployer)		a one-particip	ant plan			
	This return/report is:	the final re	turn/report	_	_				
_			n year return/report (less than 12 mg	anthe)					
_	H_	•	, ,	лина <i>)</i> Г	7				
C	Check box if filing under: Form 5558	automatic	extension	L	DFVC progra	m			
	special extension (enter description	n)							
P	art II Basic Plan Information—enter all requested information	ation							
1a	Name of plan				Three-digit				
SPO	KANE COUNTY MEDICAL SOCIETY 401(K) PLAN				plan number				
					(PN) ▶	001			
				1c	Effective date of				
0-				01	01/01/				
	Plan sponsor's name and address; include room or suite number (edokane COUNTY MEDICAL SOCIETY	mployer, if t	or a single-employer plan)		Employer Identif				
0. 0	NUMBER OF THE PROPERTY OF THE				(=114)				
				2c	Sponsor's teleph 509-325				
	NGE FLAG BUILDING			0-1					
	S. FREYA, SUITE 114 KANE, WA 99202			2a	Business code (s				
				O.L.	62111				
	Plan administrator's name and address (if same as plan sponsor, er KANE COUNTY MEDICAL SOCIETY ORANGE FLA			3D /	Administrator's E				
31 O	104 S. FREY	A, SUITE 1		30		elephone number			
	SPOKANE, W	VA 99202		30 /	509-325				
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/re	eport filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report.		, , , , , , , , , , , , , , , , , , ,						
а	Sponsor's name			4c	PN				
5a	Total number of participants at the beginning of the plan year			5a		16			
b	Total number of participants at the end of the plan year			5b					
С	Number of participants with account balances as of the end of the p	olan vear (d	efined benefit plans do not	0.0					
	complete this item)		•	5c		13			
6a	Were all of the plan's assets during the plan year invested in eligible	le assets? (See instructions.)			X Yes No			
b	Are you claiming a waiver of the annual examination and report of a	an independ	dent qualified public accountant (IQI	PA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes No			
_	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-S	F and must instead use Form 550	00.					
Pa	art III Financial Information			- 1					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End				
а	Total plan assets	. 7a	439994			345635			
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	439994			345635			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
a	Contributions received or receivable from:		•		(/-				
	(1) Employers	8a(1)	59094						
	(2) Participants	8a(2)	10532						
	(3) Others (including rollovers)	8a(3)	3505						
b	Other income (loss)		-47042						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					26089			
d	Benefits paid (including direct rollovers and insurance premiums								
u	to provide benefits)	8d	118399						
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	2049						
-				_					
g	Other expenses (add lines 2d, 2c, 2f, and 2g)					120448			
h :	•								
ĺ	Net income (loss) (subtract line 8h from line 8c)					-94359			
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: 2E 2F 2G 2J 2K 2R 3D
- 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								
10	During the plan year:		Yes	No	Α	mount			
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				90000		
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							
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	No		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					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 amortized in this plan year, see instru granting the waiver								
lf :	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					
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					
<u>e</u>	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 in any plan year?			Y	'es X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ntrol		Yes	X No		
С									
1	3c(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.									
Unde SB o	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.	02/23/2012	KAREN HAGENSEN
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**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 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

2011

This Form is Open to Public Inspection

Pa	rt I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning	01/01/2	2011 and ending	====	12/31/2011			
A	This return/report is for:	a multiple	ltiple-employer plan (not multiemployer) a one-participant plan					
		the final return/report						
		n year return/report (less than 12 mo	nths)					
C (Check box if filing under: Form 5558	extension		DFVC program				
•	special extension (enter description		,					
Da					1.00			
	rt II Basic Plan Information—enter all requested information Name of plan	auon		1h	Three-digit			
	Name of plan KANE COUNTY MEDICAL SOCIETY 401(K) PLAN				plan number			
	· · · · · · · · · · · · · · · · · · ·				(PN) ▶ 001			
					Effective date of plan			
					01/01/2002			
	Plan sponsor's name and address; include room or suite number (er DKANE COUNTY MEDICAL SOCIETY	mployer, if	for a single-employer plan)		Employer Identification Number (EIN) 91-6053239			
	ANGE FLAG BUILDING				Sponsor's telephone number			
	4 S. FREYA, SUITE 114				509-325-5010			
SPO	OKANE WA 99202			2d	Business code (see instructions)			
					621111			
3a	Plan administrator's name and address (if same as plan sponsor, er OKANE COUNTY MEDICAL SOCIETY	nter "Same	")	3b	Administrator's EIN 91-6053239			
OR	ANGE FLAG BUILDING			30	Administrator's telephone number			
	4 S. FREYA, SUITE 114 OKANE WA 99202			30	509-325-5010			
	If the name and/or EIN of the plan sponsor has changed since the la	ast return/r	eport filed for this plan, enter the	4b	EIN			
_	name, EIN, and the plan number from the last return/report.			40	DNI			
	Sponsor's name			4c	16			
	Total number of participants at the beginning of the plan year			<u>5a</u>				
d	Total number of participants at the end of the plan year			5b	16			
С	Number of participants with account balances as of the end of the p complete this item)		-	5с	13			
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		X Yes No			
	Are you claiming a waiver of the annual examination and report of a	an indeper	dent qualified public accountant (IQI	PA)				
	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				X Yes No			
Pa	rt III Financial Information	JIIII 3300-	or and must instead use Form 550					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
_	Total plan assets	7a	(a) Degining of Year	4	345635			
a h	Total plan liabilities	7b	1999	1				
C	Net plan assets (subtract line 7b from line 7a)	7c	43999	4	345635			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
a	Contributions received or receivable from:				(2) 10121			
	(1) Employers	8a(1)	5909	-				
	(2) Participants	8a(2)	1053	2				
	(3) Others (including rollovers)	8a(3)	350	5				
b	Other income (loss)	8b	-4704	2				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			26089			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11839	9				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	204	9				
g	Other expenses	. 8g		_				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		\perp	120448			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			-94359			
i	Transfers to (from) the plan (see instructions)	1		- 1				

Pari		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:										
Part	V	Compliance Questions									
10		ing the plan year:				Yes	No		Am	ount	
а							Х				
b							Х				
С	C Was the plan covered by a fidelity bond?										90000
d		the plan have a loss, whether or not reimbursed by the plan's fidel			10d		Х				
е	We	re any fees or commissions paid to any brokers, agents, or other p rrance service or other organization that provides some or all of the ructions.)	ersons by an insura e benefits under the	nce carrier, 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	year end.)		10g		Х				
h	If th	is is an individual account plan, was there a blackout period? (See 0.101-3.)	e instructions and 29) CFR	10h		Х				
i	If 1	Oh was answered "Yes," check the box if you either provided the reeptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	e of the	10i						
Part		Pension Funding Compliance									
11	ls th	is a defined benefit plan subject to minimum funding requirements							. [Yes	No
12		his a defined contribution plan subject to the minimum funding requ							F	Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable									
а	lf a	waiver of the minimum funding standard for a prior year is being a nting the waiver.	mortized in this plan	ı year, see instruc Mont	tions	, and e	nter th Day	e date of	the le Yea	etter ruli ar	ing
lf v	you (completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	3 (Form 5500), and	skip to line 13.							
		er the minimum required contribution for this plan year					12b				
С	Ent	er the amount contributed by the employer to the plan for this plan	year				12c				
d	Sub neg	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a minu	us sign to the left o	of a 		12d				
е	Will	the minimum funding amount reported on line 12d be met by the f	unding deadline?					Yes		No	N/A
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted in any plan year?					<u> </u>	es X	No		
	If "\	es," enter the amount of any plan assets that reverted to the empl	loyer this year		1	I3a					
b		re all the plan assets distributed to participants or beneficiaries, tra			under	the co	ntrol 			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from t ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	ın(s) to		•			
1	13c(1) Name of plan(s):				13	c(2) El	N(s)	-	13c(3)	PN(s)
		Access to the second se									
		A penalty for the late or incomplete filing of this return/report								0.1	- 1 - 1 -
SB o	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.										
SIG	SIGN LOON & SKROPING POLIZ KAREN HAGE			KAREN HAGEI	NSEI	NI					
HER		Signature of plan administrator	Date	Enter name of in	of individual signing as plan administrator						
SIG											
HER	RE	Signature of employer/plan sponsor	Date	Enter name of in	ndivid	ual sig	ning a	s employ	er or p	plan sp	onsor

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