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).

2011

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number PEDIATRIC ASSOCIATES OF SPOKANE 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 01/01/1990 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number PEDIATRIC ASSOCIATES OF SPOKANE PLLC 20-4589084 (EIN) 2c Sponsor's telephone number 509-747-3083 105 W 8TH AVENUE SUITE 418 SPOKANE, WA 99204 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 105 W 8TH AVENUE SUITE 418 20-4589084 PEDIATRIC ASSOCIATES OF SPOKANE PLLC SPOKANE, WA 99204 Administrator's telephone number 509-747-3083 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 30 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 30 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1342277 1423398 Total plan assets..... 7a 7b Total plan liabilities..... 1342277 1422934 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 47470 (1) Employers 8a(1) 83168 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -47381 **b** Other income (loss)..... 8b 83257 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 2600 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 2600 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 80657 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

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Part IV	Plan Characteristics
Pall IV	Fian 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 2G 2J 2K 3D 3B 2T 2F
- **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	T	Am	ount	
	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	Χ					142294
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	X					
art	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
2	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.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mon							
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b	Т			
	Enter the minimum required contribution for this plan year			12c	+			
	Enter the amount contributed by the employer to the plan for this plan year	of a		12d				
•	negative amount)				☐ Yes	. П	No	N/A
	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets					<u>' </u>	110	14/74
art					Vac I	No		
Sa	Has a resolution to terminate the plan been adopted in any plan year?			Ш	Yes X	INO		
<u></u>	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
D	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	unaer	tne cc	ntroi		Γ	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 plar	n(s) to			_		_
1	13c(1) Name of plan(s):			c(2) E	2) EIN(s)		13c(3) PI	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable							
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	03/22/2012	ROBERT P. MAIXNER, 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

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

D=1	t I Annual Report Identification Information									
Par	alendar plan year 2011 or fiscal plan year beginning	01/01/20)11	and ending		12/31/2011				
	y a single employer plan			(not multiemployer)		a one-participant plan				
	als return/report is for.	the final ret			i.	-				
D 11	nis return/report is: the first return/report an amended return/report		•	eport (less than 12 mo	nths)					
					ſ	DFVC program				
C C	heck box if filing under: Form 5558 special extension (enter descr				£					
Par		omaton			1b	Three-digit				
PED	Name of plan IATRIC ASSOCIATES OF SPOKANE 401(K) Pl	LAN				plan number 001				
1110.						(PN) P				
						Effective date of plan 01/01/1990				
22.	Plan sponsor's name and address; include room or suite numbe	er (employer, if fo	or a single-er	nployer plan)	2b	Employer Identification Number				
PED.	IATRIC ASSOCIATES OF SPOKANE PLLC	,	J		(EIN) 20-4589084					
105	W 8TH AVENUE SUITE 418					Sponsor's telephone number				
						509-747-3083				
SPC	KANE WA 99204					Business code (see instructions) 621111				
		or onter "Samo"	`			Administrator's EIN				
PED	Plan administrator's name and address (if same as plan sponso IATRIC ASSOCIATES OF SPOKANE PLLC	ir, enter Same	,			20-4589084				
105	W 8TH AVENUE SUITE 418				3с	Administrator's telephone number 509-747-3083				
SPO	DKANE WA 99204	the lost roturn/ro	nort filed for	this plan enter the	4b					
4	If the name and/or EIN of the plan sponsor has changed since name, EIN, and the plan number from the last return/report.	the last return/re	eport illed for	tilis plati, enter the	75	LIN				
	Sponsor's name				4c					
5a	 Total number of participants at the beginning of the plan year				5a	28				
b Total number of participants at the end of the plan year					5b	30				
С	Number of participants with account balances as of the end of	the plan year (d	efined benefi	t plans do not	5c	30				
	complete this item)					X Yes No				
6a	Were all of the plan's assets during the plan year invested in a Are you claiming a waiver of the annual examination and repo	eligible assets? (See Instruction	ons.)(IO	 PA1					
b	under 29 CFR 2520 104-46? (See instructions on waiver eligib	pility and condition	ons.)		•••••	X Yes No				
	If you answered "No" to either 6a or 6b, the plan cannot u	se Form 5500-S	F and must	instead use Form 55	00.					
Pa	rt III Financial Information				Т					
7	Plan Assets and Liabilities		(a) B	eginning of Year	, ,	(b) End of Year 1423398				
	Total plan assets			13422	/ /	464				
	Total plan liabilities			12422	77	1422934				
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7с		13422	, ,	(b) Total				
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount	-	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)		474	70					
	(2) Participants	1 1		831	68					
	(3) Others (including rollovers)	l I								
b	Other income (loss)	3		-473	81					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					83257				
d	Benefits paid (including direct rollovers and insurance premiur to provide benefits)			26	00					
е	Certain deemed and/or corrective distributions (see instruction	1			_					
f	Administrative service providers (salaries, fees, commissions)) 8f			-					
g	Other expenses	I				200				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					2600 8065				
i	Net income (loss) (subtract line 8h from line 8c)	8i				8065				
i	Transfers to (from) the plan (see instructions)	gi	1							

Part	l IV	Plan Characteristics								
9a	If the	plan provides pension benefits, enter the applicable pension featur	re codes from the Li	ist of Plan Chara	cteris	tic Co	des in	the instructio	ns:	
h	2E 2G 2J 2K 3D 3B 2T 2F If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
b	n me	plan provides welfare benefits, enter the applicable welfare reating	, obdob irom are inc							
Part	v	Compliance Questions								
10		ng the plan year:				Yes	No	Aı	mount	
а	Was 29	s there a failure to transmit to the plan any participant contributions of CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Progran	n) [10a		Х			
b	Wei	re there any nonexempt transactions with any party-in-interest? (Do ine 10a.)	not include transac	tions reported	10b		Х			
С	Wa	s the plan covered by a fidelity bond?			10c	Х			14	2294
d	or d	the plan have a loss, whether or not reimbursed by the plan's fidelit			10d		Х			
е	inei	re any fees or commissions paid to any brokers, agents, or other pe rrance service or other organization that provides some or all of the ructions.)	benefits under the	plan? (See	10e		Х			
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X			
q	Did	the plan have any participant loans? (If "Yes," enter amount as of y	ear end.)		10g		Х			
h	If th	is is an individual account plan, was there a blackout period? (See i 0.101-3.)	instructions and 29	CFR	10h	Х				
i	If 10	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one	of the	10i	Х				
Part		Pension Funding Compliance								_
11	ls th	is a defined benefit plan subject to minimum funding requirements?	? (If "Yes," see instr	uctions and com	plete	Sched	tule SE	3 (Form	Yes	No
12		his a defined contribution plan subject to the minimum funding requ							Yes	X No
	(If "	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 an	nortized in this plan	year, see instruc	ctions	, and e	enter th	ne date of the	letter rulir	ng
1.5	grai	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	skip to line 13.			Day	'		
		er the minimum required contribution for this plan year				Г	12b			
		er the amount contributed by the employer to the plan for this plan y					12c			
c d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the rative amount)	result (enter a minu:	s sign to the left	of a	-	12d			
e		the minimum funding amount reported on line 12d be met by the fu						Yes	No	N/A
Part		Plan Terminations and Transfers of Assets					-			
		s a resolution to terminate the plan been adopted in any plan year?						Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				7	13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
С	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) 13			13c(3)	PN(s)	

Cau	tion:	A penalty for the late or incomplete filing of this return/report	will be assessed u	nless reasonab	le ca	use is	estab	lished.		
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.										
			3/19/12_ 1	ROBERT P.	MAI	XNEF	R, M.	.D.		
	SIGN Signature of plan administrator Date Enter name of individual signing as plan administrator									
	-1									

Date

Enter name of individual signing as employer or pla

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SIGN HERE

Signature of employer/plan sponsor