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

	ension Benefit Guaranty Corporation	 Complete all entries in accor 	dance wit	h the instructions to the Form 550	0-SF.	1				
		entification Information								
For	For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011									
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В .	This return/report is for:	first return/report	n/report							
	Ī	an amended return/report	short plar	n year return/report (less than 12 mor	nths)					
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program				
		special extension (enter description								
Pa	rt II Basic Plan Inform	nation—enter all requested inform	,							
	Name of plan	iation—enter an requested inform	iation		1h	Three-digit				
		401(K) PROFIT SHARING PLAN T	RUST			plan number				
						(PN) • 002				
					1c	Effective date of plan				
0 -					01	11/01/1986				
	Plan sponsor's name and addre NETH H. Z. ISAACS, M.D., P.S.	ss (employer, if for single-employer	r plan)		2b Employer Identification Numb					
	(211111. 2. 10/0100, M.B., 11.0.				2c	Plan sponsor's telephone number				
	ST ALDER, SUITE 215 LA WALLA, WA 99362-2863									
VVAL	-A WALLA, WA 99302-2003				2d	Business code (see instructions) 621111				
32	Dian administrator's name and a	address (if some as Dlan ananor a	ntor "Com	>"\	2h	Administrator's EIN				
KENI	NETH H. Z. ISAACS, M.D., P.S.	address (if same as Plan sponsor, e 5 WEST ALI	DER. SUITI	E 215	30	91-1157613				
		WALLA WAI	LLA, WA 99	9362-2863	3с	Administrator's telephone number				
						509-529-0941				
		n sponsor has changed since the la from the last return/report. Sponso		port filed for this plan, enter the	4b EIN					
	iame, Em, and the plan number	mom the last return/report. Oponso	or 3 marrie		4c PN					
5a	5a Total number of participants at the beginning of the plan year					8				
b	Total number of participants at	the end of the plan year			5a 5b	8				
С	Total number of participants wit	h account balances as of the end o	of the plan y	vear (defined benefit plans do not						
	complete this item)				5c	8				
	•	0 , ,		(See instructions.)		Yes No				
b	Are you claiming a waiver of the	e annual examination and report of	an indeper	ndent qualified public accountant (IQI ions.)	PA)	X Yes ☐ No				
Pa	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			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	3092099)	3219638				
b	Total plan liabilities			C	0					
С		b from line 7a)		3092099)	3219638				
8	Income, Expenses, and Transfe			(a) Amount	(b) Total					
а	Contributions received or received			11582						
	(2) Participants		. 8a(2)	20733						
	(3) Others (including rollovers).		8a(3)	0						
b	` ,			118613						
C		8a(2), 8a(3), and 8b)	. 8с			150928				
d	Benefits paid (including direct ro to provide benefits)	ollovers and insurance premiums	8d	C)					
е		ve distributions (see instructions)		C)					
f		s (salaries, fees, commissions)		23389)					
g				C)					
h	•	e, 8f, and 8g)				23389				
i		8h from line 8c)				127539				
j		e instructions)		C)					

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Part IV	Plan	Characteristics	c
railiv i	ГІАП	CHALACLEH SUC:	

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 2J 2K

 If the plan provides y

D	if the pi	lan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Cod	des in 1	ne instru	uction	S:		
art	V C	Compliance Questions								
0	During	the plan year:		Yes	No	Aı		nount		
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)								
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
С	Was t	he plan covered by a fidelity bond?	10c	X					300000	
d		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud nonesty?	10d		X					
е	insurar	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nce service or other organization that provides some or all of the benefits under the plan? (See trions.)	10e		X					
f	Has th	e plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the	e plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR I01-3.)	10h		X					
i		was answered "Yes," check the box if you either provided the required notice or one of the tions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI P	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))									
12		a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No	
		s," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					L			
а	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									
lf :	•	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter t	he minimum required contribution for this plan year		[12b					
С	Enter t	he amount contributed by the employer to the plan for this plan year			12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ve amount)		[12d					
е	Will the	e minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A	
art	VII	Plan Terminations and Transfers of Assets								
3a	Has a	resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No	
	If "Yes.	," enter the amount of any plan assets that reverted to the employer this year			13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control						× No			
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to			_			
13c(1) Name of plan(s):				13c(2) EIN(s)				13c(3) PN(s)		
aut	ion: A p	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.				
ВВ о	r Sched	ries of perjury and other penalties set forth in the instructions, I declare that I have examined this retule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, i.e., correct, and complete.								
		d with authorized/valid electronic signature. 05/23/2012 KENNETH H.Z. I	SAAC	SMI)					

SIGN	Filed with authorized/valid electronic signature.	05/23/2012	KENNETH H.Z. ISAACS, 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

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Department of Labor Employee Benefits Security Administration

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2010

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 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011 X single-employer plan A This return/report is for: multiple-employer plan (not multiemployer) one-participant plan B This return/report is for: first return/report final return/report an amended return/report short plan year return/report (less than 12 months) Form 5558 C Check box if filing under: automatic extension DFVC program special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit KENNETH H. Z. ISAACS, M.D., P.S. 401(K) PROFIT SHARING PLAN TRUST plan number (PN) ▶ 002 1c Effective date of plan 11/01/1986 Plan sponsor's name and address (employer, if for single-employer plan) KENNETH H. Z. ISAACS, M.D., P.S. 2b Employer Identification Number (EIN) 91-1157613 2c Plan sponsor's telephone number 5 WEST ALDER, SUITE 215 509-529-0941 2d Business code (see instructions) WALLA WALLA WA 99362-2863 621111 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") KENNETH H. Z. ISAACS, M.D., P.S. 3b Administrator's EIN 91-1157613 3c Administrator's telephone number 5 WEST ALDER, SUITE 215 WALLA WALLA 99362-2863 509-529-0941 4 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. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 8 **b** Total number of participants at the end of the plan year..... 8 5b 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 8 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes 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.)..... X Yes 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 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets..... 3092099 7a 3219638 Total plan liabilities..... 7b C Net plan assets (subtract line 7b from line 7a)..... 3092099 7c 3219638 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 11582 (2) Participants 8a(2) 20733 (3) Others (including rollovers)..... 8a(3) 0 118613 Other income (loss)..... 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 150928 Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d 0 0 Certain deemed and/or corrective distributions (see instructions)... 8e 23389 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 23389 Net income (loss) (subtract line 8h from line 8c)..... 8i 127539

Transfers to (from) the plan (see instructions).....

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Pari										
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 2J 2K									
þ	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	During the plan year:			Yes	No	A	mount			
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia				х					
b	Were there any nonexempt transactions with any party-in-interest? (I on fine 10a.)			ж						
¢	Was the plan covered by a fidelity bond?	***************************************	10c	x			30	0000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fide 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.)									
Ŧ	Has the plan falled 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	f year end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)		CFR		х					
i	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3						nat tonones as an			
Part	Vi Pension Funding Compliance	•								
71	Is this a defined benefit plan subject to minimum funding requirement						∏ Yes [No		
12	Is this a defined contribution plan subject to the minimum funding rec						Yes 2	No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	•						•••		
а	If a walver of the minimum funding standard for a prior year is being a	amortized in this plan	year, see instructions	s, and e	nter th	e date of the	letter rulin	g		
	granting the waiver	************	Month		Day.	Y	ear			
	ou completed line 12s, complete lines 3, 9, and 10 of Schedule M			_	12b					
	Enter the minimum required contribution for this plan year									
	Enter the amount contributed by the employer to the plan for this plan	-		····- -	12c	<u> </u>				
	Subtract the amount in line 12¢ from the amount in line 12b. Enter the negative amount)	*******************************		_	12d		l 🗖			
<u> </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 during the plan y	ear or any prior yes:	?	*********			Yes	No		
	If "Yes," enter the amount of any plan assets that reverted to the emp	oloyer this year			13a					
	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?			********	*****		Yes [K No		
C	If during this plan year, any assets or Habilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
7	3c(1) Name of plan(s):			13c(2) EIN(s) 13c(3)			13c(3) F	N(s)		
			ŀ							
	A A MARKET	· · ·					 			
Parish A second of the second										
Caution: A penalty for the late or incomplete filling 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.										
- Grien		1 22 50.0	KENNETH H.Z.	TSAA	CS	м п	y			
SIGN (um hair		7								
HER	Signature of then administrator	Date	Enter name of Individ	gie laut	ning a:	3 pian admin	istrator			
SIGI		4								
HER	Signature of employer/blan sponsor	Date	Enter name of individ	lual sio	nino a:	s emplover a	r plan spor	1507		

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

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