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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all entries in accord	dance witl	the instructions to the Form 5500	0-SF.		, , , , , , , , , , , , , , , , , , ,	
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/20	011		
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	the final re	eturn/report				
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)			
C	Check box if filing under: Form 5558	automatic	extension	ÍΓ	DFVC progra	m	
	special extension (enter description			L			
Do							
	rt II Basic Plan Information—enter all requested informa	ation		1h -	Three-digit		
	Name of plan ET SOUND SPECIALTY PHYSICIANS, P.L.L.C. 401(K) PROFIT SH.	ARING PI	AN		plan number		
		, t to 1 L			(PN) •	001	
				1c	Effective date of	plan	
					01/01	1987	
	Plan sponsor's name and address; include room or suite number (er ET SOUND SPECIALTY PHYSICIANS, P.L.L.C.	mployer, if	for a single-employer plan)		Employer Identif		er
100	ET SOUND SI ECIAETT TITT SICIANS, T.E.E.C.				(EIN) 91-20		
				2C 3	Sponsor's telep	hone number	
	GRIFFIN AVENUE, STE. 210 #CLAW, WA 98022-2373			2d [Business code (20)
LIVOI	10L/W, W/ 00022 2010			20 I	62139 62139		13)
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	.")	3b /	Administrator's I	EIN	
PUGE	T SOUND SPECIALTY PHYSICIANS, P.L.L.C. 2820 GRIFFIN	N AVENUE	, STE. 210			98279	
	ENUMCLAW,	WA 9802	2-2373	3c /	Administrator's t		nber
4	If the name and/or FINI of the plan appear has abanged since the k	oot roturn/	concert filed for this plan, enter the	4b		:-0231	
7	If the name and/or EIN of the plan sponsor has changed since the land name, EIN, and the plan number from the last return/report.	asi returri	eport liled for this plant, enter the	40	EIIN		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			5
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 year (d	defined benefit plans do not	_			
	complete this item)			5c			4
	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 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]
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	2228323		(,	2227140)
b	Total plan liabilities		34			156	3
С	Net plan assets (subtract line 7b from line 7a)	7c	2228289			2226984	ļ
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		,		(,		
	(1) Employers	8a(1)	58763				
	(2) Participants	8a(2)	73245				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	-4669				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				127339)
d	Benefits paid (including direct rollovers and insurance premiums	6.7	128519				
_	to provide benefits)	. 8d		-			
e	Certain deemed and/or corrective distributions (see instructions)	8e	0 125				
t	Administrative service providers (salaries, fees, commissions)	. 8f					
g	Other expenses	. 8g	0			400011	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				128644	
i	Net income (loss) (subtract line 8h from line 8c)					-1305	
j	Transfers to (from) the plan (see instructions)	8j	0				

Form	5500-SF 2011
Form	いついい・シト ノロエエ

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:

Page **2** - 1

2E 2F 2G 2J 2K 3D 2A

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

D	in the plan provides wellare benefits, enter the applicable wellare leature codes from the List of Plan Charac	tensu	C COC	ies in tr	ie instruct	ions.		
ar	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	ınt	
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					1172
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					9500
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	Χ					43929
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	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						
art								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					П	Yes	X 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.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Montrou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	o	N/A
art				•				
I3a	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 u of the PBGC?					П	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to			_		_
	3c(1) Name of plan(s):		13	c(2) EI	N(s)	1	3c(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable							
SB c	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	07/03/2012	CHARLES CHU
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-SI

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	► Complete all entries in accord	dance witi	n the instructions to the Form 550	V-3F.	i		
P	art Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning	1/01/2	011 and ending		12/31/2011		
A	This return/report is for: 🛛 a single-employer plan		-employer plan (not multiemployer)	r) a one-participant plan			
В	This return/report is:	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)			
С	Check box if filing under: Form 5558	automatic	extension	[DFVC program		
	special extension (enter description	on)					
P	nt II Basic Plan Information—enter all requested information						
	Name of plan	occion,		1b	Three-digit		
	Puget Sound Specialty Physicians, P.L.L.	C, 401	(k)		plan number		
	Profit Sharing Plan				(PN) 001		
	riotic sharing rian		er Till state og state		Effective date of plan 01/01/1987		
		10	(fine a charle description)	1			
Za	Plan sponsor's name and address; include room or suite number (e Puget Sound Specialty Physicians,	mpioyer, ii	for a single-employer plan)	25	Employer Identification Number (EIN) 91-2098279		
	P.L.L.C.				Sponsor's telephone number		
					(360) 802-5231		
	2820 Griffin Avenue, Ste. 210			2d	Business code (see instructions)		
	Enumclaw		WA 98022-2373		621391		
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same		3b .	Administrator's EIN		
	Same						
				3C	Administrator's telephone number		
4	If the name and/or EIN of the plan sponsor has changed since the li	act return/	report filed for this plan, enter the	4b	FIN		
•	name, EIN, and the plan number from the last return/report.	act rotation	especial control of the control of t				
а	Sponsor's name		4444	4c			
5a	Total number of participants at the beginning of the plan year	••••		5a	50		
b	Total number of participants at the end of the plan year			5b	50		
C	Number of participants with account balances as of the end of the p	olan year (d	defined benefit plans do not	5c	4.7		
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		No		
	Are you claiming a waiver of the annual examination and report of a	an indepen	dent qualified public accountant (IQ	PA)	X Yes ∏ No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 55	00.			
		100 that (5) 125	/-> Davis and Year	T.,	(b) End of Year		
7	Plan Assets and Liabilities	aminatation (Carlotte	(a) Beginning of Year 2, 228, 32	23	2,227,140		
	Total plan assets	7a		34	156		
b	Total plan liabilities	7b	2,228,28		2,226,984		
_ <u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c					
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	national Company	(a) Amount	0946	(b) Total		
а	(1) Employers	8a(1)	58,76	3			
	(2) Participants	8a(2)	73,24	15	and the second second second second		
	(3) Others (including rollovers)	8a(3)		o .			
b	Other income (loss)	8b	(4,669	9)			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			127,339		
d	Benefits paid (including direct rollovers and insurance premiums	<u> </u>	The second secon	(8)			
-	to provide benefits)	8d	128,51	.9			
е	Certain deemed and/or corrective distributions (see instructions)	8e		9			
f	Administrative service providers (salaries, fees, commissions)	8f	12	<u> </u>			
g	Other expenses	8g		0 🐧			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			128,644		
i	Net income (loss) (subtract line 8h from line 8c)	8i		935 545	(1,305)		
i	Transfers to (from) the plan (see instructions)	8j		0	pergraphical property and the con-		

	IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 3D 2A	ature codes from the	List of Plan Charact	eristic C	odes ir	the instruction	ons:
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the	List of Plan Characte	ristic Co	des in	the instruction	าร:
Part	V Compliance Questions						
10	During the plan year:			Yes	No	<u> </u>	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 Fiducian)	ary Correction Progr	am) 1)a X			1,172
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.))b	Х		
С	Was the plan covered by a fidelity bond?		1)c X			9,500
d	Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?	.,,,	11)d	Х		
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	the benefits under th	e plan? (See)e	Х		
f	Has the plan failed to provide any benefit when due under the plan?		<u>1</u>	Df	Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	1	g X			43,929
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.))h	Х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-			Oi .			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requiremer 5500))	nts? (If "Yes," see ins	tructions and comple	te Sche	dule S	B (Form	Yes 🛛 No
12	Is this a defined contribution plan subject to the minimum funding re						Yes X No
£ .	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	ole.)					
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this pla	n year, see instructio	ns, and	enter t Dav	he date of the	e letter ruling 'ear
. If	you completed line 12a, complete lines 3, 9, and 10 of Schedule !				,		
b	Enter the minimum required contribution for this plan year				12b		
C	Enter the amount contributed by the employer to the plan for this pla	n year			12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	ne result (enter a min	us sign to the left of		12d		
	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?			.,		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?				••••		Yes X No
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another	plan(s), identify the				I
1	3c(1) Name of plan(s):			13c(2) EIN(s) 13c(3) PN			
]
							,
Caut	on: A penalty for the late or incomplete filing of this return/repo	rt will be assessed	unless reasonable	ause is	estab	lished.	
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	I declare that I have	examined this return	report,	ncludir	ng, if applicab	le, a Schedule nowledge and
812	980	1/2/12	CHARLES CHU				
SIG HER	200	Date	Enter name of indi	idual si	gning a	ıs plan admin	istrator
Contractor of the contractor	SAGE						
SIG	•						

Page **2 -**

Form 5500-SF 2011