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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.		
		ntification Information					
For	calendar plan year 2010 or fiscal p	plan year beginning 11/01/201	10	and ending 1	0/31/2	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	final retur	n/report			
		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	
	Ţ.	special extension (enter descripti	on)			_	
Pa	rt II Basic Plan Informa	ntion—enter all requested inform	nation				_
	Name of plan				1b	Three-digit	_
	IAEL H. CUNNINGHAM, MD, PS 4	401K PLAN				plan number 004	
						(PN) ▶	_
					1c	Effective date of plan 11/01/2002	
2a	Plan sponsor's name and address	s (employer, if for single-employe	r plan)		2b	Employer Identification Number	
	IAEL H. CUNNINGHAM, MD, PS	. (- -),	1 /			(EIN) 91-1229783	
842.9	COWLEY ST STE 1				2c	Plan sponsor's telephone numbe 509-455-9351	r
	(ANE, WA 99202-1234				2d	Business code (see instructions)	
					1	621320	
3a	Plan administrator's name and ad IAEL H. CUNNINGHAM, MD, PS	dress (if same as Plan sponsor, 6 842 S COW	enter "Same	e") ⊏ 1	3b	Administrator's EIN 91-1229783	
WIIOI	ALETI. OUTIVITOTIANI, MD, TO	SPOKANE,			30	Administrator's telephone numbe	
					3	509-455-9351	_
	the name and/or EIN of the plan s			port filed for this plan, enter the	4b	EIN	
1	name, EIN, and the plan number fr	om the last return/report. Spons	or's name		4c	PN	
5a	Total number of participants at the beginning of the plan year						7
b						3	5
С	Total number of participants with	, ,			5b		_
	·				5c	2	27
	•	0 , ,		(See instructions.)		X Yes I N	10
b				ndent qualified public accountant (IQI ions.)		⊠ _{Yes} □ N	۷o
	,	- ·		SF and must instead use Form 55			
Pa	rt III Financial Informati						_
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year	
а	Total plan assets		7a	1124996	5	126602	2
b	Total plan liabilities		7b				
С	Net plan assets (subtract line 7b t	from line 7a)	7с	1124996	5	126602	2
8	Income, Expenses, and Transfers	s for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or receival			38681			
	, , , ,		` '	99350			
	(2) Participants		` '	33330	_		
h	(3) Others (including rollovers)			16241	_		
b	Other income (loss)			10241		15427	2
c d	Total income (add lines 8a(1), 8a Benefits paid (including direct roll		8c			10121	_
u	to provide benefits)		8d	13246	3		
е	Certain deemed and/or corrective	e distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses		8g				
h	Total expenses (add lines 8d, 8e,	8f, and 8g)	8h			1324	
i	Net income (loss) (subtract line 8	h from line 8c)	<u>8i</u>			14102	6
j	Transfers to (from) the plan (see	instructions)	8i				

	Form 5500-SF 2010 Page 2-		_		
r	IV Plan Characteristics				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in	the instructions:
	2E 2F 2J 2K 3D 2G 2R 3H 3B	o oto rio	tia Car	daa :a 4	iha inatrijatiana.
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	acteris	lic Co	in sec	ne instructions.
rt	V Compliance Questions				
	During the plan year:		Yes	No	Amount
1	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	
)	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
;	Was the plan covered by a fidelity bond?	10c	X		112000
k	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	
•	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	
	Has the plan failed to provide any benefit when due under the plan?	10f		X	
j	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
1	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
	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			
t	VI Pension Funding Compliance				
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))				
1	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver.	ctions,	and e	enter th	e date of the letter ruling
fy	ou 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	

Part	VII	Plan Terminations and Transfers of Assets						
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	N	0	N/	/A
a		tive amount)	12d					

12c

Yes X No

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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.)

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?

C Enter the amount contributed by the employer to the plan for this plan year.....

12

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	Filed with authorized/valid electronic signature.	08/13/2012	MICHAEL H. CUNNINGHAM					
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 Treesury 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).

OMB Nos. 1219-0110 1210-0089

2010

This Form is Open to Public Inspection

	Part I Annual Report Identification Information	ordance	with the instructions to the Form 55	00-SF	. "			
F	or calendar plan year 2010 or fiscal plan year beginning	11/0	L/2010 and ending		***************************************			
	This return/report is for: Single-employer plan		10/31/201	1				
E				one-participant plan				
_		_	turn/report					
^	an amended return/report		dan year return/report (less than 12 mo	mths)				
·	Check box if filing under:		atic extension		DFVC progra	am		
100	apecial extension (enter descrip	tion)						
100	art II Basic Plan Information—enter all requested infor	matton						
1	Name of plan	-		1b	Three-digit.			
	MICHAEL H. CUNNINGHAM, MD, PS 401K PLAN	1	•		plan number			
		*		10	(PN) Fifective date o	004		
					11/01/200			
2:	Plan sponsor's name and address (employer, if for single-employed MICHAEL H. CUNNINGHAM, MD, PS	er plan)		2b	Employer Identi			
	MICHAEL H. COMMINGHAM, MD, PS				(EIN) 91-122	9783		
	842 S COWLEY ST STE 1			2c	Plan sponsor's f	elephone number		
	SPOKANE WA 99202-1234			24	509-455-9			
				20	Business code (621320	see instructions)		
J	Plan administrator's name and address (if same as Plan sponsor, MICHAEL H. CUNNINGHAM, MD, PS	enter "Sai	ne")	3b	Administrator's			
	842 S COWLEY ST STE 1			<u> </u>	91-122978			
	SPOKANE WA 99202-12	34		3C	Administrator's to 509-455-93	elephone number		
4	If the name and/or EIN of the plan sponsor has changed since the la	ast returny	report filed for this plan, enter the	46		331		
	name, ElN, and the plan number from the last return/report. Spons	or's name						
5a	Total number of participents at the beginning of the plan year,	······································	· · · · · · · · · · · · · · · · · · ·	4c	PN			
b	Total number of participants at the end of the plan year	*************	***************************************	5a	•	37		
c	Total number of participants with account halances as after and	······································	***************************************	5b		35		
	Total number of participants with account balances as of the end of complete this item)	ir ine pian	year (defined benefit plans do not	5c		27		
6a	were all of the plan's assets during the plan year invested in affait	la assets	7 (See instructions)			X Yes No		
b	A P YOU CHAINING & Walver Of the annual examination and recort of	an indone	received an authorized and table	4		М тее П №		
	A STAN TO A 11 FORD TO A 40 I (DAG I IZE OCIONE OF MSIAGL GRODINA	and cond	Bione I		**************	X Yes No		
P	If you answered "No" to either 6a or 6b, the plan cannot use F	arm 5500	SF and must instead use Form 550	0,		<u> </u>		
7	Plan Assets and Liabilities	- And S	1	· · · · ·				
а	Total plan assets	100000	(a) somming or real		(b) End o			
b	Total plan liablities.		1124996	1		1266022		
	Net plan assets (subtract line 7b from line 7a)		712400	-	******			
8	Income, Expenses, and Transfers for this Plan Year	76	1124996	+		1266022		
а	Contributions received or receivable from:		(a) Amount	1	(b) To	otal		
	(1) Employers	8a(1)	38681					
	(2) Participants	8:2)	99350					
	(3) Others (including rollovers)	8a(3)		1.8		6		
þ	Other income (loss)	8b	. 16241	12	4			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				154272		
đ	Benefits paid (including direct rollovers and insurance premiums to provide benefits)				To and			
e	Certain deemed and/or corrective distributions (see instructions)	8d	13246	11				
ť	Administrative service providers (salaries, fees, commissions)	8e		eu.	were wind	and the same of th		
, A	Other expenses	- 18 						
•	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g	74 C. 1	**\\``				
	Net income (loss) (subtract line 8h from line 8c)	8h	3000		**************************************	13246		
i	Transfers to (from) the plan (see instructions)	81	39.36	1 6000		141026		
FF	sperwork Reduction Act Notice and OMB Control Numbers, see the instruction	8)	EGA CF	Sec.				
	mstructori	··· or romi	portrait.			SET 5500 SE (2010)		

Form 5500-SF 2010 Page 2-							
Part IV							
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2F 2J 2K 3D 2G 2R 3H 3B	acteri	stic Co	des ir	the instru	ctions		
b if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chars	ecteris	tic Co	des in	the instruc	ztions:		
Part V Compliance Questions						· · ·	<u>.</u>
10 During the plan year:		Yes		T			
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	196	No X	`	Amo	unt	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
C Was the plan covered by a fidelity bond?	10c	х	~~~~		~	1	1200
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	A	X				1200
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance camer, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10a		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.)			×			····	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g	1	X			e de la	
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	101			n areas			Section 1
Part VI Pension Funding Compliance	10. 1			STREET, STREET,	45.5	17.80	\$1955×
1.1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))	olete S	Schedu	ile SB	(Form	П	Yes	П №
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	OF SOC	tion 3	no of	DICAS			X No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable)					ب		C)
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	lions, i	and er	iter the	date of th	ie lette Year	er rulir	1g
you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5800), and skip to line 13.					-		
b Enter the minimum required contribution for this plan year		. [1	2b				
C Enter the amount contributed by the employer to the plan for this plan year		. [_1	2¢				-
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left or negative amount)	*****	. [1	2d				7
Will the minimum funding amount reported on line 12d be met by the funding deadline?			<u> </u>	Yes	No	Π	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?					1	res [No X
if "Yes," enter the amount of any plan assets that reverted to the employer this year		1	3a				
of the PBGC?	nder tr	e con	trol		Пу	es 5	No X
C 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.)	plan(s) to			ا لسه	E	a
13c(1) Name of plan(s):		13c(2) EIN	(s)	134	c(3) P	'N(s)
							
					 		
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	A4		4a h 17 -		<u></u>		