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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all entries in accord	dance witl	n 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 12	2/31/20	011		
	This return/report is for: X a single-employer plan	the final r	-employer plan (not multiemployer) eturn/report in year return/report (less than 12 mo	onths)	a one-particip	ant plan	
C	Check box if filing under: Special extension (enter description)		extension		DFVC progra	m	
Pa	urt II Basic Plan Information—enter all requested information	ation					
1a	Name of plan KANE BRAIN & SPINE 401(K) PLAN				Three-digit plan number (PN) • Effective date of	001	
22	Plan sponsor's name and address; include room or suite number (el	mplover if	for a single-employer plan)		07/01/ Employer Identif	2008	or
	KANE BRAIN & SPINE PS	mployer, ii	Tor a single-employer plan,	((EIN) 26-12 Sponsor's telep	11477	
	VEST 5TH, SUITE 210 KANE, WA 99204				509-744 Business code (l-3490	ns)
	Plan administrator's name and address (if same as plan sponsor, er			3b /	62111 Administrator's E 26-12	EIN	
01 01	SPOKANE, W		210	3c /	Administrator's t	elephone nun	nber
4	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.	ast return/	report filed for this plan, enter the	4b			
	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			1
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 complete this item)	• •	•	5c			
_	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the you answered "No" to either 6a or 6b, the plan cannot use Fo	an indeper and conditi	ndent qualified public accountant (IQF ons.)	PA)		X Yes	No No
Pa	rt III Financial Information			-			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
a	Total plan assets	. 7a	339023		(3) =::0	164108	3
b	Total plan liabilities						
С	Net plan assets (subtract line 7b from line 7a)	7c	339023			164108	3
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	(a) ranoant		(~) .	<u>otu.</u>	
	(2) Participants	8a(2)	8529				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-13864				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-5335)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	169580				
е	Certain deemed and/or corrective distributions (see instructions) \ldots	8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f					
g	Other expenses	. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				169580)
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				-174915	j
j	Transfers to (from) the plan (see instructions)	- 8j					
		_		_			

Form	5500.	SF.	201

Page 2 - 1	
-------------------	--

Part IV	Plan Characteristics
ralliv	L FIAN GNAIAGRENSIUS

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 3D 2T
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Complia	nce Questions							
10	During the plan			Yes	No		Am	nount	
	Was there a fail	ure to transmit to the plan any participant contributions within the time period described in 1-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Χ		7		
b	Were there any	nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		X				
С	Was the plan c	overed by a fidelity bond?	10c		X				
d		ve a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		X				
е	insurance servi	or commissions paid to any brokers, agents, or other persons by an insurance carrier, see or other organization that provides some or all of the benefits under the plan? (See	10e		X				
f	Has the plan fai	led to provide any benefit when due under the plan?	10f		X				
g	Did the plan hav	ve any participant loans? (If "Yes," enter amount as of year end.)	10q	X					10075
h		ridual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
İ		vered "Yes," check the box if you either provided the required notice or one of the oviding the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension	Funding Compliance							
	Is this a defined	benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	No
12		I contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	If a waiver of the granting the wai	ete 12a or 12b, 12c, 12d, and 12e below, as applicable.) e minimum funding standard for a prior year is being amortized in this plan year, see instructiver.	th						
	-	ine 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b				
		um required contribution for this plan year			12c				
	Subtract the am	nt contributed by the employer to the plan for this plan year ount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left t)	of a		12d				
e	ū	n funding amount reported on line 12d be met by the funding deadline?				☐ Yes	з П	No	N/A
Part		erminations and Transfers of Assets							
		to terminate the plan been adopted in any plan year?			V	res -	No		
154		e amount of any plan assets that reverted to the employer this year				00 _			0
h		n assets distributed to participants or beneficiaries, transferred to another plan, or brought			ntrol				
	of the PBGC?							Yes	X No
С		n year, any assets or liabilities were transferred from this plan to another plan(s), identify the liabilities were transferred. (See instructions.)	ne pla	n(s) to	1				
1	3c(1) Name of p	an(s):		13	c(2) El	N(s)		13c(3)	PN(s)
Cauti	on: A penalty fo	or the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
		jury and other penalties set forth in the instructions, I declare that I have examined this return/							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/21/2012	JOHN DAMAKAS
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

	rt I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 0	1/01/2	011 and ending		12/31/2011
Α -	This return/report is for:	a multiple-	employer plan (not multiemployer)		a one-participant plan
В-	his return/report is: the first return/report t	he final re	turn/report		
	· = = =	short plar	year return/report (less than 12 m	onths)	
C /	Check box if filing under: X Form 5558	automatic	extension		DFVC program
•	special extension (enter description				·
Do					
	rt II Basic Plan Information—enter all requested informat Name of plan	UUTI		1b	Three-digit
	OKANE BRAIN & SPINE 401(K) PLAN				plan number
	, , , , , , , , , , , , , , , , , , ,				(PN) /
					Effective date of plan 07/01/2008
		nalovan if i	iar a aingle amplayor plan)		Employer Identification Number
2a SP	Plan sponsor's name and address; include room or suite number (em DKANE BRAIN & SPINE PS	ipioyer, ii	or a single-employer plan)	20	(EIN) 26-1211477
01	Sideria Didian a Di Sila II			2c	Sponsor's telephone number
80	1 WEST 5TH, SUITE 210				509-744-3490
				2d	Business code (see instructions)
SP	OKANE WA 99204				621111
3a	Plan administrator's name and address (if same as plan sponsor, ent DKANE BRAIN & SPINE PS	ter "Same')	3b	Administrator's EIN 26-1211477
SP	JKANE BRAIN & SPINE PS			30	Administrator's telephone number
	1 WEST 5TH, SUITE 210 OKANE WA 99204			30	509-744-3490
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/r	eport filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report.			4-	
	Sponsor's name			4c	PN 10
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			5b	5
С	Number of participants with account balances as of the end of the pl complete this item)	an year (d	efined benefit plans do not	5c	5
	Were all of the plan's assets during the plan year invested in eligible			1	X Yes No
6a h	Are you claiming a waiver of the annual examination and report of a	n indepen	dent qualified public accountant (IC	(PA)	
,	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd conditi	ons.)		X Yes ∐ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 5	500.	
Pa	rt III Financial Information				(I) Ford of Wash
7	Plan Assets and Liabilities		(a) Beginning of Year	2	(b) End of Year 164108
a	Total plan assets	7a	3390	23	104100
b	Total plan liabilities	7b -	3390	22	164108
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		4.5	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	+	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)			
	(2) Participants	8a(2)	85	29	
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	-138	64	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-5335
d	Benefits paid (including direct rollovers and insurance premiums		1605	00	
	to provide benefits)	8d	1695	99	
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f		_	
g	Other expenses	8g			1.0000
h	•	8h			169580
i	Net income (loss) (subtract line 8h from line 8c)	8i			-174915
i	Transfers to (from) the plan (see instructions)	8i			

Form 5500-SF 2011 Page 2 -						
Plan Characteristics						
be plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char $\to 2F$ $\to 2F$ $\to 2F$ $\to 2F$ $\to 2F$	racteri	stic Co	des in	the instru	ctions:	
ne plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acterist	ic Cod	les in th	ne instruc	tions:	
Compliance Questions	-					
ring the plan year:		Yes	No		Amou	nt
as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		х			
/as the plan covered by a fidelity bond?	10c		Х			
d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		х		•	
ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		х			
is the plan failed to provide any benefit when due under the plan?	10f		Х			
d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х	"-			1007
his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10g		Х			
10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Pension Funding Compliance						
this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	mplete	Sche	dule SE	3 (Form		Yes No
this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection	302 of	ERISA?.	. 📙	Yes 🛛 No
"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instranting the waiver	uctions onth	, and	enter th Dav	ne date of	the lette	er ruling
completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
ter the minimum required contribution for this plan year		[12b			
ter the amount contributed by the employer to the plan for this plan year			12c			
btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le gative amount)	ft of a	[12d			
II the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Plan Terminations and Transfers of Assets						
as a resolution to terminate the plan been adopted in any plan year?	<u></u>		X \	Yes	No	
Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough the PBGC?	nt unde	r the c	ontrol			Yes 🛛 No
during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify nich assets or liabilities were transferred. (See instructions.)						
1) Name of plan(s):		1:	3c(2) ⊟	IN(s)	1 1:	3c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Part IV

Part V

Part VI

Part VII

12

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	XIIII	411612018	JOHN DAMAKAS
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