## 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

Р	Complete all entries in according to the complete all entries are according to the com	dance witl	h the instructions to the Form 5500	O-SF.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2013	2	and ending 0	2/28/2	2012		
В	This return/report is for:    X   a single-employer plan	the final r	e-employer plan (not multiemployer) eturn/report an year return/report (less than 12 mo	onths)	a one-particip  DFVC progra	·	
	special extension (enter description						
_		,					
	art II Basic Plan Information—enter all requested information	ation					
	Name of plan ATRIC CRITICAL CARE ASSOCIATES, P.S.				Three-digit plan number (PN) ▶	001	
				1C	Effective date of 01/01/	•	
	Plan sponsor's name and address; include room or suite number (elaTRIC CRITICAL CARE ASSOCIATES, P.S.	mployer, if	for a single-employer plan)	2b	Employer Identif (EIN) 91-16		er
101 \	V. 8TH AVENUE			2c	Sponsor's telepl 509-458		
	KANE, WA 99204			2d	Business code (a 62111		ns)
	Plan administrator's name and address (if same as plan sponsor, er ATRIC CRITICAL CARE ASSOCIATES, P.S. 101 W. 8TH A	VENUE	2")	3b	Administrator's E 91-16	EIN 03823	
	SPOKANE, W	/A 99204		3с	Administrator's t 509-458		nber
4	If the name and/or EIN of the plan sponsor has changed since the la	ast 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	DN		
_	Total number of participants at the beginning of the plan year				FIN		
				5a			
b	1 1 ,			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 a lf you answered "No" to either 6a or 6b, the plan cannot use Fo	an indeper and conditi	ndent qualified public accountant (IQF ions.)	PA)		X Yes	No No
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Vear	
a	Total plan assets	. 7a	201765		(b) Liid	Oi real	)
h	Total plan liabilities	7b	7523				
C	Net plan assets (subtract line 7b from line 7a)		194242			(	)
8	Income, Expenses, and Transfers for this Plan Year	, ,,			(b) T	'otal	
а	Contributions received or receivable from:		(a) Amount		(b) T	Otai	
_	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	. 8b	3527				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				3527	,
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	197609				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f	160				
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				197769	
i	Net income (loss) (subtract line 8h from line 8c)	8i				-194242	
i	Transfers to (from) the plan (see instructions)						
,	/ - / - / - /	8j					

Form	5500.	SF.	201

Page 2 -	1
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Part IV	Plan Characteristics

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

		Yes	No		۸ ۰۰۰	ount	
During the plan year:  Was there a failure to transmit to the plan any participant contributions within the time period described in		100			AII	iount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Χ				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			X				
on line 10a.)	10b		^				
Was the plan covered by a fidelity bond?	10c	X					2500
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Χ				
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		Χ				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	iug						
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						
VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	nnlata	<u> </u>		<i>'</i> -			
to the a dominate portant plant adopted to this initiality required to the real and active active and active active and active a	libiere .	Sched	ule SB	(Form		7	
5500))	•			•	<u>[</u>	Yes	
	······			······		Yes Yes	+
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	······			······			Щ.
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	 802 of I	ERISA?	· [	Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	302 of I	ERISA?	of the le	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.	e or se	ction 3	302 of I	ERISA?	of the le	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.  Moreovous completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	e or se	and e	302 of I	ERISA?	of the le	Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.  Moreover 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.	e or se	and e	nter th	ERISA?	of the le	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.  Moreous 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.  Enter the amount contributed by the employer to the plan for this plan year.	e or se	and e	nter th Day	ERISA?	of the le	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.  Moryou 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.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	e or se  uctions,  nth  t of a	and e	12b 12c	ERISA?	of the k	Yes	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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	e or se  uctions,  nth  t of a	and e	12b 12c	ERISA?	of the k	Yes	X I
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.  Moryou 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.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  I VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	e or se	and e	12b 12c 12d	ERISA?	of the k	Yes	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.  Moryou 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.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.	e or se	and e	12b 12c 12d	ERISA?	of the le	Yes	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.  Moryou 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.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.	e or se	and e	12b 12c 12d	ERISA?	of the lo	Yes	X !
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.  Moryou 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.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	e or se  uctions,  nth  t of a	and e	12b 12c 12d	ERISA?	of the lo	Yes etter ruar	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.  Moryou 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.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?.  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.)	e or se  uctions,  nth  t of a	and e	12b 12c 12d	ERISA? e date o	of the lo	Yes etter ruar	N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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	e or se  uctions,  nth  t of a	and e	12b 12c 12d	ERISA? e date o	of the lo	Yes etter ru ar No Yes	N/

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.	09/28/2012	PETER GRAVES
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

## OMB Nos, 1210-0110 Form 5500-SF Short Form Annual Return/Report of Small Employee 1210-0089 Benefit Plan Department of the Tressury Internal Revenue Service 2011 This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Department of Lebar Employee Benefits Security Administration This Form is Open to Public the Internal Revenue Code (the Code). Inspection Pension Benefit Guaranty Compretion Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 02/28/2012 X a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan the first return/report B This return/report is: the final return/report a short plan year return/report (less than 12 months) an amended return/report C Check box if filling under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Three-digit Pediatric Critical Care Associates, P.S. plan number 001 (PN) > 1c Effective date of plan 01/01/1996 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Pediatric Critical Care Associates, P.S. (EIN) 91-1603823 2c Sponsor's telephone number 101 W. 8th Avenue 509-458-5233 2d Business code (see Instructions) Spokane WA 99204 621111 3a Pian administrator's name and address (if same as plan sponsor, enter "Same") Pediatric Critical Care Appociates, P.S. 3b Administrator's EIN 91-1603823 Administrator's telephone number 509-458-5233 101 W. 8th Avenue Spokane 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 4¢ PN 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 0 C. Number of participants with account balances as of the end of the plan year (defined benefit plans do not 0 complete this item). X Yes No 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 exemination and report of an independent qualified public accountent (IQPA) X Yes No 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. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets..... 201765 7a 0 b Total plan lieblilities..... 7b 7523 C Net plan assets (subtract line 7b from line 7a)... 194242 7c 0 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from; (1) Employers ..... Ba(1) (2) Participants ...... 8#(2) (3) Others (including rollovers) 8a(3) b Other Income (loss)..... 3527 86 C Total income (add lines 8s(1), 8s(2), 8s(3), and 8b) ..... 3527 8¢ Benefits paid (including direct rollovers and insurance premiums 197609 to provide benefits)..... ₽d Certain deemed and/or corrective distributions (see instructions)... 160 f Administrative service providers (saleries, fees, commissions)..... 8/ g Other expenses..... 8g h Total expenses (edd lines 6d, 8e, 8f, and 8g)..... 197769 Bh Net income (loss) (aubtract line 8h from line 8c)..... -194242

•	]	Form 5500-SF 2011	Pege <b>2 -</b>							
Par	t IV	Plan Characteristics								
	If the	plan provides pension benefits, enter the applicable pension feat	ure codes from the l	ist of Plan Char	acteri	stic Co	des in	the Instruc	:tions:	
L		Z 2J 2K 3D				:- <b>-</b>	:- 11	:		
þ	ir the	e plan provides welfere benefits, enter the applicable welfare featu	re codes from the Li	et or Hian Cualer	;ier(8(	IC C00	es in tr	ie instruct	ons:	
Part	V	Compliance Questions	•			.,				
10		ing the plan year:				Yes	No		Amount	
а		s there a fallure to transmit to the plan any participant contributions				_	Х			
b		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar re there any nonexempt transactions with any party-in-interest? (D			10a		<del></del> _	-		
-		ine 10a.)			10b		Х			
C	W	s the plan covered by a fidelity bond?			10c	Х			·=-·	250000
d	or c	the plan have a loss, whether or not reimbursed by the plan's fide lishonesty?			10d		х			
e	វានេព	re any fees or commissions paid to any brokers, agents, or other p grance service or other organization that provides some or all of th gructions.)	e benefits under the	plan? (See	10e		х			
f	Ная	s the plan failed to provide any benefit when due under the plan? .		,	10f		χ			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	yaar end.)	************	10g		Х			
h		nis is an individual account plan, was there a blackout period? (See			10h		х			
ì	IF 1	Oh was answered "Yes," check the box if you either provided the respections to providing the notice applied under 29 CFR 2520,101-3.	equired notice or one	of the	101					
Part		Pension Funding Compliance		· • • • • • • • • • • • • • • • • • • •	<b></b>		1			
11	a ti	nis a defined benefit plan subject to minimum funding requirements	s? (if "Yes," see inst	nos bns snoilour	piete	Sched	ule SB	(Form	п,	п
		0)),							Yes	No X No
12		his a defined contribution plan subject to the minimum funding req		412 of the Gode	or se	ection (	3U2 OT I	ERISA7	Π ιθ6	A 140
a	lfa	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable walver of the minimum funding standard for a prior year is being a nting the walver.	mortized in this plan	year, see instru	ctions th	, and e	enter Ih Dav	e date of	ihe letter ri Year	uling
lf	you i	completed line 12a, complete lines 3, 9, and 10 of Schedule M	B (Porm 5500), and	skip to line 13.						
b	Ent	er the minimum required contribution for this plan year				L	12b			
		er the amount contributed by the employer to the plan for this plan				<u> </u>	12c			
d		etract the amount in line 12c from the amount in line 12b, Enter the				[	12d			
	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?				141.11	Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Hat	a resolution to terminate the plan been adopted in any plan year?					X	res I	No	
		res," enter the amount of any plan assets that reverted to the emp								0
	of t	re all the plan assets distributed to participants or beneficiaries, tra he PBGC?		************					X Ye	s No
C		uring this plan year, any assets or liabilities were transferred from ich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify t	he pla	an(s) to	) 			
	13¢(1	) Name of plan(s):				. 13	ic(2) El	N(s)	130(	3) PN(s)
Cou	ilan:	A penalty for the late or incomplete filing of this return/report	will he assessed i	inless reasonal	nie ca	use is	estab	ilahed.	<del>-                                    </del>	
Unde SB c	er pe or Sci	nallies of perjury and other penalties set forth in the instructions, I nedule MB completed and signed by an anrolled actuary, as well a strue, correct, and complete.	declare that I have	examined this ret	uro/re	port, i	ncludin	a. If applic	able, a So / knowledg	chedule je and
SIG		\/\^_ 9	1/27/12-	Peter Grav	es					
HEF		Signature of plan administrator	Date	Enter name of	individ	lual sig	in∣ng a	s plan add	ninistrator	
8IG	N .									
HEF		Signature of employer/plan aponsor	Date	Enter name of	indlyid	tual sig	gning a	s employe	ar or plan s	ponsor

## 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

Pa	rt I Annual Report Ident	ification Information					20.400.400.10
For o	calendar plan year 2011 or fiscal pla	n year beginning	01/01/2	012	and ending		02/28/2012
Ат	his return/report is for:	single-employer plan	a multiple-	employer plan	(not multiemployer)		a one-participant plan
Вт	his return/report is:	e first return/report	X the final re	turn/report			
		amended return/report	X a short plan	n year return/re	port (less than 12 mo	nths)	
C	Check box if filing under:	orm 5558	automatic	extension			DFVC program
	Alcon box ii iiiing ancon	ecial extension (enter descri	니 otion)				
De		on—enter all requested info				****	
	Name of plan	On—enter all requested into	mauon			1b	Three-digit
	diatric Critical Care	Associates, P.S.					plan number 001
		·					(PN) P
							Effective date of plan 01/01/1996
			/	f	player play)		
	Plan sponsor's name and address; diatric Critical Care		(employer, II	ior a single-em	ployer plan)	ZIJ	Employer Identification Number (EIN) 91–1603823
1.00	ilaciic ciicicai care	11000014000, 1101				2c	Sponsor's telephone number
101	L W. 8th Avenue						509-458-5233
						2d	Business code (see instructions)
Spo	okane WA	99204					621111
3a	Plan administrator's name and addr liatric Critical Care	ess (if same as plan sponsor	, enter "Same	")		3b	Administrator's EIN
Ped	diatric Critical Care	Associates, P.S.				2-	91-1603823
	l W. 8th Avenue	99204				36	Administrator's telephone number 509-458-5233
	okane WA If the name and/or EIN of the plan s		ne last return/r	eport filed for th	nis plan, enter the	4b	EIN
•	name, EIN, and the plan number fr	om the last return/report.		•	·		
	Sponsor's name					4c	
	Total number of participants at the					5a	2
	Total number of participants at the					5b	0
C	Number of participants with accour	it balances as of the end of the	ne plan year (d	lefined benefit	plans do not	5c	0
	complete this item)						X Yes No
6a	Were all of the plan's assets during Are you claiming a waiver of the ar	g the plan year invested in eli	of an indepen	(See instruction dent qualified r	ublic accountant (IOI	 ⊃A)	
b	under 29 CFR 2520.104-46? (See	instructions on waiver eligibil	ity and conditi	ons.)			X Yes No
	If you answered "No" to either 6	a or 6b, the plan cannot us	e Form <u>5500</u> -	SF and must in	nstead use Form 55	00.	
Pa	rt III Financial Informatio	n				_	
7	Plan Assets and Liabilities			(a) Be	ginning of Year	_	(b) End of Year
а	Total plan assets		7a		20176		0
	Total plan liabilities				752		
C	Net plan assets (subtract line 7b from	om line 7a)	7с		19424	12	0
8	Income, Expenses, and Transfers			(a	) Amount		(b) Total
а	Contributions received or receivable		8a(1)				
	(1) Employers		3			$\dashv$	
	(2) Participants						
L	(3) Others (including rollovers)				352	7	
	Other income (loss)				332	- /	3527
۲ C	Total income (add lines 8a(1), 8a(2) Benefits paid (including direct rollo						332.
d	to provide benefits)				19760	9	
е	Certain deemed and/or corrective						
f	Administrative service providers (s				16	50	
g	Other expenses						
-	Total expenses (add lines 8d, 8e, 8						197769
i	Net income (loss) (subtract line 8h						-194242
i	Transfers to (from) the plan (see in						

	1	Form 5500-SF 2011	Pege <b>2 -</b>						
Par	ΙV	Plan Characteristics							······································
	If the	plan provides pension benefits, enter the applicable pension feat	ure codes from the I	lst of Plan Char	acteris	stic Co	des in t	the instructi	ons:
b		ਿ 2ਹੰ 2K ਤੇD e plan provides welfare benefits, enter the applicable welfare featu	re codes from the Li	st of Plan Chara	cterist	ic Cod	es in th	ne instruction	ns:
Part	v	Compliance Questions		ranson <del>a P</del> A					
10		ing the plan year:	,			Yes	No	<b>A</b>	Amount
	Wa	s there a failure to transmit to the plan any participant contributions CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciar	s within the time peri y Correction Progra	od described in m)	10a		Х		
þ		re there any nonexempt transactions with any party-in-interest? (D		•	10b		х		
C	W	s the plan covered by a fidelity bond?	*******************************		10c	х			250000
d	Dlḍ	the plan have a loss, whether or not reimbursed by the plan's fide	lity bond, that was c	aused by fraud	10d		х		
¢	inst	re any fees or commissions paid to any brokers, agents, or other p trance service or other organization that provides some or all of th ructions.)	e benefits under the	plan? (See	10e		х		
f	Has	the plan failed to provide any benefit when due under the plan?			101		χ		
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	yaar end.)	A	100		Х		
	If th	is is an individual account plan, was there a blackout period? (See	Instructions and 29	CFR	10h		х		
1	If 1	Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520,101-3.	equired notice or ene	of the	101				
Part	VI	Pension Funding Compliance							
11	550	is a defined benefit plan subject to minimum funding requirements		***************************************					Yes No
12		his a defined contribution plan subject to the minimum funding req		412 of the Code	e or se	ection :	302 of I	ERISA?	☐ 166 ⊠ 140
a	Ìfa	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable walver of the minimum funding standard for a prior year is being a nting the walver.	mortized in this plan	year, see instru	clions ith	, and e	enter Ih Dav	e date of the	e letter ruling Year
lf '	you (	completed line 12a, complete lines 3, 9, and 10 of Schedule M	B (Porm 5500), and	skip to line 13.					
	_	er the minimum required contribution for this plan year				[	12b		
C		ar the amount contributed by the employer to the plan for this plan				- 1	12c		
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the after amount)	result (enter a minu	is sign to the left	of a		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	Hat	a resolution to terminate the plan been adopted in any plan year?					ΧY	es No	)
	IF "Y	res," enter the amount of any plan assets that reverted to the emp	loyer this year			13a			0
b	Wa	re all the plan assets distributed to participants or beneficiaries, tra ne PBC?	insferred to another	plan, or brought	unde	r the co	ontrol		X Yes No
C		uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify t	the pla				
	13c(1	) Name of plan(s):			<u> </u>	13	ic(2) El	N(s)	13c(3) PN(s)
Čnu	iteni	A penalty for the late or incomplete filling of this return/report	will he seeseed i	inless reasons	hie ca	use is	estab	lished.	
Unde SB c	er pe er Sci	naities of perjury and other penaities set forth in the instructions, in adule MB completed and signed by an anrolled actuary, as well as true, correct, and complete.	declare that I have o	examined this re	turn/re	port, i	ncludin	g. If applicat	ble, a Schedule (nowledge and
SIG	N		1/21/12-	Peter Grav	res				
HEF		Signature of plan administrator	Date	Enter name of	Individ	iual sig	ning a	s <u>plan adm</u> i	nistrator
SIG		The state of the s							
HEF		Signature of employer/plan sponsor	Date	Enter name of	individ	dual sig	gning a	s employer	or plan sponsor