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).

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in accordance	rdance wit	h the instructions to the Form 5500	O-SF.			
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20	11	and ending 1	2/31/2	011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
		- 1	eturn/report	l.			
Ь		<u>.</u> 1	•				
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	_		
С	Check box if filing under: X Form 5558	automatio	extension		DFVC prograi	m	
	special extension (enter descripti	on)					
D	art II Basic Plan Information—enter all requested inform	nation					
	Name of plan	iation		1h	Throo digit		
	NOSE & THROAT OF COEUR D ALENE, PA PROFIT SHARING I	DI ANI		ID	Three-digit plan number		
LAIX,	NOSE & THROAT OF COLOR D'ALENE, I'AT KOTTI SHAKING I	LAN			(PN) ▶	001	
				10	Effective date of		
				.0	01/01/		
2a	Plan sponsor's name and address; include room or suite number (e	amployer if	for a single-employer plan)	2h	Employer Identifi		or
	, NOSE & THROAT OF COEUR D ALENE, PA	omployer, ii	ioi a single employer plan)		(EIN) 82-045		ы
					-		
				20	Sponsor's teleph 208-765		
	W. IRONWOOD DRIVE, SUITE 236 UR D ALENE, ID 83814			24			
COE	OR D'ALENE, ID 63614			Zu	Business code (s		ns)
	Di distribution de la companya del companya de la companya del companya de la com	. "0	m.	26			
	Plan administrator's name and address (if same as plan sponsor, e NOSE & THROAT OF COEUR D ALENE, PA 700 W. IRON		er) RIVE, SUITE 236	30	Administrator's E 82-045		
L/XIX,	COEUR D A			30	Administrator's to		mhor
				30	208-765		IIDei
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	FIN		
•	name, EIN, and the plan number from the last return/report.	idot rotarrij	ropert med for time plant, enter the	76	LIIV		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			15
b	Total number of participants at the end of the plan year	ŀ					
			 	5b			
С	Number of participants with account balances as of the end of the complete this item)		·	5c			(
	· · · · · · · · · · · · · · · · · · ·					V Voc	Na
-	Were all of the plan's assets during the plan year invested in eligit		'			X Yes	No
b	Are you claiming a waiver of the annual examination and report of 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 F		•		••••••		
Pa	irt III Financial Information	01111 0000	or and made motoda add r orm doc				
7	Plan Assets and Liabilities		(a) Baninning of Yaar		(b) F., d	-f V	
· .		_	(a) Beginning of Year		(b) End		0
а	Total plan assets		1331017				<u> </u>
b	Total plan liabilities	<u>7b</u>					_
C	Net plan assets (subtract line 7b from line 7a)	7с	1531817				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:						
	(1) Employers	8a(1)	0				
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)		-52322				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					-52322	2
d	Benefits paid (including direct rollovers and insurance premiums	00					
u	to provide benefits)	8d	1475345				
е	Certain deemed and/or corrective distributions (see instructions)						
_							
f	Administrative service providers (salaries, fees, commissions)		4450	-			
g	Other expenses		4150				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				147949	5
i	Net income (loss) (subtract line 8h from line 8c)	8i				-1531817	7
j	Transfers to (from) the plan (see instructions)	8j					
		_ Uj					

Form	5500	SF	201

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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:

 2S 2G 2J 2K
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions	-						
0	During the plan year:		Yes	No		Amo	unt	
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				
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	X					150000
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.)	10q		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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	VI Pension Funding Compliance		•					
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				•	П	Yes	X No
2	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.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver						ter rul	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day.		roui		
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	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)		[12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?			X	'es	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PRGC2	ınder	the co	ntrol		X	Yes	No
С	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.)	ie plai	n(s) to					Ц
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	1	3c(3)	PN(s)
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl							
Jnde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	ırn/rep	oort, in	cluding	g, if applic	cable, a	a Sche	edule

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.	10/15/2012	CHAD MCCORMICK
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/15/2012	CHAD MCCORMICK
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

5500 Electronic Filing Authorization

Plan Name:

EAR, NOSE & THROAT OF COEUR D ALENE, PA PROFIT SHARING PLAN

EIN/PN:

82-0454250/001

Plan Year:

01/01/2011 - 12/31/2011

I hereby authorize Magnuson, McHugh & Co. PA to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500 for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator	Plan Sponsor
(sign)	(sign)
10/14/17 (date)	(date)

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

the internal Revenue Code (the Code).

• Complete all entries in accordance with the instructions to the Form 5500-SF.

Par	Annual Report Identification Information								
For the	calendar plan year 2011 or fiscal plan year beginning	01/01/2		and ending	12/3	31/2011			
	is return/report is for: x a single-employer plan a n	nultiple-em	ployer plan	(not multiemployer)		a one-participant plan			
	Π	final returi	n/report						
B In		short plan v	ear return/re	eport (less than 12 mo	nths)				
	H	tomatic ext			-	DFVC program			
C Ch	eck box if filling under.	torratio ext	0,101011			, ,			
	special extension (enter description)								
Par		tion.			1b Th	ree-digit			
	Name of plan				pla	an number			
. 1	EAR, NOSE & THROAT OF COEUR D ALENE, PA PROFIT S	HARING	PLAN			N) ► 001 fective date of plan			
						1/01/1996			
	Plan sponsor's name and address; include room or suite number (emplo	wer if for s	nale-emplo	ver plan)		mployer Identification Number			
2a	Plan sponsor's name and address; include four of suite number (emplo EAR, NOSE & THROAT OF COEUR D ALENE, PA	, y C , 11 101 0	ingle sinple	, a. p ,		IN) 82-0454250			
					2c PI	an sponsor's telephone number			
						208) 765-1345			
	700 W. IRONWOOD DRIVE, SUITE 236					usiness code (see instructions)			
US	COEUR D ALENE ID 83814					21111			
3a	Plan administrator's name and address (If same as plan sponsor, enter	"Same")			3b A	dministrator's EIN			
	Same								
					3c A	dministrator's telephone number			
	If the name and/or EIN of the plan sponsor has changed since the last r	eturn/repoi	t filed for thi	is plan, enter the	4b ⊨	4b EIN			
	name, EIN, and the plan number from the last return/leport.	,		•	4c F	4c PN			
а	Sponsor's Name				. 5a				
5a	Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year				. 5b	0			
b	Number of participants with account balances as of the end of the plan	year (defin	ed benetit p	ians do not	_				
	complete this item)				. 5c	0 x Yes No			
6a	Were all of the plan's assets during the plan year invested in eligible as	sets? (See	instructions	i.)		X Yes No			
b	Are you claiming a waiver of the annual examination and report of an ir under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	ndependent conditions.	qualified pt	JDIIC accountant (IQF)	" • • • •	XYes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF a	nd must ins	stead use Form 5500.					
Da	Financial Information								
7	Plan Assets and Liabilities		(a)	Beginning of Year		(b) End of Year			
-	Total plan assets	7a		1,531,817		0			
a b	Total plan liabilities	7b				Landing Control of the Control of th			
C	Net plan assets (subtract line 7b from line 7a)	7c		1,531,817	,	0			
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total			
а	Contributions received or receivable from:	Po/4\			, [[韓]				
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
_	(3) Others (including rollovers)	8a(3) 8b		(52,322)					
b	Other income (loss)	8c				(52,322)			
c C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	-	area alemania	energial setter (2015) Popular a Control setter (2015)					
d	to provide benefits)	8d		1,475,34					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f							
g	Other expenses	. 8g	prinsiallo mosano	4,15	U KK				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				1,479,495			
i	Net income (loss) (subtract line 8h from line 8c).	. 81	國語語		保護	(1,531,817)			
:	Transfors to (from) the plan (see instructions)	. 8j	1		機盟	兴思为的我们对共和国的研究。			

	Form 5500-SF 2011	Page	2	<u> </u>						
वन् प्रस्त										
Hai	Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature	codes from the List of	Plan Cha	racteri	stic C	odes i	n the ir	structions:		
b	2S 2G 2J 2K If the plan provides welfare benefits, enter the applicable welfare feature of	odes from the List of I	Plan Char	acteris	uc Cc	ides in	the ins	structions:		
Pa	nt V. Compliance Questions						—			
10	During the plan year:			ſ		Yes	No	An	ount	
	Were there a failure to transmit to the plan any participant contributions y	within the time period	described	in	10a		х			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C Were there any nonexempt transactions with any party-in-interest? (Do	not include transaction	ns reporte	d						
•	on line 10a.)				10b		x			
	Was the plan covered by a fidelity bond?				10c	х				150,000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelit or dishonesty?	y bond, that was caus	ed by frau	id • •	10d		х		······································	
	e Were any fees or commisions paid to any brokers, agents, or other per	sons by an insurance	carrier,							
	insurance services or other organization that provides some or all of the instructions.)	e benetits under the pi	an r (See		10e		x			
	f Has the plan failed to provide any benefit when due under the plan?				10f		х			
	and the second second of the s				10g		х			
	h If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29 CF	R 				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.	guired notice or one of	the		10i					
P	Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements					<u> </u>	• • •	<u> </u>		X No
12	Is this a defined contribution plan subject to the minimum funding require (If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable	Irements of section 41 a.)	2 of the C	Code or	r sect	ion 30	2 of ER	RISA?		
	a If a waiver of the minimum funding standard for a prior year is being at	mortized in this plan ye		• IVIUI	ons, a nth	and en	ter the Day	date of the le	etter ruling Year	<u> </u>
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and sk	p to line	13.		Г		1	Land and the same of the same	
	${f b}$ Enter the minimum required contribution for this plan year					•	12b	-		
	c Enter the amount contributed by the employer to the plan for this plan	year			• •	.	12c			
	d Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)						12d	TYes	□No	□N/A
1.055	e Will the minimum funding amount reported on line 12d be met by the	funding deadline? .		• •	• •	• •				L
P	art XII Plan Terminations and Transfers of Assets								X Yes	s □No
13	Has a resolution to terminate the plan been adopted in any plan year?	over this year			•	٠. ا	13a	' ' ' '		0
	If "Yes," enter the amount of any plan assets that reverted to the emp			uaht u	ndor i	bo co				
	 Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC? If during this plan year, any assets or liabilities were transferred from the plan year. 								. X Ye	s No
	c If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	The plan to another pla			1		40-(0)	CINI(a)	120/	3) PN(s)
	13c(1) Name of plan(s):						13c(2)	EII4(5)	1300	3) 1-14(3)

C	aution: A penalty for the late or incomplete filing of this return/report v	vill be assessed unle	ss reaso	nable	caus	e is es	tablisi	ned.		
U	nder penalties of perjury and other penalties set forth in the instructions, I'd B or Schedule MB completed and signed by an enrolled actuary, as well as	leclare that I have exa	mined this	s returr	n/repo	ort. inc	ludina.	if applicable,	a Schedi wledge an	iq ile
b Tu	elief, it is true, correct, and complete.	10/14/12	Chad M	fcCor	m i. ck					
15	SIGN Cemc V	Date					anina s	ıs plan admir	nistrator	
200	HERE Signature of plan administrator	Date	LINGI HA	1110 011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	auui Si	91 mig E	- Pian admi		
SIME	SIGN		F-1-		les el l···	dual -	anin-	as employer	ar plan en	nnsor
- I€	HERE Signature of employer/plan sponsor	Date	i ⊏nter na	ine of	uuvi	uudi Si	yrmiy a	is citibiolet i	א אומוו אף	011301