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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in actions	cordance wit	h 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	/2012	and ending 1	1/30/20)12		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
	This return/report is: the first return/report	the final r	eturn/report	L			
_		H	•	ontha)			
	an amended return/report	H	an year return/report (less than 12 mo	ontns)	7		
С	Check box if filing under: Form 5558	automatio	extension		DFVC progra	ım	
	special extension (enter description)	ription)					
Pa	art II Basic Plan Information—enter all requested inf	ormation					
	Name of plan			1b -	Three-digit		
	() PROFIT SHARING PLAN & TRUST OF NORTHWEST SPINE	& SPORTS F	PHYSICIANS, P.C.		olan number		
				((PN) •	002	
				1c	Effective date of	f plan	
					01/01	/1998	
	Plan sponsor's name and address; include room or suite number	er (employer, if	for a single-employer plan)	2b E		fication Number	
NOR	THWEST SPINE & SPORTS PHYSICIANS P.C.			(EIN) 91-18	92592	
				2c 3	Sponsor's telep		
1750	112TH AVENUE NE D258				425-45		
BELL	LEVUE, WA 98004-3727			2d E	Business code (see instructions)	
					62111		
	Plan administrator's name and address (if same as plan sponsor			3b /	Administrator's I		
NOR		TH AVENUE N JE, WA 98004		20		92592	
				3C /	Administrator's t 425-451	elephone number	
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			
•	name, EIN, and the plan number from the last return/report.	ine last return	report med for this plant, enter the	ועד	LIIN		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a	5a		
b	Total number of participants at the end of the plan year			5b			
				อม			
С	Number of participants with account balances as of the end of complete this item)		•	5c			
6a	Were all of the plan's assets during the plan year invested in e					X Yes No	
b		· ·	'			<u> </u>	
~	under 29 CFR 2520.104-46? (See instructions on waiver eligib					X Yes No	
	If you answered "No" to either 6a or 6b, the plan cannot us	•	•				
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	3723607				
h	Total plan liabilities						
C	Net plan assets (subtract line 7b from line 7a)		3723607			0	
		7с			4.5		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otai	
а	Contributions received or receivable from: (1) Employers	8a(1)	30591				
	(2) Participants	, ,	3836				
	(3) Others (including rollovers)	, ,	057400				
b	Other income (loss)		257182			004000	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					291609	
d	Benefits paid (including direct rollovers and insurance premium to provide benefits)		3997450				
е	Certain deemed and/or corrective distributions (see instructions						
f	Administrative service providers (salaries, fees, commissions).		17766				
	, , , , , , , , , , , , , , , , , , , ,						
g	Other expenses.					4015216	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						
ĺ	Net income (loss) (subtract line 8h from line 8c)					-3723607	
j	Transfers to (from) the plan (see instructions)	······ 8j					

Form	5500.	-SE	2011

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

Part IV	Plan	Characte	aristics
ralliv	- FIAII	Guaraci	ยเอแรอ

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

Part	Compliance Questions						
10	During the plan year:		Yes	No	Α	mount	
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			10	00000
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		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					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.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver						
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
b	Enter the minimum required contribution for this plan year		L	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 negative amount)			12d			
е	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?			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 of the PBGC?		the co	ontrol		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.)	he pla	n(s) to)			_
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) F	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	use is	establ	ished.		
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return, it is structions in the struction of this return, for the structure, it is true, correct, and complete.	urn/re	port, ir	ncludin	g, if applicabl		

SIGN	Filed with authorized/valid electronic signature.	12/19/2012	ANDREW J. COLE, MD
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

Р	art I Annual Report Identification Information					
		1/01/2	012 and ending		11/30/201	2
Δ	This return/report is for:	a multiple	e-employer plan (not multiemployer)	Γ	a one-particip	
	This return/report is:	•	eturn/report	Ĺ		an pan
ט	H H		·	n . \		
_	H H		an year return/report (less than 12 mo	ontns) r	_	
С	Check box if filing under: Form 5558	extension	L	DFVC prograi	n	
	special extension (enter description					
	art II Basic Plan Information—enter all requested information	ation				
1a	Name of plan				Three-digit	
	401(k) Profit Sharing Plan & Trust of				plan number	0.00
	Northwest Spine & Sports Physicians, P.C	•	· -		(PN) •	002
					Effective date of $01/01/1998$	
2a	Plan sponsor's name and address; include room or suite number (e	mplover. if	for a single-employer plan)		Employer Identifi	7-7-1-1
	Northwest Spine & Sports Physicians	,	,		(EIN) 91-1892	2592
	P.C.			2c	Sponsor's teleph	ione number
	1750 110U 7 NE 2050				(425) 451-	2272
	1750 112th Avenue NE D258		Ĩ		Business code (s	ee instructions)
	Bellevue		WA 98004-3727		621111	
3a	Plan administrator's name and address (if same as plan sponsor, er Same	nter "Same) ")	3b /	Administrator's E	IN
			ŀ	30	Administrator's to	elephone number
				00 ,	Administrator 5 to	septione number
4	If the name and/or EIN of the plan sponsor has changed since the la	ast retum/i	report filed for this plan, enter the	4b	EIN	
_	name, EIN, and the plan number from the last return/report.		Ĩ	4 -		****
	Sponsor's name			4c	PN	4.0
	Total number of participants at the beginning of the plan year		<u> </u>	5a		43
	Total number of participants at the end of the plan year		la l	5b		0
С	Number of participants with account balances as of the end of the p complete this item)			5c		0
6a	Were all of the plan's assets during the plan year invested in eligible					X Yes No
-	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	orm 5500-	SF and must instead use Form 550	0.		
	ert III Financial Information	I				
7	Plan Assets and Liabilities	·	(a) Beginning of Year		(b) End	of Year
	Total pian assets	7a	3,723,60	/		
	Total plan liabilities	7b	2 2 2 2 2	7		
	Net plan assets (subtract line 7b from line 7a)	7c	3,723,60	1		0
8	Income, Expenses, and Transfers for this Plan Year	-	(a) Amount		(b) T	otal
a	Contributions received or receivable from: (1) Employers	8a(1)	30,59	1		
	(2) Participants	8a(2)	3,83	∹		
	(3) Others (including rollovers)			7		
b	Other income (loss)		257,18	2		
		8c	,	1		291,609
d						2027000
	to provide benefits)	8d	3,997,45	0		
е	Certain deemed and/or corrective distributions (see instructions)	8e		_		
f	Administrative service providers (salaries, fees, commissions)	8f	17,76	6		
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				4,015,216
į	Net income (loss) (subtract line 8h from line 8c)	8i				(3,723,607)
i	Transfers to (from) the plan (see instructions)	8í				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF 2011	Page 2 -

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: 2E 2F 2G 2J 2K 2T 3D

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

				-		
Part	V Compliance Questions				.,,.,	
10	During the plan year:		Yes	No	Aı	nount
а	Was there a failure to transmit to the plan any participant contributions within the 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corrections)		а	Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not incluon line 10a.)	•	b	Х		-
С	Was the plan covered by a fidelity bond?	10	с Х			1,000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, to r dishonesty?	hat was caused by fraud	d	Х	***************************************	•
е	Were any fees or commissions paid to any brokers, agents, or other persons by insurance service or other organization that provides some or all of the benefits instructions.)	an insurance carrier, under the plan? (See	е	Х		
f	Has the plan failed to provide any benefit when due under the plan?		f	Х		-
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	a	Х		
h	If this is an individual account plan, was there a blackout period? (See instruction 2520.101-3.)	ns and 29 CFR		Х		
i	If 10h was answered "Yes," check the box if you either provided the required no exceptions to providing the notice applied under 29 CFR 2520.101-3)i			
Part	VI Pension Funding Compliance		- Carron	•	***************************************	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes 5500))					Yes X No
b c d e Part 13a	(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 granting the waiver. You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5) 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 (ennegative amount). Will the minimum funding amount reported on line 12d be met by the funding de VII 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 all the plan assets distributed to participants or beneficiaries, transferred to the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to	Month	13a er the co	Day	Yes No	letter ruling ear No N/A 0 Yes No
	which assets or liabilities were transferred. (See instructions.)	another plants), identity the s			1/0\	42 - /2\ DN/-\
1	3c(1) Name of plan(s):		13	c(2) EIN	(0)	13c(3) PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be as					
SB or	r penalties of perjury and other penalties set forth in the instructions, I declare the Schedule MB completed and signed by an enrolled actuary, as well as the elect, it is true, correct, and complete	ronic version of this return/rep	report, in ort, and	ncluding to the b	, if applicabl est of my kn	e, a Schedule owledge and
SIG	12-14-1	Andrew J. Co	le, M	ID		
HER		Enter name of indiv	idual sig	ning as	plan admini	strator
SIGI	<u>v</u>					
HER	E Signature of employer/plan sponsor Date	Enter name of indiv	ridual sig	ining as	employer or	plan sponsor