For	rm 5500-SF	Short Form Annual Ret	turn/Report o enefit Plan	f Small Employ	/ee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be filed up	nd 4065 of the Employee	е	2012					
	epartment of Labor enefits Security Administration	ctions 6057(b) and 6058 ode).	(a) of	This Form is Open to Public						
Pension Be	enefit Guaranty Corporation	tions to the Form 5500	0-SF.	Inspection						
Part I		entification Information			0/0.4/4					
For calenda	ar plan year 2012 or fisca			<u> </u>	2/31/2					
	urn/report is for:			an (not multiemployer)		a one-participant plan				
B This retu	urn/report is:		e final return/report							
	Ļ	an amended return/report a s	short plan year return	n/report (less than 12 mc	onths)					
C Check b	box if filing under:		DFVC program							
	special extension (enter description)									
Part II	•	mation—enter all requested information	วท							
1a Name of					1b	Three-digit plan number				
SOUTHLAKE	: PROFESSIONAL GRO	OUP PROFIT SHARING PLAN AND TR	.051			(PN) ▶ 001				
				·	1c					
						01/01/1987				
	ponsor's name and addre	ess; include room or suite number (emp ER, PLLC	bloyer, if for a single-e	əmployer plan)	2b	Employer Identification Number (EIN) 55-0868870				
16040 CHRI	STENSEN RD., SUITE 2	217			2c	Sponsor's telephone number 206-243-7383				
TUKWILA, WA 98188						Business code (see instructions) 621112				
3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address						Administrator's EIN				
		plan sponsor has changed since the last	t return/report filed fo	r this plan, enter the	4b	EIN				
name, a Sponso		per from the last return/report.			4c PN					
· _ ·		t the beginning of the plan year			· 5a					
_		t the end of the plan year			5b					
C Numbe	er of participants with acc	count balances as of the end of the plar	n year (defined benel	fit plans do not						
_					5c	X Yes 🗌 No				
b Are yo under	ou claiming a waiver of th 29 CFR 2520.104-46? (S	during the plan year invested in eligible a the annual examination and report of an i (See instructions on waiver eligibility and ther line 6a or line 6b, the plan cannot	independent qualified d conditions.)	d public accountant (IQF	PA)	X Yes No				
		incomplete filing of this return/report								
SB or Sche		er penalties set forth in the instructions, I I signed by an enrolled actuary, as well a ete.								
SIGN	Filed with authorized/val	ilid electronic signature.	03/22/2013	JOHN E. DUNNE						
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual siç	gning as plan administrator				
SIGN										
HERE	Signature of employe		Date	Enter name of individu	jal siç	gning as employer or plan sponsor				
Preparer's r	name (including firm nam	me, if applicable) and address; include re	oom or suite number	(optional)	Prep	parer's telephone number (optional)				

	Financial Information						
7 Plan	Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Tota	Il plan assets	7a	93104	2			1076423
b Tota	I plan liabilities	7b					
C Net	plan assets (subtract line 7b from line 7a)	7c	93104	2			1076423
8 Inco	me, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	tributions received or receivable from:						
	Employers	8a(1)	600				
. ,	Participants	8a(2)	1800	0			
	Others (including rollovers)	8a(3)					
	er income (loss)	8b	12138	1			
-	al income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		145381
	efits paid (including direct rollovers and insurance premiums rovide benefits)	8d					
	ain deemed and/or corrective distributions (see instructions)	8e					
_	ninistrative service providers (salaries, fees, commissions)	8f					
	er expenses	8g					
	al expenses (add lines 8d, 8e, 8f, and 8g)	8h					
	income (loss) (subtract line 8h from line 8c)	8i					145381
	nsfers to (from) the plan (see instructions)	8j					140001
Part IV		oj					
b If the Part V	e plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Cod	es in the	instructions:
	Iring the plan year:				Yes	No	Amount
a Wa	as there a failure to transmit to the plan any participant contribu 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		the time period described in		100		Amount
b We						Х	
011	ere there any nonexempt transactions with any party-in-interest line 10a.)	? (Do not inc	ction Program) clude transactions reported	10a 10b		x x	
	line 10a.)	? (Do not inc	ction Program)	10a 10b	X		100000
c Wa	line 10a.) as the plan covered by a fidelity bond? d the plan have a loss, whether or not reimbursed by the plan's	? (Do not inc	ction Program) clude transactions reported 	10a	X		100000
c Wa d Dic or o e We ins	line 10a.)	? (Do not ind fidelity bond her persons to of the benefit	ction Program) clude transactions reported 	10a 10b 10c	X	X	100000
c Wa d Dic or o e We ins	line 10a.) as the plan covered by a fidelity bond? d the plan have a loss, whether or not reimbursed by the plan's dishonesty? ere any fees or commissions paid to any brokers, agents, or othe surance service or other organization that provides some or all of	? (Do not ind fidelity bond her persons b of the benefit	ction Program) Clude transactions reported L, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d	X	X X	100000
c Wa d Dic or c e We ins ins f Ha	line 10a.)	? (Do not ind fidelity bond her persons to of the benefit n?	ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f	×	x x x x	100000
c Wa d Dic or o e We ins ins f Ha g Dic h If th	line 10a.)	? (Do not ind fidelity bond her persons b of the benefit n? s of year end (See instruct	ction Program) Clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR	10a 10b 10c 10d 10e	×	x x x x x	100000
c Wa d Dic or o e We ins ins f Ha g Dic h If tt 252 i If 1	line 10a.)	? (Do not ind fidelity bond her persons to of the benefit n?	ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f 10g	×	X X X X X X X	100000
c Ward Dic or of or of e We ins ins f Ha g Dic h If th 252 i If 1	line 10a.)	? (Do not ind fidelity bond her persons to of the benefit n?	ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f 10g 10h	×	X X X X X X X	100000
cWaterdDictoreWaterinsinsfHatergDictorhIf the 252iIf 1excentexcentPart VI1111Is the state	line 10a.)	? (Do not ind fidelity bond her persons to of the benefit n? s of year end (See instruct he required r 1-3 ents? (If "Ye	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the cs," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X ule SB (
cWaterdDictoreWaterinsinsfHagDictorhIf the252iiIf 1excexcPartVI11Is the	line 10a.)	? (Do not ind fidelity bond her persons to of the benefit n? s of year end (See instruct he required r 1-3	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR motice or one of the es," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X ule SB (Form
c Water d Dicor of or	line 10a.) as the plan covered by a fidelity bond? d the plan have a loss, whether or not reimbursed by the plan's dishonesty? ere any fees or commissions paid to any brokers, agents, or othe surance service or other organization that provides some or all of structions.) as the plan failed to provide any benefit when due under the plan d the plan have any participant loans? (If "Yes," enter amount a his is an individual account plan, was there a blackout period? of 20.101-3.) 10h was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance this a defined benefit plan subject to minimum funding requirem 50) and line 11a below)	? (Do not ind fidelity bond her persons h of the benefit n? s of year end (See instruct he required r 1-3 ents? (If "Ye	ction Program) Clude transactions reported clude transactions reported l, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X Ule SB (11a	Form
c Water d Dictor of or	line 10a.) as the plan covered by a fidelity bond? d the plan have a loss, whether or not reimbursed by the plan's dishonesty? ere any fees or commissions paid to any brokers, agents, or other surance service or other organization that provides some or all of structions.) as the plan failed to provide any benefit when due under the plan d the plan have any participant loans? (If "Yes," enter amount a his is an individual account plan, was there a blackout period? (20.101-3.) 10h was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance his a defined benefit plan subject to minimum funding requirem 20) and line 11a below) ter the amount from Schedule SB line 39	? (Do not ind fidelity bond her persons to of the benefit n?	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X Ule SB (11a	Form
c Water d Dictor of a construction of a const	line 10a.)	? (Do not ind fidelity bond her persons b of the benefit n? s of year end (See instruct he required r 1-3	ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f 10g 10h 10i e or see ctionss	Schec	X X X X X X X Ule SB (Form
c Water d Diconstruction e Water ins ins f Ha g Diconstruction h If the distruction j If 1 extreme VI 11 Is the distruction 12 Is the distruction if a If a grade If a	line 10a.) as the plan covered by a fidelity bond? d the plan have a loss, whether or not reimbursed by the plan's dishonesty? ere any fees or commissions paid to any brokers, agents, or othe surance service or other organization that provides some or all of structions.) as the plan failed to provide any benefit when due under the plan d the plan have any participant loans? (If "Yes," enter amount a his is an individual account plan, was there a blackout period? of 20.101-3.) 10h was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance this a defined benefit plan subject to minimum funding requirem 00) and line 11a below) ter the amount from Schedule SB line 39 this a defined contribution plan subject to the minimum funding "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, waiver of the minimum funding standard for a prior year is beir	? (Do not ind fidelity bond her persons b of the benefit n? s of year end (See instruct he required r 1-3	ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f 10g 10h 10i e or see ctionss	Schec	X X X X X X X Ule SB (11a 002 of EF	Form Yes No RISA? Yes No date of the letter ruling

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С	C 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.)						
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

Form	5500-SF	Short Form Annual Ret	turn/Report o enefit Plan						
	nt of the Treasury Revenue Service	nd 4065 of the Employe	e	2012					
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 Employee Benefits Security Administration the Internal Revenue Code (the Code).					D58(a) of This Form is Open to Pu				
22	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
		Ientification Information al plan year beginning 01/01/2012		and ending	12/31/20	12			
A This return			multiple-employer pl	an (not multiemployer)	12/3/120				
B This return	roportio iei.		e final return/report	an (not maniemployer)		a one-participant plan			
	[en e	n/report (less than 12 m	ionths)				
C Check box	if filing under:		utomatic extension		, []	DFVC program			
special extension (enter description)									
1000		mation—enter all requested information	n						
1a Name of plan SOUTHLAKE PROFESSIONAL GROUP PROFIT SHARING PLAN AND TRUST				1b Three-digit					
SOUTHLAKE P	ROFESSIONAL GR	OUP PROFIT SHARING PLAN AND TH	RUST		plan number (PN) ▶ 001				
					1c Effective date of plan				
2a Plan snon	sor's name and addr	ess; include room or suite number (emp				01/01/1987			
SOUTHLAKE P	SYCHIATRIC CENT	ER, PLLC	bloyer, if for a single-	employer plan)	0.005	mployer Identification Number EIN) 5508688870			
16040 CHRISTI	ENSEN RD., SUITE	217			2c Sponsor's telephone number 2062437383				
TUKWILA, WA					2d Business code (see instructions) 621112				
3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address						3b Administrator's EIN			
3c Administrator's									
4 If the nam name, EIN a Sponsor's	N, and the plan numb	olan sponsor has changed since the last per from the last return/report.	t return/report filed fo	or this plan, enter the		IN			
		the beginning of the plan year			4с Р 5а	N			
		the end of the plan year			5a 5b	1			
c Number o	f participants with ac	count balances as of the end of the plar	n year (defined bene	fit plans do not	55				
					5c	1			
6a Were all o	of the plan's assets d laiming a waiver of th	luring the plan year invested in eligible a ne annual examination and report of an	assets? (See instruc	tions.)		X Yes No			
under 29	CFR 2520.104-46? (See instructions on waiver eligibility and	d conditions.)			X Yes No			
		er line 6a or line 6b, the plan cannot							
Caution: A per	nalty for the late or	incomplete filing of this return/repor	t will be assessed	unless reasonable cau	ise is es	tablished.			
SB or Schedule	e MB completed and , correct, and completed	penalities set forth in the instructions, I signed by an enrolled actuary, as well a ite.	declare that I have as the electronic ver	examined this return/report sion of this return/report	oort, inclu , and to f	uding, if applicable, a Schedule the best of my knowledge and			
	(MAR	LOIM	alation	JOHN E. DUNNE					
SIGN X HERE Si	gnature of plan adn		Date		ual signir	ng as plan administrator			
Si	gnature of employe be (including firm par	er/plan sponsor ne, if applicable) and address; include r	Date	Enter name of individ	ual signir	ng as employer or plan sponsor			
			com or suite number		Prepare	er's telephone number (optional)			
For Panerwork	Reduction Act Notice	and OMB Control Numbers, see the instru	ctions for East SECO	ee					
2010/00/00/00/07/571			Cions for Form 5500-	аг.		Form 5500-SF (2012) v. 120126			

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	7a	93104	2			1076423
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	93104	2		1076423	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	_		200			
(1) Employers	8a(1)	600				
(2) Participants	8a(2)	1800	0			
(3) Others (including rollovers)	8a(3)			_		
b Other income (loss)	8b	12138	1			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					145381
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f					
g Olher expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		121			
i Net income (loss) (subtract line 8h from line 8c)	8i					145381
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
 9a If the plan provides pension benefits, enter the applicable pension f 2A 2E 2G 2J 2K 2R 2T 3D b If the plan provides welfare benefits, enter the applicable welfare fe 					2110-2019	
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corre	ection Program)	10a		x	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
C Was the plan covered by a fidelity bond?			10c	х		10000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	10000
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	er persons	by an insurance carrier, fils under the plan? (See	10e		x	
${f f}$ Has the plan failed to provide any benefit when due under the plan	n?		10f		х	
g Did the plan have any participant loans? (If "Yes," enter amount as	s of year er	nd.)	10g	-	х	
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g		x	
	ne required	notice or one of the	101		~	
I If 10h was answered "Yes," check the box if you either provided the exceptions to providing the potice applied under 29 CEB 2520 101		**********************************	101			
exceptions to providing the notice applied under 29 CFR 2520.101	1-01					
exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement	ents? (If "Y	es," see instructions and cor	plete	Scheo	dule SI	B (Form
exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance	ients? (If "Y				dule Si	B (Form Yes N
exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39	ents? (If "Y				 11a	Yes N
exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ients? (If "Y requireme	nts of section 412 of the Code			 11a	Yes N
exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	requireme , as applica	ints of section 412 of the Code able.) ed in lhis plan year, see instru	or se	ection	11a 302 of	ERISA? Yes N ERISA? Yes N he date of the letter ruling
exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	requireme , as applica	ints of section 412 of the Code able.) ed in this plan year, see instru Mon	e or se	ection	11a 302 of	ERISA? Yes N ERISA? Yes N he date of the letter ruling

Form 5500-SF 2012

Page 3 - 1

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 a 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		hand		
13a	Has a resolution to terminate the plan been adopted in any plan year?	10,	res X N	10	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes	X No
C	If during this plan year, any assels or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a I	Name of trust	14b Tr	ust's EIN		