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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pensi	on Benefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instruc	tions to the Form 5500	0-SF.		
Part	I Annual Report	Identification Information					
For cal	endar plan year 2012 or f	iscal plan year beginning 01/01/	/2012	and ending 1	2/31/2012		
	s return/report is for:	a single-employer plan	H	an (not multiemployer)	a one-partic	ipant plan	
B This	s return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)		
C Che	eck box if filing under:	Form 5558	automatic extension		DFVC progr	am	
		special extension (enter descri	ription)				
Part	II Basic Plan Info	ormation—enter all requested inf	formation				
1a Na	me of plan				1b Three-digit		
		P.S. PROFIT SHARING PL			plan number		
					(PN) ▶	002	
					1c Effective date of	of plan	
					09/01	1/1985	
	an sponsor's name and ad T E. ETTLINGER, M.D., F	ddress; include room or suite numbers.S.	er (employer, if for a single-	employer plan)	2b Employer Ident (EIN) 91-17	ification Number 117668	
1901 S.	CEDAR STREET, SUITE	: 108			2c Sponsor's telep	ohone number 72-2261	
TACOM	A, WA 98405-2394				2d Business code 6211	` ,	
3a Pla	an administrator's name a	and address XSame as Plan Spons	sor Name Same as Plar	Sponsor Address	3b Administrator's		
					3c Administrator's	telephone number	
						,	
4 If t	he name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN		
	•	umber from the last return/report.			_		
	onsor's name				4c PN		
5a ⊤o	otal number of participants	s at the beginning of the plan year			5a	20	
b To	otal number of participants	s at the end of the plan year			5b	12	
		account balances as of the end of	' '	'	5c	12	
6a w	ere all of the plan's asset	ts during the plan year invested in e	ligible assets? (See instruc	tions.)		X Yes No	
b A	e you claiming a waiver o	of the annual examination and repor	t of an independent qualifie	d public accountant (IQI	PA)		
		6? (See instructions on waiver eligib				X Yes No	
If	you answered "No" to e	either line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form 5500.		
Cautio	n: A penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cau	se is established.		
		ther penalties set forth in the instruc	•		, 0, 11	,	
	Schedule MB completed a t is true, correct, and com	and signed by an enrolled actuary, an plete.	as well as the electronic ver	sion of this return/report	, and to the best of my	y knowledge and	
SIGN HERE	Filed with authorized	I/valid electronic signature.	04/12/2013	ROBERT E. ETTLING	ER		
HEKE	Signature of plan a	administrator	Date	Enter name of individu	ual signing as plan ad	ministrator	
SIGN							
HERE Signature of emp		oyer/plan sponsor	Date	Enter name of individu	ne of individual signing as employer or p		
Prepar		name, if applicable) and address; in			Preparer's telephone		
	-	•			•	. ,	

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7 Plan Assets and Liabilities	Part III Financial Information											
a Total plan assets.	7			(a) Beginning of Yea	ar			(b) En	d of Y	ear		
b Total plan isabilities. 7b 1947157 2169561 21695			7a					(5) =1.			1	
C Net plan assets (subtract line 76 from line 7a). 7c (9.47187 2160561) 8 Income, Epperises, and Transfers for his Plan Year (9.) Amount (b) Total and Contributions received or receivable from: (1) Employers (9.) Amount (1) Employers (1) E		·										
8 Income. Expanses, and Transfers for this Plan Year 9 Contributions received or receivable from: 9 (2) Participants. 9 (2) Participants. 9 (3) Other income (loss). 9 (4) Participants. 9 (5) Participants. 9 (6) Participants. 9 (6) Participants. 9 (7) Participants. 9 (8) Participants. 9		•		194715	1947157			2169561				
a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants (3) Others (including rollowers) 8a(3) 8b 175882 C Total income (loss) 6 Bh 175882 C Total income (loss) 6 Bh 175882 C Total income (add lines Bat(1), 80(2), 83(3), and 8b). 8 Bh 18286 C Total income (add lines Bat(1), 80(2), 83(3), and 8b). 8 Bh 18286 C Total income (add lines Bat(1), 80(2), 83(3), and 8b). 8 Bh 18286 C Total income (add lines Bat(1), 80(2), 83(3), and 8b). 8 Bh 18286 C Total income (add lines Bat(1), 80(2), 83(3), and 8b). 8 Bh 18286 C Total income (add lines Bat(1), 80(2), 83(3), and 8b). 8 Bh 18286 C Total income (add lines Bat(1), 80(2), 83(3), and 8b). 8 Bh 18286 C Total income (add lines Bat(1), 80(2), 83(3), and 8b). 8 Bh 18787 I Not lines person (add lines Bat (line Bat (lines Bat		· · · · · · · · · · · · · · · · · · ·										
(1) Employers		·		(a) Amount				(15)	Total			
(3) Others (including rollovers)			8a(1)	6521	9							
b Other income (loss) lines Ba(1), Ba(2), Ba(3), and Bb)		(2) Participants	8a(2)									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). e G Administrative service providers (salaries, lees, commissions). e G Administrative service providers (salaries, lees, commissions). e G Other expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). p T tansfers to from) the plan (see instructions). e B	b	Other income (loss)	. 8b	17598	32							
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	241201		
f Administrative service providers (salaries, fees, commissions)		, , , ,	. 8d	1828	36							
Section Sect	е	Certain deemed and/or corrective distributions (see instructions)	8e									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f	51	1							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g									
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1879	7	
Part IV Plan Characteristics Plan (brancheristics Plan (brancheristics Plan (brancheristics Plan (brancheristics Plan (brancheristics Plan (brancheristic Plan			8i							22240	4	
Part IV Plan Characteristics Plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 2A		, , ,										
9a	Par	t IV Plan Characteristics	<u> </u>									
Part V Compliance Questions Yes No Amount		If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	3:		
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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). f Has the plan have any participant loans? (If "Yes," enter amount as of year end.). 100	b		eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:			
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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). f Has the plan have any participant loans? (If "Yes," enter amount as of year end.). 100	Dawl	W Commission of Overstions										
a 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												
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond?					1	Yes	NO		Am	ount		
on line 10a.)		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cori	rection Program)	10a		X					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					10b		X					
e 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.)	С	Was the plan covered by a fidelity bond?			10c	X					250	000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	d		-		10d		X					
f Has the plan failed to provide any benefit when due under the plan?	е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10-		X					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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. Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 13 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		·			ive							
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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		has the plan falled to provide any benefit when due under the pla	n?		10f		^					
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	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	h		•		10h		X					
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	·			10i							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part	VI Pension Funding Compliance										
11a Enter the amount from Schedule SB line 39	11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a											
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.												
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and e	_	ne date o			ling	
b Enter the minimum required contribution for this plan year	If											
	b	Enter the minimum required contribution for this plan year					12b					

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	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			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	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
С	If during this plan year, any assets 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):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information			0.11				
For calenda	ar plan year 2012 or fiscal plan year beginning 01/	01/2012	and ending	12/31/20	012			
A This ret	urn/report is for: X a single-employer plan	multiple-employer pl	an (not multiemployer)	a one-par	ticipant plan			
B This ret	urn/report is:	ne final return/report						
	an amended return/report as	short plan year returr	n/report (less than 12 me	onths)				
C Check b	pox if filing under: Form 5558	utomatic extension		DFVC pro	ogram			
	special extension (enter description)							
Part II	Basic Plan Information—enter all requested information	on						
1a Name	<u> </u>			1b Three-digit				
ROBERT	E. ETTLINGER, M.D., P.S. PROFIT SHARD	ING PL		plan number	002			
				1c Effective date	e of plan			
				09/01/19				
	consor's name and address; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b Employer Ide	entification Number			
ROBERT	E. ETTLINGER, M.D., P.S.			(EIN) 91-1				
1901 5	. CEDAR STREET, SUITE 108			2c Sponsor's telephone number				
1701 0	. CLEAR CIRELI, COILL 100			253-272	de (see instructions)			
TACOMA	WA 98405-2394			621111	de (see msudenons)			
3a Plan a	dministrator's name and address XSame as Plan Sponsor Nan	ne XSame as Plar	Sponsor Address	3b Administrato	r's EIN			
				20 Administrator				
			1	3C Administrato	r's telephone number			
	name and/or EIN of the plan sponsor has changed since the last , EIN, and the plan number from the last return/report.	t return/report filed fo	or this plan, enter the	4b EIN				
a Spons				4c PN				
5a Total r	number of participants at the beginning of the plan year			5a	20			
b Total r	number of participants at the end of the plan year	•••••		5b	12			
C Numb	er of participants with account balances as of the end of the pla	n year (defined bene	fit plans do not	_				
	ete this item)			5c	12			
	all of the plan's assets during the plan year invested in eligible about claiming a waiver of the annual examination and report of an				X Yes No			
	29 CFR 2520.104-46? (See instructions on waiver eligibility and		,	. ,	X Yes No			
lf you	answered "No" to either line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form 5500.				
Caution: A	penalty for the late or incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	use is established				
Under pena	alties of perjury and other penalties set forth in the instructions, in the instructions, in the description of the completed and signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	port, including, if ap	plicable, a Schedule			
	rue, correct, and complete	as the electronic ver	sion of this return/report	i, and to the best of	my knowledge and			
- 240cccon		14/11/12	ROBERT E. ETTI	TNOED				
SIGN HERE	att and a	7/11/19						
	Signature of plan administrator	Date	Enter name of individ	ual signing as plan	administrator			
SIGN HERE								
	Signature of employer/plan sponsor	Date	Enter name of individe					
Preparer's	name (including firm name, if applicable) and address; include r	room or suite numbe	r (optional)	reparer's teleph	one number (optional)			

Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
а	Total plan assets	7a		4715	7		2169561	
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	194	4715	7		2169561	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from:	9-(4)		6521	9			
_	(1) Employers	8a(1) 8a(2)						
	(2) Participants	8a(3)						
h	Other income (loss)	8b	1'	7598	12			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		, 550			241201	
	Benefits paid (including direct rollovers and insurance premiums	00				VENT		
	to provide benefits)	8d		1828	6			
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f_	Administrative service providers (salaries, fees, commissions)	8f		51	1			
g	Other expenses	8g			180	1725		
_ <u>h</u> _	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					18797	
	Net income (loss) (subtract line 8h from line 8c)	8i		14.5			222404	
j	Transfers to (from) the plan (see instructions)	8j				100		
9a b	If the plan provides pension benefits, enter the applicable pension 2E 3D 2A If the plan provides welfare benefits, enter the applicable welfare fe							
Part	V Compliance Questions							
_10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correc	tion Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х		250000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х		
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	of the benefit	s under the plan? (See	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	1.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	,		10h		х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				
Part	VI Pension Funding Compliance						·	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the amount from Schedule SB line 39					11a		
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortized	in this plan year, see instru		, and e	enter th Day	e date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Form	5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year				***	12b		

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С	Enter the amount contributed by the employer to the plan for	or this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b negative amount)	b. Enter the result (enter a minus sign to the left of	a 12d		
е	Will the minimum funding amount reported on line 12d be r	met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of As	sets			
	Has a resolution to terminate the plan been adopted in any plan	n year?		Yes X N	0
	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 benefit the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transf which assets or liabilities were transferred. (See instruction		plan(s) to		
	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust		14b T	rust's EIN	