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

the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

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

Pa	art I	Annual Report I	dentification Informa	tion						
For	calenda	r plan year 2011 or fisc	cal plan year beginning	11/01/201	1	and ending 1	0/31/2	2012		
Α -	This retu	urn/report is for:	x a single-employer plan	П	a multiple	-employer plan (not multiemployer)		a one-participant plan		
	This return/report is:							ы , , ,		
_	11113 1610	ini/report is.	an amended return/repo	.rt 🗀		in year return/report (less than 12 mo	ontha)			
_			H '	"			oritris)			
C Check box if filing under:						extension		DFVC program		
			special extension (enter	description	on)					
Pa	rt II	Basic Plan Infor	mation —enter all request	ed informa	ation					
1a	Name o	of plan					1b	Three-digit		
MICH	AEL H.	CUNNINGHAM, MD, F	PS 401K PLAN					plan number		
							4 -	(PN) 004		
							1C	Effective date of plan 11/01/2002		
22	Dlon on	ongor's name and add	Iress; include room or suite	number (e	mployer if	for a single ampleyor plan)	2h			
		CUNNINGHAM, MD F		iuilibei (e	ilipioyei, ii	ioi a single-employer plan	20	Employer Identification Number (EIN) 91-1229783		
							20	Sponsor's telephone number		
0.40.0		EV OT OTE 4					20	509-455-9351		
		EY ST STE 1 VA 99202-1234					2d	Business code (see instructions)		
								621320		
			d address (if same as plan s	ponsor, er	nter "Same	")	3b	Administrator's EIN		
MICH	AEL H.	CUNNINGHAM, MD P			EY ST STE VA 99202-1			91-1229783		
			SF	JIVAINE, V	VA 99202-	1234	3с	Administrator's telephone number 509-455-9351		
4	If the ne	ama and/or EIN of the	plan enoncor has changed	since the I	act roturn/	report filed for this plan, enter the	4b			
7			ber from the last return/repo		asi returni	eport filed for this plan, enter the	40	EIN		
а		or's name	·				4c	PN		
5a	Total n	umber of participants a	at the beginning of the plan	/ear			5a	35		
b	Total n	umber of participants a	at the end of the plan year				5b	0		
С	Numbe	er of participants with a	ccount balances as of the e	nd of the p	olan vear (d	defined benefit plans do not				
	comple	ete this item)		·			5c	0		
6a	Were a	all of the plan's assets	during the plan year investe	d in eligib	le assets?	(See instructions.)		X Yes No		
b						dent qualified public accountant (IQI		V vos □ No		
						ons.)SF and must instead use Form 55		Yes No		
Da	rt III	Financial Inform		iot use re	orm 5500-	SF and must instead use Form 55	υυ.			
			iation			()5		#N= 1.6V		
7		ssets and Liabilities			_	(a) Beginning of Year 1266022		(b) End of Year		
	•						-			
	•					0 1266022	0			
_		,	7b from line 7a)		. 7c		-			
8			sfers for this Plan Year			(a) Amount		(b) Total		
а		outions received or rece	eivable from:		8a(1)	21557				
	` '	. ,			` '	44618				
	(2) Fariopario				0					
h		` •	•			23066				
b						23000		89241		
C C		, , ,	, 8a(2), 8a(3), and 8b)		8c			09241		
d			t rollovers and insurance pre		8d	1353401				
е	Certain	deemed and/or correct	ctive distributions (see instru	ctions)	8e					
f	Admini	strative service provide	ers (salaries, fees, commiss	ons)	8f					
g		·		,		1862				
h		•	, 8e, 8f, and 8g)					1355263		
i			ne 8h from line 8c)					-1266022		
i		, , ,	see instructions)							
		, , , , , , , , , , , , , , , ,	-,							

Form	EEOO	CE	2011

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

During the plan year:		Yes	No		Amour	nt
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			
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
Was the plan covered by a fidelity bond?	10c	Χ				11200
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х			
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		X			
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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					
t VI Pension Funding Compliance						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	nplete	Sched	ule SB (I	-orm		
5500))					Y	es N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						es N es 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	e or se	ction 3	302 of EF	RISA?	Y	es X 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. Syou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	e or se	ction 3	302 of EF enter the Day	RISA?	Y	es X 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. Moreov 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 EF enter the Day	RISA?	Y	es X N
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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)	e or se	and e	12b 12c 12d	RISA?	Y	es X 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	and e	12b 12c 12d	RISA?	the letter	es X N
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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. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13d 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	e or se	and e	12b 12c 12d X Yes	Yes	the letter Year	es X 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	and e	302 of ER enter the Day 12b 12c 12d	Yes	the letter Year	es X N

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/15/2013	MICHAEL H. CUNNINGHAM
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

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

2011

OMB Nos. 1210-0110

1210-0089

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Department of Labor This Form is Open to Public the Internal Revenue Code (the Code). Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF Annual Report Identification Information 10/31/2012 11/01/2011 and ending For calendar plan year 2011 or fiscal plan year beginning a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the final return/report the first return/report B This return/report is: an amended return/report a short plan year return/report (less than 12 months) X DFVC program automatic extension Form 5558 C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number MICHAEL H. CUNNINGHAM, MD, PS 401K PLAN 004 (PN) > 1c Effective date of plan 11/01/2002 2b Employer Identification Number 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) MICHAEL H. CUNNINGHAM, MD, PS (EIN) 91-1229783 2c Sponsor's telephone number 842 S COWLEY ST STE 1 509-455-9351 2d Business code (see instructions) 99202-1234 SPOKANE 621320 **3a** Plan administrator's name and address (if same as plan sponsor, enter "Same") MICHAEL H. CUNNINGHAM, MD, PS 3b Administrator's EIN 91-1229783 Administrator's telephone number 842 S COWLEY ST STE 1 MM 509-455-9351 99202-1234 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. 4c PN a Sponsor's name 35 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 Yes No Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 6a **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes | 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 (a) Beginning of Year (b) End of Year Plan Assets and Liabilities 1266022 a Total plan assets..... 7a 7b **b** Total plan liabilities..... 1266022 C Net plan assets (subtract line 7b from line 7a)..... 7c (b) Total Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: 21557 8a(1) (1) Employers 44618 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) 23066 8b **b** Other income (loss)..... 89241 **C** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums 1353401 8d to provide benefits)..... Certain deemed and/or corrective distributions (see instructions)... 8e 8f Administrative service providers (salaries, fees, commissions).......

8g

8h

8i

Other expenses.....

Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

1355263

-1266022

1862

	Form 5500-SF 2011 Page 2 -						
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2F 2J 2K 3D 2G 2R 3H 3B	acteris	stic Co	des in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	es in t	he instructi	ons:	
Part	V Compliance Questions						
10	During the plan year:		Yes	No		Amount	
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		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
С	Was the plan covered by a fidelity bond?	10c	Х			112	2000
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		Х			
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		Х			
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		Х			
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 con 5500)).					Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?	Yes X	No
	(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 instru granting the waiver.	ıth	, and e 	enter ti Day	ne date of t	he letter ruling Year	
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b			
b	· · · · · · · · · · · · · · · · · · ·		1	12c			
c d	Enter the amount contributed by the employer to the plan for this plan year	of a	···· -	12d			
۵	negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	□ No □	N/A
Part						<u> </u>	
	Has a resolution to terminate the plan been adopted in any plan year?			X	Yes N	0	
ısa	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a	L			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ntrol			•
	of the PBGC?					X Yes	No
	which assets or liabilities were transferred. (See instructions.)	T			INT(-)	40.70.00	h1/=\
1	3c(1) Name of plan(s):	 	130	c(2) E	IN(S)	13c(3) Pf	N(S)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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	MA Cumma	1-5-13	Michael H. Cunningham
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	MH Cummana	1-8-13	Michael H. Cunningham
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor