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

		► Complete all entries in acc	cordance with the instri	uctions to the Form 550)0-SF.				
Part I	Annual Report	Identification Information							
For calend	dar plan year 2012 or fis	cal plan year beginning 01/01/2	2012	and ending	12/31/2	2012			
A This re	eturn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-participant plan			
B This re	eturn/report is:	the first return/report	x the final return/repor	t					
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension			DFVC program			
		special extension (enter descri	ption)						
Part II	Basic Plan Info	rmation—enter all requested info	rmation		_				
1a Name	•				1b	Three-digit			
CASH BALA	ANCE PLAN OF NORT	HWEST SPINE & SPORTS PHYSI	CIANS, P.C.			plan number (PN) • 003			
					10	(PN) ▶ 003 Effective date of plan			
					'	01/01/2006			
2a Plan s	sponsor's name and add	dress; include room or suite numbe	r (employer, if for a single	e-employer plan)	2b	Employer Identification Number			
NORTHWE	ST SPINE & SPORTS	PHYSICIANS, P.C.			(EIN) 91-1892592				
4750 44 0 71	LAVENUE NE QUITE	Doso			2c	Sponsor's telephone number 425-451-2272			
1750 112 I I BELLEVUE	H AVENUE NE, SUITE , WA 98004-3727	D258			2d	Business code (see instructions)			
					-	621111			
3a Plan a	administrator's name an	d address Same as Plan Sponso	or Name Same as Pla	an Sponsor Address	3b	Administrator's EIN			
ORTHWES	T SPINE & SPORTS PI	HYSICIANS, P.C. 1750 112Th	HAVENUE NE, SUITE D	258	20	91-1892592			
		BELLEVUE	, WA 98004-3727		36	Administrator's telephone number 425-451-2272			
4 If the	name and/or EIN of the	plan sponsor has changed since the	ne last return/report filed	for this plan, enter the	4b	EIN			
		nber from the last return/report.			4-				
	sor's name	at the beginning of the plan year			4c				
_		at the beginning of the plan year				45			
		at the end of the plan year			5b	0			
		account balances as of the end of the	• •	•	. 5c				
6a Were	e all of the plan's assets	during the plan year invested in el	gible assets? (See instru	ictions.)		X Yes No			
b Are y	ou claiming a waiver of	the annual examination and report	of an independent qualif	ied public accountant (IC	QPA)				
		(See instructions on waiver eligibil							
		ther line 6a or line 6b, the plan ca							
		or incomplete filing of this return	•						
		ner penalties set forth in the instruct nd signed by an enrolled actuary, as							
	true, correct, and comp		well as the electronic ve	croion or this return repor	t, and	to the best of my knowledge and			
	Filed with outborized	valid electronic signature.	06/28/2013	ANDDEW I COLE A	4.0				
SIGN HERE				ANDREW J. COLE, N					
	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	ning as plan administrator			
SIGN HERE									
	Signature of employ		Date			ning as employer or plan sponsor			
	s name (including firm n S. POLINCHOCK	ame, if applicable) and address; inc	nude room of suite numb	ет (орионат)	Prep	arer's telephone number (optional)			
						763-208-3857			
P.O. BOX 2	271007 /ALLEY, MN 55427				L				
JOEDLIN (TALLET, WIN JUNE								

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Pai	t III Financial Information										
7	n Assets and Liabilities (a) Beginning of			ear			(b) End of Year				
a	Total plan assets	7a	7a 44950			(3) 2.12 01 10				0	
	Total plan liabilities										
С	Net plan assets (subtract line 7b from line 7a)	7b 7c	44950	449507						0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total			
	Contributions received or receivable from:		(a) runount					, rota.			
	(1) Employers	8a(1)	265	8							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1067	'1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13329	9	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	45381	8							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g	901	8							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							46283	6	
	Net income (loss) (subtract line 8h from line 8c)	8i						_	44950	7	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>	l								
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions:			
Part	•					Ι	1				
10	During the plan year:			1	Yes	No		Am	ount		
	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)										
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					1000000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10-		Х					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		^					
g	Did the plan have any participant loans? (If "Yes," enter amount a		<u> </u>	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
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 requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)											
11a											
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)								
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day	ne date d	of the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 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 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?	X	res 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		X Yes	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):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

Form 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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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).

OMB Nos. 1210-0110 210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning and ending A This return/report is for: X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Cash Balance Plan of Northwest Spine & Sports Physicians, PC Three-digit plan number 1003 (PN) ▶ Effective date of plan 01/01/2006 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Northwest Spine & Sports Physicians, PC 2b Employer Identification Number (EIN) 91-1892592 1750 112th Avenue NE Suite D258 2c Sponsor's telephone number 425-451-2272 2d Business code (see instructions) Bellevue WA 98004-3727 621111 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") Northwest Spine & Sports Physicians, PC Administrator's EiN 91-1892592 1750 112th Avenue NE Suite D258 Administrator's telephone number 98004-3727 425-451-2272 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. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a 45 b Total number of participants at the end of the plan year..... 5_b C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 0 complete this item). 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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 X Yes Part III Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets..... 7a 449507 0 Total plan liabilities..... 7b C Net plan assets (subtract line 7b from line 7a). 7c 44950 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers 2658 8a(1) 8a(2) (3) Others (including rollovers)..... 8a(3) b Other income (loss)..... 8Ь 10671 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ... 8c 13329 Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d 453818 Certain deemed and/or corrective distributions (see instructions)... 8e Administrative service providers (salaries, fees, commissions)..... 8f Other expenses..... 8g 9018 h Total expenses (add lines 8d, 8e, 8f, and 8g)...... 462836 Net income (loss) (subtract line 8h from line 8c)..... 8i -449507 Transfers to (from) the plan (see instructions).....

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

Form	5500	CE	201	4

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	rt IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
b	If the plan provides welfare benefits, enter the applicable welfare feati									
Par	t V Compliance Questions									
10	During the plan year:						T			
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ram)	10a	Yes	No X		Amount			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
C				10c	Х			1000000		
đ		alibehand that was				X		100000		
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of thinstructions.)	persons by an insu	rance carrier,	10d 10e		X.				
f	Has the plan failed to provide any benefit when due under the plan? .					X				
g	Did the plan have any participant loans? (if "Yes," enter amount as of		-	10f						
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)	e instructions and S	on OEB	10g		X				
į	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3.	entited notice or o	no of the	10h						
Part	VI Pension Funding Compliance			10i						
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If "Yes," see ins	structions and comp	olete S	Schedu	ıle SB	(Form	П., П.		
12	Is this a defined contribution plan subject to the minimum finding					*********		Yes X No		
	Is this a defined contribution plan subject to the minimum funding req (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	o)						Yes X No		
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	mortizad in this als	n year, see instruct	ions,	and er	nter th	e date of th	e letter ruling		
lf y	was somplete mice 5, 5, and 10 of Schedule Mi	🖰 (Form 5500), an	d skip to line 13.			Day		rear		
þ	Enter the minimum required contribution for this plan year		************************		[]	12b				
C	Enter the amount contributed by the employer to the plan for this plan.	vear				12c				
u	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a min	us sign to the left of	fa	[12d				
е	Will the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No NA		
Part	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?					X Y	es No			
	If "Yes," enter the amount of any plan assets that reverted to the empl	loyer this year		13	a .					
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	insferred to another	plan, or brought ur	nder t	he cor	ntrol		0 ☐ Yes ☐ No		
С	If during this plan year, any assets or liabilities were transferred from twhich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	plan	(s) to	••••		H les No		
1	3c(1) Name of plan(s):				13c	(2) ER	V(s)	13c(3) PN(s)		
						7	.(-)	100(0) 1 (4(5)		
Cauti	on: A penalty for the late or incomplete filling of this return/report	will be assessed i	uniess reasonable	caus	e is e	stabli	shed.			
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 arrenrolled 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.										
SIG	1/1/2/2		Andrew J. Co	ole.	М.	D -				
HER	6: 1/1/2/2018	Date /2-14-12		******			_1			
SIGI		one garage	Enter name of ind	iviaua	ıı sıgn	ing as	pian admin	istrator .		
HERI	Signature of employer/plan sponsor	Date	Enter name of ind	ividua	ıl sign	ing as	employer o	r plan snonsor		

Enter name of individual signing as employer or plan sponsor