Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500. OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

					Inspection			
Part I	Annual Report Ident	ification Information						
For caler	ndar plan year 2011 or fiscal p	lan year beginning 10/01/2011		and ending 09/30/2	2012			
A This	eturn/report is for:	a multiemployer plan;	a multip	le-employer plan; or				
	•	a single-employer plan;	a DFE	specify)				
			ш	· · · · · · · · · · · · · · · · · · ·				
R This	return/report is:	the first return/report;	the fina	return/report;				
D 111131	ctum/report is.				nan 12 months)			
C 15 41- a	where is a self-attively becausing	<u>_</u> '						
			_					
D Chec	k box if filing under:		ш	tic extension;	the DFVC program;			
		special extension (enter des	scription)					
Part	I Basic Plan Inform	ation—enter all requested information	ation					
	•				1b Three-digit plan	001		
E REMETRO TROOT								
	•	all						
	Number (EIN)							
ELECTR	RODIAGNOSIS & REHABILITA	91-1120793						
						3		
					2d Business code (see			
LVLIXLI	1, WA 30201-4300	LVERET	1, WA 90201-4300		instructions)			
					621111			
Caution	A penalty for the late or inc	omplete filing of this return/repo	rt will be assessed	l unless reasonable cause is	s established			
	<u> </u>					dules.		
SIGN	Filed with authorized/valid ele	ctronic signature.	07/12/2013	SANTOSH KUMAR				
HERE	Signature of plan administ	rator	Date	and ending 09/30/2012 employer plan; or ecify) sturn/report; an year return/report (less than 12 months). extension;				
	orginaturo or piarr adminiot	Annual Report Identification Information r plan year 2011 or fiscal plan year beginning 10.01/2011 and ending 03/30/2012 m/report is for: a single-employer plan; a bFE (specify) a single-employer plan; the first return/report; an amended return/report; by automatic extension; the DFVC program; poscal extension (enter description) Basic Plan Information—enter all requested information f plan port; by automatic extension; the DFVC program; poscal extension (enter description) 10 Three-digit plan number (PN) 11 C Effective date of plan 110/11/380 22 Employer Identification Number (PN) 110/11/380 23 Employer Identification Number (EIN) 110/11/380 24 Employer Identification Number (EIN) 1110/11/380 26 Sponsor's telephone 1425-258-8446 27 Sponsor's telephone 1425-258-8446 28 Business code (see instructions) 621111 penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. 12 Employer Identification Number (EIN) 12 Employer Identification Number (EIN) 13 Employer Identification Number (EIN) 1425-258-8446 29 Sponsor's telephone 1425-258-8446 20 Business code (see instructions) 621111 11 Employer Identification 11 Employer Identification 12 Employer Identification 13 Employer Identification 14 Employer Identification 14 Employer Identification 14 Employer Identification 15 Employer Identification 16 Employer Identification 17 Employer Identification 17 Employer Identific						
SIGN	Annual Report Identification Information If plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012 Imr/report is for:							
This return/report is for: a multiple-employer plan; a DFE (specify)	igning on ampleyer or plants							
	Signature of employer/plai	i spoilsor	Date	Enter hame of individual s	igning as employer or plan sp	OUSOL		
SIGN								
			_					
	Signature of DFE		Date	Enter name of individual s	igning as DFE			

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

Form 5500 (2011) v.012611 Form 5500 (2011) Page **2**

	Plan administrator's name and address (if same as plan sponsor, enter "Same CTRODIAGNOSIS & REHABILITATION MEDICINE, INC., P	e")		ministrator's EIN 1120793
	23 COLBY ERETT, WA 98201-4306			ninistrator's telephone mber 425-258-6446
4	If the name and/or EIN of the plan sponsor has changed since the last return/the plan number from the last return/report:	report filed for this plan, enter the name, EIN	and	4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	3
6	Number of participants as of the end of the plan year (welfare plans complete	only lines 6a, 6b, 6c, and 6d).		
а	Active participants		6a	3
b	Retired or separated participants receiving benefits		6b	
С	Other retired or separated participants entitled to future benefits		6c	
d	Subtotal. Add lines 6a, 6b, and 6c		6d	3
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	eive benefits	6e	
f	Total. Add lines 6d and 6e		6f	3
g	Number of participants with account balances as of the end of the plan year (complete this item)		6g	3
h	,			
	Number of participants that terminated employment during the plan year with less than 100% vested		6h	
7	Enter the total number of employers obligated to contribute to the plan (only		7	
8a	If the plan provides pension benefits, enter the applicable pension feature coc $2E-3D$	des from the List of Plan Characteristic Codes	s in the ii	nstructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature code	es from the List of Plan Characteristic Codes	in the ins	structions:
9a	Plan funding arrangement (check all that apply) (1) Insurance	9b Plan benefit arrangement (check all that (1) Insurance	at apply)	
	(2) Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3) i		e contracts
	X Trust	(3) X Trust		
10	(4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are at	(4) General assets of the spatched, and, where indicated, enter the number		ned. (See instructions)
а	Pension Schedules	b General Schedules		
_	(1) R (Retirement Plan Information)	(1) H (Financial Inform	nation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(2) X I (Financial Inform (3) A (Insurance Inform		Small Plan)
	actuary	(4) C (Service Provide		ation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) D (DFE/Participation G) G (Financial Trans	-	
			· · · · · ·	

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public

Pension Benefit Guaranty Corporation	, The de all allacinine	10 1 01 00001		Inspection
For calendar plan year 2011 or fiscal pla	n year beginning 10/01/2011	and ending 09	9/30/2012	
A Name of plan E R M PROFIT SHARING TRUST		B Three-digit plan number (PN))	001
C Plan sponsor's name as shown on line ELECTRODIAGNOSIS & REHABILITATI		D Employer Identifica 91-1120793	tion Numbe	r (EIN)

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	289929	259960
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	289929	259960
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)	3300	
	(2) Participants	. 2a(2)		
	(3) Others (including rollovers)	. 2a(3)		
b	Noncash contributions	. 2b		
С	Other income	. 2c	43100	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		46400
е	Benefits paid (including direct rollovers)	. 2e	75000	
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions)	. 2h	1369	
i	Other expenses	. 2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		76369
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		-29969
	Transfers to (from) the plan (see instructions)	. 2I		

Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a lineby-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
	Participant loans			X	

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Schedule I (Form 5500) 2011

		_					
	_		Yes	No	Δ	mount	
3f	Loans (other than to participants)	3f		X			
g	Tangible personal property	3g		X			
	•	- 1					
Pa	art II Compliance Questions						
4	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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X			
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X			
е	Was the plan covered by a fidelity bond?	4e	X			500	00
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X			
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X			
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X			
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X			
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X				
I	Has the plan failed to provide any benefit when due under the plan?	41		X			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	Ye	s X	lo A	Amount:		
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	entify t	he plar	ı(s) to w	hich assets or	liabilities were	
	5b(1) Name of plan(s)			5b(2)	EIN(s)	5b(3) PN(s)

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OMB Noe. 1210 - 0110 1210 - 9089

Form	5500
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Department of the Treasury Internal Revenue Service

Department of Labor

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Reti ement Income Security Act of 1674 (ERISA) and sections 5047(e), 5057(b), and 3058(a) of the Internal Revenue Code (the Code).

2011

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	ort Identification Info		n 1 1 and en	ding 09/30	7201	2
For calendar plan year 201			of sign play	multiple-employer pla		
This return/report is for:	a multiemployer pla X a single-employer p			DFE (specify)		
3 This return/report is:	the first return/repo	/report;	☐ a	ne final return/report: short plan year return		ess than 12 months).
C If the plan is a collectively to D Check box if filing under:	Form 5558; apacial extension (enter dagcription)	X a	utomatic extension;		the DFVO program;
Part II Basic Plan I	riformation - enter all re	noitematri betseupe		and the same of th		
1a Name of plan	1 2 29 1			th Three-digit		► 001
E R M PROFIT SEL	ARING TRUST			1a Effective d	/198	1
28 Plan sponsor's name and ad	dress, including room or suite	number (Employer, if for a	single-employer plan		dentifica	ion Number (EIN)
ELECTRODIAGNOSI	S & REHABILIT.	ATION MEDICI	NE, INC.,	P 2c Sponsor's 425-258-		e number
3223 COLBY				2d Business 62111	0000 (88 1	instructions)
3223 QQ224						
EVERETT 3223 COLBY	WA	98201-4306				
EVERETT	WA	98201-4306			la entabl	shed.
Caution: A penalty for the la	to or incomplete filing of	this return /report will	be nateseed unles	s reasonable chare	-teresda	4 attachmenta na Well
Under possitions of perjury and other per as the electronic version of this returnive	dards to the leader officer I	daniana that I yave examined th	als return/report. Including	accompanying soneduce, in	ugtornarno a	additions, se ive
	Kuwan			TIMAD		
HERE Signature of plan ad		07/12/2013 Date	SANTOSH K	vidual signing as plan	adminis	ator
SIGN STATES	Keuvar	amilia (n. in	SANTOSH K	"II ANAL		
HERE Signature of employ		07112/2013	Enter name of Ind	lvidual signing as emp	oloyer or	lan sponsor
	eripriori aprairi			***************************************		
SIGN HERE				udd alainna na fact		
Stoneture of DEE		Date		Ividual signing as DF6		Form 5500 (2011
For Paperwork Reduction A	ot Notice and QMB Cont	to Humbers, see the r	HARING MONITOR FOR FOR	40441		V.01261

orm 5500 (2011) Page 2						
	a Plan administrator's name and address (if same as plan sponsor, enter "Same") AME					
,,,,	713		3	3c Administrat	tor's t	elephone number
1	If the name and/or EIN of the plan sponsor has changed since the last r	etum/report filed	for this plan.	enter the name	э,	4b EIN
a	EIN and the plan number from the last return/report: Sponsor's name					4c PN
5	Total number of participants at the beginning of the plan year				5	3
6	Number of participants as of the end of the plan year (welfare plans cor	nplete only lines	6a, 6b, 6c, a	nd 6d).		
a	Active participants				6a	3
b	Retired or separated participants receiving benefits				6b 6c	
C	Other rotired or separated participants entitled to future benefits	, ,			6d	3
d	Subtotal. Add lines 6a, 6b, and 6c				6e	3
е	Deceased participants whose beneficiaries are receiving or are entitled	to receive benef	its		6f	3
f	Total. Add lines 6d and 6e	was lasty datin	ed contribution	on plans		
	Number of participants with account balances as of the end of the plan complete this item)		*******		6g	3
h	Number of participants that terminated employment during the plan year	ar with accrued	benefits that	were less than	e.	
3957	100% vested			MINDAULINIA III	6h	
7	Enter the total number of employers obligated to contribute to the plan complete this item)				7	
8a	the state of the s	ure codes from t	the List of Pla	n Characteristic	Cod	es in the instructions:
21	3D					
Ь	If the plan provides welfare benefits, enter the applicable welfare feature					
9a	Plan funding arrangement (check all that apply)	9b Plan ben		ent (check all th	at ap	ply)
	(1) Insurance	(1)	Insurance			t-ote
	(2) Code section 412(e)(3) insurance contracts	(2)		n 412(e)(3) insu	rance	COULTAGES
	(3) X Trust	(3) 🔀	Trust	ets of the spons	FOR	
_	(4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules	(4)	nd where in	dicated, enter th	ne nur	nber attached.
10	Check all applicable boxes in 10a and 10b to indicate which schedules (See instructions)	s are attached, c	110, miore in	•		
		b Genera	l Schedules			
•	(1) R (Retirement Plan Information)	(1)	н	(Financial Info		
	(2) MB (Multiemployer Defined Benefit Plan and Certain Mone	100000	1			ion - Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan	(3)	A	(Insurance In		
	actuary	(4)	C	(Service Prov		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	D			Plan Information) tion Schedules)
	Information) - signed by the plan actuary	(6)	G	(Financiai Tra	nisac	Holl Guildanes)