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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

	• •	Complete all entries in actions and actions are actions.	cordance with the instri	uctions to the Form 550	10-SF.			
Part		Identification Information						
For ca	lendar plan year 2012 or fi	scal plan year beginning 01/01	/2012	and ending	12/31/2	012		
A Thi	s return/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-participant plan			
B Thi	s return/report is:	the first return/report	the final return/repor	t				
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)			
C Ch	eck box if filing under:	Form 5558	automatic extension			DFVC progra	m	
		special extension (enter desc	ription)					
Part	II Basic Plan Info	rmation—enter all requested in	formation					
1a Na	ame of plan					Three-digit		
PULMO	NARY SPECIALISTS, P.S	. 401(K) PROFIT SHARING PLAN	AND TRUST			plan number	004	
						(PN) •	001	
					1C	Effective date of 01/01/	•	
2a PI	an sponsor's name and ac	ldress; include room or suite numb	er (employer, if for a single	e-emplover plan)	2b	Employer Identif		
PULMO	NARY SPECIALISTS, P.S.).	. (, , , , , , , , , , , , , , , , , ,	,		(EIN) 91-217		
					2c	Sponsor's teleph	none number	
	5TH, #400W					509-353	-3960	
SPOKA	NE, WA 99204				2d	Business code (s		
3a DI	an administrator's name a	nd address XSame as Plan Spon	sor Name Same as Pla	an Sponsor Address	3h	62111 Administrator's E		
ou i i		dadices Modific as Flair opon	Soi Name Dame as in	an oponsor Address	O.D	Administrator 3 L	-111	
					3с	Administrator's to	elephone number	
4					ļ.,.			
	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.			for this plan, enter the	4b EIN			
	oonsor's name	mbor from the last retain/report.			4c	PN		
5a ⊤	otal number of participants	at the beginning of the plan year.			5a	5a		
b T	otal number of participants	at the end of the plan year			5b		3	
		account balances as of the end of	' '	•	- -		2	
					5c		3	
	•	s during the plan year invested in e f the annual examination and repo	•	•			X Yes No	
		? (See instructions on waiver eligit					X Yes No	
If	you answered "No" to e	ither line 6a or line 6b, the plan	cannot use Form 5500-S	F and must instead use	Form	5500.		
Cautio	on: A penalty for the late	or incomplete filing of this retur	n/report will be assessed	d unless reasonable car	use is e	established.		
Under	penalties of perjury and ot	her penalties set forth in the instru	ctions, I declare that I have	e examined this return/re	port, in	cluding, if applica		
		nd signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/repor	t, and t	o the best of my	knowledge and	
bellet,	it is true, correct, and com	piete.						
SIGN	Filed with authorized	valid electronic signature.	07/24/2013	SAMUEL JOSEPH				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual sigi	ning as plan adm	ninistrator	
SIGN								
HERE	Signature of emplo	over/nlan snonsor	Date	Enter name of individ	lual sini	ning as employe	r or plan sponsor	
Prepar		name, if applicable) and address; in				ual signing as employer or plan sponsor Preparer's telephone number (optional)		
, , , , , , , , , , , , , , , , , , , ,							()	

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To Plan Assets and Labilities										
8 Total plan lassets. 7a 202427 S04221 b Total plan liabilities. 7b 7c 202427 304221 b Total plan liabilities. 7b 7c 202427 304221 Solonne, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contribution received or receivable from: (1) Employers (3) Amount (b) Total 30244 (c) Participants. 8a(1) 30244 (c) Participants. 8a(2) 38500 (c) 2015 (c) Participants. 8a(2) 2015 (c) Participant		<u> </u>		(a) De alamina a cover		T		(h) Ford a () / a a a		
D Total plan liabilities. 70 C Not plan assets (sobitoric line 70 from line 70). 70 C Not plan assets (sobitoric line 70 from line 70). 70 C Not plan assets (sobitoric line 70 from line 70). 70 C Not plan assets (sobitoric line 70 from line 70). 70 C Not plan assets (sobitoric line 70 from line 70). 70 C Not plan assets (sobitoric line 70 from line 70). 70 C Not plan assets (sobitoric line 70 from line 70). 70 C Not plan assets (sobitoric line 70 from line 70). 70 C Total income (soas). 88(2) 39500 C Total income (soas). 88(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 88(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 88(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 88(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 88(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 88(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 88(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 88(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 88(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 88(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 89(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 89(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 89(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 89(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 89(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 90(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 90(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 90(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 90(3) D Other income (soas) (sobitoric line 80, 68, 81, and 8g). 90(3) D Other income (soas) (sobitoric line 80, 81, 81, 81, 81, 81, 81, 81, 81, 81, 81			7-							
C Not plan assets (subtract line 7b from line 7a)		•		20242	2.7			304221		
8 Income. Expenses, eard Transfers for this Plan Year a Contributions received or receivable from: (f) Employers. (2) Participants. (3) Others (including rotiovers). (3) Others (including rotiovers). (4) Employers. (5) Participants. (6) Amount (1974) (5) Participants. (6) Other income (loss). (6) Other income (loss). (7) Employers. (8) Seg. (7) Seg. (8) Seg. (9) Seg. (8) Seg. (8) Seg. (9) Seg. (8) Seg. (9) Seg. (8) Seg. (9) Seg. (8) Seg. (9) Seg. (20243	7		20.4224			
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Ba(3) (5) Others (including rollovers). (6) Other income (dass). (7) Total income (dass). (8) Bb 30050 (8) Total income (dass). (8) Bb 30050 (8) Total income (dass). (8) Bb 30050 (9) Total income (dass). (9) Other expenses. (10) Foreign of Administrative asurvice provides (dashire, less, occumisations). (9) Other expenses. (10) Foreign of Administrative asurvice provides (dashire, less, occumisations). (11) Net income (loss) (subtract line 8h from line 8c). (12) Foreign of Administrative asurvice provides (dashire, less, occumisations). (13) Foreign of Administrative asurvice provides (dashire, less, occumisations). (14) Total expenses (dashire, less, occumisations). (15) Foreign of Administrative asurvice provides (dashire, less, occumisations). (16) Foreign occuminations (from the plan (see instructions). (17) Foreign occuminations (from the plan (see instructions). (18) Foreign occuminations (from the plan (see instructions). (19) If the plan provides plan see instructions. (19) If the plan provides plan see instructions. (19) If the plan provides plan seen is provided with the plan (see instructions). (19) If the plan provides plan seen is plan to plan (see instructions). (10) During the plan year: (10) If the plan provides plan seen seen (see instructions). (10) During the plan year: (10) Using the plan year: (11) During the plan year: (12) CFR 2510.3-102? (See instructions with any party-in-interest? (Do not include transactors reported on line (10) X (10) During the plan year: (11) During the plan year: (12) During the plan year: (13) During the plan year: (14) During the plan year: (15) Dur		· · · · · · · · · · · · · · · · · · ·	70							
(1) Employers				(a) Amount				(b) Total		
(3) Others (including rollovers)			8a(1)	3024	4					
b Other income (doss)		(2) Participants	8a(2)	3950	00					
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)	<u>b</u>	Other income (loss)	8b	3205	50					
to provide benefits)			8c					101794		
f Administrative service providers (salaries, fees, commissions)			8d							
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e							
Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 0 I Net income (loss) (subtract line 8h from line 8c) 8i 101794 J Transfers to (from) the plan (see instructions) 8j J Transfers to (from) the plan (see instructions) 8j J Transfers to (from) the plan (see instructions) 8j J Transfers to (from) the plan (see instructions) 8j J Transfers to (from) the plan (see instructions) 8j J Transfers to (from) the plan (see instructions) 8j J Transfers to (from) the plan (see instructions) 8j J Transfers to (from) the plan (see instructions) 8j J Transfers to (from) the plan (see instructions) 8j J Transfers to (from) the plan (see instructions) 8j J Transfers to (from) the plan (see instructions) 8j J Transfers to (from) the plan (see instructions) 8j J Transfers to (from) the plan (see instructions) 8j J Transfers to (from) the plan (see instructions) 8j J Transfers to (from) the plan (see instructions) 8j J Transfers to (from) the plan (see instructions) 8j J Transfers to (from) the plan (see instructions) 8j J Transfers to (from) the plan (see instructions) 8j J Transfers to (from) the plan (see instructions) 100 J Transfers to (from) the plan (see instructions) 100 J Transfers to (from) the plan (see instructions) 100 J Transfers to (from) the plan (see instructions) 100 J Transfers to (from) the plan (see instructions) 100 J Transfers to (from) the plan (see instructions) 100 J Transfers to (from) the plan (see instructions) 100 J Transfers to (from) the plan (see instructions) 100 J Transfers to (from) the plan (see instructions) 100 J Transfers to (from) the plan (see instructions) 100 J Transfers to (from) the plan (see instructions) 100 J Transfers to (from) the plan (see instructions) 100 J Transfers to (from) the plan (see instructions) 100 J Transfers to (from) the plan (see instructions) 100 J Transfers t	f	Administrative service providers (salaries, fees, commissions)	8f		0					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0					
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0		
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 2G 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 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.)			8i					101794		
9a			8j							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions										
Part V Compliance Questions 10	9a 		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 2500000000000000000000000000000000000	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 2500000000000000000000000000000000000	_									
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								Γ		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		<u> </u>	d	and an electric and a discount and the		Yes	No	Amount		
on line 10a.)		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	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.). f Has the plan failed to provide any benefit when due under the plan?	С	Was the plan covered by a fidelity bond?			10c	X		250000		
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 failed to provide any benefit when due under the plan?	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	100		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). 11a Enter the amount from Schedule SB line 39. 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 North North Day Year 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.		·					X			
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		If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR						
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)	i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the			10h					
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)	D = =1	1 1 5 11	1-3		10i					
11a Enter the amount from Schedule SB line 39	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form									
(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									
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.	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 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	_			
l I	lf	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										

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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) to which assets or liabilities were transferred. (See instructions.)						
13c(1) Name of plan(s):				13c(3) PN(s)			
Part	VIII Trust Information (optional)						
	Name of trust	14b ⊤	rust's EIN				