## 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 the Internal Revenue Code (the Code).

2011

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of

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

				ation Informat	ion				
For	calendar pla	n year 2011 or fisc	c <u>al</u> plan y	ear beginning 1	1/01/201	1	and ending	10/31/2	2012
A	This return/re	eport is for:	X a sino	le-employer plan		a multiple	-employer plan (not multiemployer	)	a one-participant plan
В	This return/re	eport is:	the fi	st return/report	П	the final re	eturn/report		
			an an	nended return/repor	: <u> </u>	a short pla	in year return/report (less than 12	months)	
С	Check box if	filing under:	X Form	5558	П	automatic	extension		DFVC program
•	O110011 2071 11	9 44011	Speci	al extension (enter o	ت Jescriptic	on)			
Pa	art II Ba	sic Plan Infor	ш	enter all requeste		•			
	Name of pla		mation	criter an requeste	d IIIIOIIII	ation		1b	Three-digit
			S. 401(K)	PROFIT SHARING	PLAN TI	RUST			plan number
									(PN) ▶ 002
	1c Effective date of plan								
22	Diananana	ar'a nama and add	ادممر نمما	udo room or quito n	umbar (a	malayar if	for a single ampleyor plan)	26	11/01/1986
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-e KENNETH H. Z. ISAACS, M.D., P.S.					ioi a single-employer plan)	20	Employer Identification Number (EIN) 91-1157613		
								2c	Sponsor's telephone number
5 WF	WEST ALDER, SUITE 215							509-529-0941	
		WA 99362-2863						2d	Business code (see instructions)
									621111
		strator's name and SAACS, M.D., P.S		(if same as plan sp		nter "Same ER. SUITE		3b	Administrator's EIN 91-1157613
KEINI	NETH H. Z. K	SAACS, M.D., P.S	o.			LA, WA 99		30	Administrator's telephone number
									509-529-0941
4						last return/ı	report filed for this plan, enter the	4b	EIN
•		·	ber from	the last return/repor	t.			4c	DNI
	Sponsor's n		at the hea	inning of the plan ve	ar				PN
b				. ,				- Ou	
						<u>5b</u>			
·								5c	6
6a	Were all of	the plan's assets	during th	e plan year invested	in eligib	le assets?	(See instructions.)		X Yes No
b							dent qualified public accountant (I		— — — — — — — — — — — — — — — — — — —
			•				ons.)		Yes No
Pa		nancial Inform		ob, the plan canno	Ji use r	01111 3300-	SF and must instead use Form !	500.	
7		s and Liabilities					(a) Beginning of Year		(b) End of Year
						. 7a	3219638		2705315
b	•						0		0
C	·			ine 7a)			3219638		2705315
8		penses, and Trans					(a) Amount		(b) Total
а		ns received or rece					• •		. ,
	(1) Employ	/ers				. 8a(1)	1542		
	(2) Particip	oants				. 8a(2)	800		
	(3) Others	(including rollovers	s)			. 8a(3)	0		
b		` ,					146521		110000
С				a(3), and 8b)		. 8c			148863
d		` .		and insurance prer		. 8d	640987		
е	Certain dee	emed and/or correc	ctive distr	ibutions (see instruc	tions)	. 8e	0		
f	Administrati	ive service provide	ers (salar	es, fees, commissio	ns)	. 8f	22199		
g	Other exper	nses				. 8g	0		
h	Total expen	nses (add lines 8d,	, 8e, 8f, a	nd 8g)		. 8h			663186
i	Net income	(loss) (subtract lin	ne 8h fror	n line 8c)		. 8i			-514323
j	Transfers to	o (from) the plan (s	see instru	ctions)		. 8j	0		

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Form	5500	SF.	2011

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Part IV	Plan	Characte	aristics
ralliv	- FIAII	Guaraci	ยเอแรอ

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 3D 2J 2K
  - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	ount	
	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				
С	Was the plan covered by a fidelity bond?	10c	X				(	300000
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		X				
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		X				
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.)	10q		Χ				
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						
art	VI Pension Funding Compliance			ı				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	☐ No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						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 instruction granting the waiver.  Month of the minimum funding standard for a prior year is being amortized in this plan year, see instruction of the waiver.  Month of the minimum funding standard for a prior year is being amortized in this plan year, see instruction of the waiver.							
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b				
	Enter the minimum required contribution for this plan year			120 12c				
	Enter the amount contributed by the employer to the plan for this plan year	of a		12d				
_	negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?				☐ Yes	. 🗆	No	N/A
art					100			
					Yes X	No		
за	Has a resolution to terminate the plan been adopted in any plan year?				165 /	INO		
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year			ntral				
D	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?	unaer	tne cc	ontroi 			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to	1				_
1	Bc(1) Name of plan(s):		13	c(2) E	IN(s)		13c(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable							
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/08/2013	KENNETH H.Z. ISAACS, M.D.
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 Tressury 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

This Form is Open to Public inspection

	/ Complete an entries in accord	danted tric	it die matructions to die i omi 3300	<del>/-</del> Эг.				
	art   Annual Report Identification Information	/ /		_				
For		11/01/	2011 and ending		10/31/2012			
Α	This return/report is for:	a muitiple	-employer pian (not multiemployer)		a one-participant p	ian		
В	This return/report is:	the final r	etum/report					
	an amended return/report	a short pla	n year return/report (less than 12 mo	nths)				
С	Check box if filing under:	automatic	extension	Γ	DFVC program			
	special extension (enter description	n)		-				
P:	art II Basic Plan Information—enter all requested Information					<u> </u>		
	Name of plan	auon		1h	Three-digit			
	NNETH H. Z. ISAACS, M.D., P.S. 401(K) PR	OFIT S	HARING PLAN TRUST		plan number			
	, , , , , , , , , , , , , , , , , , , ,				(PN) ▶ 002			
					Effective date of plan			
				1	.1/01/1986			
	Plan sponsor's name and address; include room or sulte number (e NNETH H. Z. ISAACS, M.D., P.S.	mployer, it	for a single-employer plan)		Employer Identificatio			
N.C.	NNEIR H. Z. ISAACS, M.D., F.S.				(EIN) 91-115761.			
5	WEST ALDER, SUITE 215				Sponsor's telephone	number		
Ū	Masi impan, selia die				509-529 <b>-</b> 0941			
WA	LLA WALLA WA 99362-2863				Business code (see ir 521111	istructions)		
3a	Plan administrator's name and address (if same as plan sponsor, et	nter "Same	,")		Administrator's EiN			
ΚĒ	Plan administrator's name and address (if same as plan sponsor, er NNETH H. Z. ISAACS, M.D., P.S.		''		91-1157613			
	WEST ALDER, SUITE 215				Administrator's teieph	one number		
	LLA WALLA WA 99362-2863	441		509-529-0941				
4	if the name and/or EIN of the pian sponsor has changed since the in name, EiN, and the pian number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name			4c	PN			
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				
С	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not							
	complete this item)			5c		6		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See Instructions.)		🛛	Yes No		
þ	Are you claiming a walver of the annual examination and report of a				X	Vac 🗆 Na		
	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		№	Yes ∐ No		
Pa	rt III Financial Information	<u> </u>	or and must histead use rolling ood	<u>,,, , , , , , , , , , , , , , , , , , </u>				
7	Plan Assets and Liabilities	7	(a) Beginning of Year		(b) End of Ye			
a	Total plan assets	_	321963	8	(b) and or re	2705315		
	Total plan liabilities	7a 7b	321303			2703313		
	Net pian assets (subtract line 7b from line 7a)	7c	321963	<u> </u>		2705315		
8		76		1		2705315		
	income, Expenses, and Transfers for this Pian Year Contributions received or receivable from:	*, *	(a) Amount		(b) Total	***		
a	(1) Employers	8a(1)	154	2∤		., <u>.</u>		
	(2) Participants	8a(2)	80	0 ;		***		
	(3) Others (including rollovers)	8a(3)		<del>-</del> ا				
b	Other income (loss)	8b	14652	1				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		***	other of the court	148863		
d	Benefits paid (including direct rollovers and insurance premiums		The transfer of the second sec	, 35°		210001		
	to provide benefits)	8d	64098	7				
Θ	Certain deemed and/or corrective distributions (see instructions)	<b>8</b> e		<u>o</u> l				
f	Administrative service providers (salaries, fees, commissions)	8f	2219	<u> </u>		* * * * * * * * * * * * * * * * * * *		
g	Other expenses	8g		o ;;*;;:	••	<u> </u>		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		**		663186		
1	Net Income (loss) (subtract line 8h from line 8c)	8i	¥****			-514323		

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Dart IV	Plan Characteristics	_
Parriv	Pian Unaramensum	-

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 2J 2K

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part					.,		ı			
10	During the plan year:				Yes	No		An	ount	
а	Was there a failure to transmit to the plan any participant contributions v 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		Х				
þ		not include transa	ctions reported	10b		X				<del></del>
С	Was the plan covered by a fidelity bond?		•••••	10c	Х					300000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the linstructions.)	benefits under the	plan? (See	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 ye	ear end.)		10a		Х				
h	If this is an individual account plan, was there a blackout period? (See in 2520.101-3.)			10h		Х				<u> </u>
i	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3	uired notice or on	e of the	10i			,	-		
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))	(If "Yes," see inst	ructions and com	plete	Sched	ule SE	(Form	[	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requir								Yes	₃ 🏻 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 amogranting the waiver.		Mon	ctions, th	and e	nter th Day	e date	of the ! _ Ye	etter ri ar	uling ——
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB				г	4.57				
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 ye					12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)			•	_	12d	<u> </u>			<u> </u>
е	Will the minimum funding amount reported on line 12d be met by the fur	nding 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?					<u> </u>	es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employ	yer this year		1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?							[	Yes	s 🛛 No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another	plan(s), identify th	he pla	n(s) to					
1	3c(1) Name of plan(s):			<u> </u>	13	c(2) El	N(s)		13c(3) PN(s)	
Caut	ion: A penalty for the late or incomplete filing of this return/report w	rill be assessed t	ınless reasonab	le rai	ise ic	establ	lished			
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I de r Schedule MB completed and signed by an enrolled actuary, as well as t f, it is true, correct and complete.	clare that I have	examined this retu	urn/rep	ort, ir	cludin	g, if app			
C.C	D. Course Filler	crust 5,2013	KENNETH H.:	z. 1	SAA	CS,	M.D.			
SIG HER		ate	Enter name of ir	ndividi	nie let	ning as	s plan a	dminie	trator	<u>.</u>
	D	usut 5, 2013	Renneth H.4						4.01	
SIG HER		ate	Enter name of ir					ver or	plan s	nonsor