Form 5500-SF		Short Form Annual Re		of Small Employ	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service		_	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee			2012			
Department of Labor Employee Benefits Security Administration Employee Code (the C				ctions 6057(b) and 6058(This Form is Open to Public			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I		dentification Information							
For caler	ndar plan year 2012 or fisc			and ending 12	2/31/2	2012			
	return/report is for:			lan (not multiemployer)		a one-participant plan			
B This	return/report is:		the final return/report						
		님 '님		n/report (less than 12 mo	(less than 12 months)				
C Chec	k box if filing under:		Form 5558 automatic extension						
		special extension (enter description							
Part II		mation—enter all requested informa	tion	T	1h	Thurso disit			
	ne of plan ROMNEY, M.D., P.S. PRO	OFIT SHARING 401(K) PLAN			a	Three-digit plan number			
	·····					(PN) ▶ 001			
					1c	Effective date of plan			
22 Diar	opopor's name and add	ess; include room or suite number (en	molever if for a single	omployor plop)	2h	01/01/1989			
	ROMNEY, M.D., P.S.		ipioyer, il for a single-	employer plan)	20	Employer Identification Number (EIN) 91-1421111			
4040 001		D			2c	Sponsor's telephone number 253-756-8583			
	JTH UNION AVE., STE 22 [.] , WA 98405	ъ			2d	Business code (see instructions)			
						621111			
3a Plan	administrator's name and	address Same as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b	Administrator's EIN			
				-	30	Administrator's telephone number			
		blan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b	EIN			
	nsor's name				4c PN				
5a Tota	al number of participants a	t the beginning of the plan year			5a e				
b Tota	al number of participants a	t the end of the plan year			5b	4			
		count balances as of the end of the pl			-				
					5c				
		during the plan year invested in eligible he annual examination and report of a				X Yes No			
		(See instructions on waiver eligibility a				X Yes No			
lf y	ou answered "No" to eith	her line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use F	orm	5500.			
		incomplete filing of this return/rep							
SB or Sc		er penalties set forth in the instructions I signed by an enrolled actuary, as we ete.	·	•		0, 11			
				CRAIG T. ROMNEY					
HERE	Signature of plan ad	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/va	alid electronic signature.	09/24/2013	CRAIG T. ROMNEY					
HERE	Signature of employe		Date		ning as employer or plan sponsor				
Preparer	's name (including firm nar	me, if applicable) and address; include	⊧ room or suite numbe	r (optional)	Prep	arer's telephone number (optional)			

l

a Total plan assets 7a 735312 b Total plan liabilities 7b 7c c Net plan assets (subtract line 7b from line 7a) 7c 735312 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (a) Amount a Contributions received or receivable from: 8a(1) 8000 (2) Participants 8a(2) 7120 (3) Others (including rollovers) 8a(3) 5a(3) b Other income (loss) 8b 134448 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 6 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 3596 e Certain deemed and/or corrective distributions (see instructions) 8e 6 f Administrative service providers (salaries, fees, commissions) 8f 9 g Other expenses 8g 1 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8i 1 i Transfers to (from) the plan (see instructions) 8i 1 j Transfers to (from) the plan (see instructions) 8j 1 Part IV Plan Characteristics 9a 18 g Other plan year: Ye	b) End of Year
b Total plan liabilities Tb c Net plan assets (subtract line 7b from line 7a) Tc 735312 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: 8a(1) 8000 (1) Employers 8a(2) 7120 (3) Others (including rollovers) 8a(2) 7120 (3) Other income (loss) 8a(3) 5 b Other income (loss) 8a(2) 7120 (3) Other spenses 8a(3) 5 c Total income (loss) 8b 134448 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 6 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 3596 e Certain deemed and/or corrective distributions (see instructions) 8e 6 f Administrative service providers (salaries, fees, commissions) 8f 9 g Other expenses 8g 9 1 f Administrative service providers (salaries, fees, commissions) 8i 1	881284 (b) Total
C Net plan assets (subtract line 7b from line 7a) 7c 735312 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: 8a(1) 8000 (2) Participants 8a(2) 7120 (3) Others (including rollovers) 8a(3) 1 b Other income (loss) 8b 134448 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 3 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 3596 g Certain deemed and/or corrective distributions (see instructions) 8e 4 g Other expenses 8g 1 f Administrative service providers (salaries, fees, commissions) 8f 9 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 1 1 i Net income (loss) (subtract line 8h from line 8c) 8i 1 1 j Transfers to (from) the plan (see instructions) 8j 1 1 j Transfers to (from) the plan (see instructions) 8j 1	(b) Total
8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: 8a(1) 8000 (2) Participants	(b) Total
a Contributions received or receivable from: 8a(1) 8000 (2) Participants. 8a(2) 7120 (3) Others (including rollovers). 8a(3) 8a(3) b Other income (loss) 8a(3) 8b 134448 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 6 6 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 3596 5 e Certain deemed and/or corrective distributions (see instructions) 8e 5 5 f Administrative service providers (salaries, fees, commissions) 8f 5 5 g Other expenses. 8g 1 6 6 f Administrative service providers (salaries, fees, commissions)	
(1) Employers Ba(1) 8000 (2) Participants Ba(2) 7120 (3) Others (including rollovers) Ba(3)	149568
(2) Participants. 8a(2) 7120 (3) Others (including rollovers). 8a(3) 9 (3) Others (including rollovers). 8a(3) 9 (3) Others (including rollovers). 8b 134448 (2) Total income (loss). 8b 134448 (3) Other income (loss). 8c 9 (4) Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8c 9 (5) Other expenses 8d 3596 9 (6) Other expenses 8d 3596 9 (7) Other expenses 8g 9 9 (8) Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 9 9 (9) Other expenses (add lines 8d, 8e, 8f, and 8g) 8i 9 9 (10) Total expenses (add lines 8d, 8e, 8f, and 8g) 8i 9 9 (11) Total expenses (add lines 8d, 8e, 8f, and 8g) 8i 9 9 (12) Transfers to (from) the plan (see instructions) 8j 9 9 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the 2t 2, 3D 10 b If the plan provides welfare b	149568
(3) Others (including rollovers)	149568
b Other income (loss) 8b 134448 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Image: Complex control c	149568
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	149568
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	143300
to provide benefits) 8d 3596 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j 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 2E 2J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the 2E 2J 3D b If the plan year: Yes 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	
f Administrative service providers (salaries, fees, commissions)	
g Other expenses 8g 8g h Total expenses (add lines 8d, 8e, 8f, and 8g)	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
i Net income (loss) (subtract line 8h from line 8c)	
j Transfers to (from) the plan (see instructions) 8j 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 2E 2J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the 2E 2J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Part V Compliance Questions Yes 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	3596
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 2E 2J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Part V Compliance Questions Yes No 10 During the plan year: Yes No 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)	145972
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the 2E 2J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Part V Part V Compliance Questions 10 During the plan year: Yes No 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.)	
10 During the plan year: Yes No 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.)	instructions:
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	Amount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported no line 10a.)	Anount
C Was the plan covered by a fidelity bond?	100000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	100000
 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? 10f ×	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g 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	
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 (F 5500) and line 11a below)	
11a Enter the amount from Schedule SB line 39 11a	Form
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ER	Form
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Yes 🛛 No
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 origranting the waiver	Yes 🛛 No
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Yes 🗙 No
b Enter the minimum required contribution for this plan year	ISA? Yes X No

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?	Y	′es 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	C 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.)						
1	3c(1) Name of plan(s): 1	3c(2) El	N(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)						
	Name of trust IG T. ROMNEY, M.D., P.S. PROFIT S		usťs EIN 11211715				

Form 5500-SF						QMB Nos. 1210-0110 1210-0089	
Internal Revenue Service This form is required to be filled under sections 104 and 4085 of the Employ Department or Labor Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 60 Employee Benefits Security Actinisitation the Internal Revenue Code (the Code).					ee 2012 S8(a) of This Form is Open to Publ		
Pension Benofit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.						spection	
Part Annual Report I	dentification Information				<u></u>		
For calendar plan year 2012 or fisc		01/01/2012	and ending	12/	/31/2012		
	x a single-employer plan	a multiple-employer (plan (not multiemployer)		a one-particip	pant plan	
B This return/report is:	the first return/report	the final return/report					
	an amended return/report	a short plan year retu	im/report (less than 12 m	ionths)			
C Check box if filing under:	x Form 5558	automatic extension			DFVC progra	im	
	special extension (enter description	n)					
	mation enter all requested infor	mation					
1a Name of plan					hree-digit lan number		
Craig T. Romney, M.I)., P.S. Profit Sharing 4	01(k) Plan			PN) ►	001	
				,	fective date o	f plan	
2a Plan sponsor's name and add	ress; include room or sulte number (er	mployer, if for a single	-emolover plan)	1	1/01/1989	fication Number	
Craig T. Romney, M.E),, P.S.	······································			EIN) 91-14:		
					ponsor's telepi		
1310 South Union Ave	Sto 22-B			()	253) 756-1	8583	
					usiness code (21111	(see instructions)	
US Tacoma 3a Plan administrator's name and	WA 98405 address X Same as Plan Sponsor		Dian Connect Address		dministrator's i		
		Maine [] Gaine do	rian oponsor Address	JUA	ummis(ratoris i	EIN	
				30 4	dminlatentaria (elephone number	
					31000300131	alaphone number	
4 If the name and/or FIN of the r							
 If the name and/or EIN of the p name, EIN, and the plan numb 	plan sponsor has changed since the later from the later from the last return/report.	ist return/report filed f	or this plan, enter the	4b E	N		
a Sponsor's name				4c Pt	N		
5a Total number of participants at	the beginning of the plan year	**************		5a	<u>`</u>	6	
b Total number of participants at	the end of the plan year	********		5b		4	
 C Number of participants with ac complete this item) 	count balances as of the end of the pl	an year (defined bene	ifit plans do not	6-		4	
6a Were all of the plan's assets du	uring the plan year invested in eligible	assets? (See instruct	loos)	5c		X Yes No	
	e annual examination and report of ar		************************	·····			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditions.)	1 * * * * * * * * * * * * * * * * * * *		****	XYes No	
	or line 6a or line 6b, the plan canno						
	r incomplete filing of this return/rep						
SB or Schedule MB completed and belief, it is true, correct, and completed	er penalties set forth in the instructions I signed by an enrolled actuary, as we oto.	a) I declare that I have a the electronic ve	examined this return/rep rsion of this return/report	ort, inclu , and to ti	iding, if applies he best of my	able, a Schedule knowledge and	
SIGN			CRAIG T. ROMNEY	, M.D.			
HERE' Signaturo of plan admin	Istrator	Dato 9-19-13	Enter name of Individua		as plan admin	Istrator	
SIGN		1					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor						r plan sponsor	
	me, if applicable) and address; include		r (optional)			number (optional)	
					 The part of period The perio	este en santante de la sur esta esta esta esta esta esta esta esta	
For Paporwork Roduction Act No	tice and OMB Control Numbers, so	o the instructions fo	r Form 5500-SF.		Fo	rm 5500-SF (2012)	

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Form 5500-SF 2012

Page 2

Plan Assets and Liebilities	100 (2 ¹⁰ m)	(a) Boginning of Yoa	r			(b) End	of Year	··
a Total plan assets	7a	735,3	735,312			881,28		
D Total plan liabilities	7b							
Net plan assets (subtract line 7b from line 7a)	7C	735,3	12				881	.284
Income, Expenses, and Transfers for this Plan Year	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	(a) Amount				(b) T		
Contributions received or receivable from: (1) Employers	Dev(d)		~~	1	11:14:24			
(2) Participants	8a(1) 8a(2)	8,0						
(3) Others (including rollovers)	8a(3)	7,1	20					
 Other income (loss) 	8b	134,4	Λġ		n na christi Na christia	na falan an tara tara 1946 (Milandara) 1946 (Milandara)		
Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	างว่าสุรักษณ์สมัญญา การว่าสมุทธิภัณฑ์ก็มีสารไป สาราคามีสา - 144 - 1450 - มีสารีครามสารสุรักษณ์การการกล้างที่มีสาราคามีสาร			(), (), (), (), (), (), (), (),	de Marijetji		
Benefits paid (including direct rollovers and insurance promiums	·····	- 199 - ADA DIA TRACK AND A CONTRACTOR AND A	ella el como com		- P. A. P. A.	n an	149	.568
to provido benefits)	8d	3,5	96		lan in Sea San in Sea San		ي الله من من الله المن الله المن الله المن الله المن المن المن المن المن المن المن المن	
Certain deemed and/or corrective distributions (see instructions)	80	· · · ·				A Carton A Co		
Administrative service providers (salaries, fees, commissions)	8f							
Other expenses and lines 8d &e. 8f and 8d)	<u>8g</u>		n cr			in the product of the second	Contraction of the second	$\mathbb{W}_{n,n}^{\infty}(0, \mathbb{Z}_{n,n})$
	8h			() 				,596
Net income (loss) (subtract line 8h from line 8c)	81	and a second second Second second	i an	1		Make and the second		,972
Transfers to (from) the plan (see instructions)	8j						(r. 1994) Storige (r. 1994) Storige (r. 1994)	
Part IV Plan Characteristics a If the plan provides pension benefits, enter the applicable pension for			*					
Part V Compliance Questions								
				Yos	No		Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribution 	ons within arv Correc	the time period described in tion Program	10a	Yos	No X		Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciation) b Were there any nonexempt transactions with any party-in-interest? 	ary Correc (Do not in	tion Program)	10a	Yos	x		Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial b) Were there any nonexempt transactions with any party-in-interest? on line 10a.) 	ary Correc (Do not in	clude transactions reported	10b					00.00
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	Form 5500-SF 2012 Page 3-		
C	Enter the amount contributed by the employer to the plan for this plan year		A.A.
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	a	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		
Part	VIII Plan Terminations and Transfers of Assets		
<u>13a</u>		Yos	X NO
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	12-	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un of the PBGC2	der the control	Yes 🕅 No
¢	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assots or liabilities were transferred. (See instructions.)	plan(s) to	
	13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
<u> </u>	177 * 245		
Part	VIIN Trust Information (optional)		
14a i	Name of trust	14b Trust	i's EIN
	Craig T. Romney, M.D., P.S. Profit S	91	-1211715

1

CONTRIBUTION DEDUCTION CRAIG T. ROMNEY M.D., P.S. PROFIT SHARING FOR THE PERIOD 01/01/12 THROUGH 12/31/12

SOURCE OF CONTRIBUTION

MATCH PROFIT SHARING	\$ \$	8.000.00
CONTRIBUTION DEDUCTION FOR 2012:	<u> </u>	8,000.00

I hereby certify that the payments made to the above plan prior to the filing of the fisca tax return for the year ending 12/31/2012 are irrevocable designated as payments on account for the tax year ending 12/31/2012 and the deduction is being claimed for such fiscal year.

9-19-13

Date

Trustee