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).

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

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Par		Annual Report Identification Information							
For ca	alenda	r plan year 2012 or fiscal plan year beginning 01/01/2013		and ending 0	3/07/2	2013			
A Th	nis reti	urn/report is for: X a single-employer plan a	a multiple-employer p	plan (not multiemployer)		a one-particip	oant plan		
B Th	nis reti	urn/report is: the first return/report X t	the final return/report	t					
		an amended return/report	short plan year retu	rn/report (less than 12 mg	onths)				
C CI	heck b	ox if filing under: X Form 5558	automatic extension			DFVC progra	ım		
		special extension (enter description	1)						
Par	t II	Basic Plan Information—enter all requested informat	•						
		of plan	JOH		1b	Three-digit			
		ARDIOLOGY, P.S. EMPLOYEE PROFIT SHARING PLAN				plan number			
						(PN) ▶	001		
					1c	Effective date of	•		
0			 			05/01/			
SPOK/	Plan sp ANE C	onsor's name and address; include room or suite number (em ARDIOLOGY, P.S.	iployer, if for a single	e-employer plan)	2b	Employer Identification (EIN) 91-08	fication Number 49950		
					20	Sponsor's telep	hone number		
122 W.	. 7TH	AVE., STE 450				509-458			
SPOK	ANE, \	VA 99204-2841			2d	Business code (see instructions)		
						62111	1		
3a ₽	Plan ac	lministrator's name and address 🏻 Same as Plan Sponsor Na	ıme Same as Pla	an Sponsor Address	3b	Administrator's I	EIN		
					3c	Administrator's t	telephone number		
						,			
		ame and/or EIN of the plan sponsor has changed since the las	st return/report filed	for this plan, enter the	4b	EIN			
		EIN, and the plan number from the last return/report. or's name			4c	PN			
	-	umber of participants at the beginning of the plan year			5a		4		
b 1	Total n	umber of participants at the end of the plan year			5b		0		
C 1	Numbe	er of participants with account balances as of the end of the pla	an year (defined ber	nefit plans do not	0.0				
		ete this item)			5c		0		
		all of the plan's assets during the plan year invested in eligible	•	,			X Yes No		
		u claiming a waiver of the annual examination and report of ar					X Yes □ No		
		29 CFR 2520.104-46? (See instructions on waiver eligibility ar answered "No" to either line 6a or line 6b, the plan canno					M 163 NO		
		penalty for the late or incomplete filing of this return/reporties of perjury and other penalties set forth in the instructions,					able a Schodule		
		dule MB completed and signed by an enrolled actuary, as well							
		rue, correct, and complete.		•		ĺ	· ·		
SIGN		Filed with authorized/valid electronic signature.	11/15/2013	BRYAN FUHS					
HERE		Signature of plan administrator	Date		r name of individual signing as plan administrator				
CICN		orginature or plan administrator	Date	Enter name of marvia	aar sig	ining as plan aun	minstrator		
SIGN			<u> </u>						
		Signature of employer/plan sponsor name (including firm name, if applicable) and address; include	Date	Enter name of individuer (optional)			r or plan sponsor number (optional)		
JODI (room or suite numb	ει (υμιιυπαι)	riep	•	(1 /		
RAND	ALL &	HURLEY, INC.			509-838-5500				
		RSIDE, SUITE 1600 NA 99201							
Si Oik	, u.v.∟,	777.00201							

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Por	t III Eingnaid Information							
	t III Financial Information Plan Assets and Liabilities		(a) Deminute of Ver				(h) Fud of Voor	
		7-	(a) Beginning of Yea			(b) End of Year		
	Total plan assets Total plan liabilities	7a 7b	103403	00			0	
	Net plan assets (subtract line 7b from line 7a)	70 7c	183403	1Ω			0	
	· · · · · · · · · · · · · · · · · · ·	70		00			-	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)	83	31				
b	Other income (loss)	8b	-175	55				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-924	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	183311	4				
<u>e</u>	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					1833114	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-1834038	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2R 2F 2T 2A	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	ic Cod	les in t	he instructions:	
Par	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a				10a		X	Amount	
b	Were there any nonexempt transactions with any party-in-interest	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				X		
				10b	Χ		000000	
				10c			600000	
d	or dishonesty?	he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?				X		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the plan			10f		X		
						Χ		
g h	Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					X		
i	2520.101-3.)							
Dani	1	1-3		10i				
Part 11	Is this a defined benefit plan subject to minimum funding requirem							
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	165 110	
12								
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo							
b	Enter the minimum required contribution for this plan year					12b		
				_			·	

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Enter the amount contributed by the employer to the plan for this plan year	12c			
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			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?	X	'es No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	ontrol		X Yes	No
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.)	0		_	
3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3) F	PN(s)
VIII Trust Information (optional)			<u> </u>	
	Nill the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year

14b Trust's EIN

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	/ (0.012	and ending	03/07/2013				
For calenda	ar plan year 2012 or fi	scal plan year beginning	01/01/2013		a one-participant plan				
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer pla	n (not multiemployer)	a one-participant plan				
	turn/report is:	the first return/report	X the final return/report		nthe)				
		an amended return/report	a short plan year return/	report (less than 12 mo	DFVC program				
C Check I	box if filing under:	X Form 5558	automatic extension		Di vo program				
		special extension (enter descri							
Part II	Basic Plan Info	rmation—enter all requested info	ormation		1b Three-digit				
1a Name	of plan		Charing Dlan		plan number 001				
Spokan	e Cardiology,	P.S. Employee Profit	Sharing riam		(PN) 🕨				
					1c Effective date of plan 05/01/1975				
			· · · · · · · · · · · · · · · · · · ·	employer plan)	2b Employer Identification Nur	mber			
2a Plan s	ponsor's name and ac	ddress; include room or suite numbe	r (employer, it for a single-e	employer plan)	(EIN) 91-0849950				
Spokan	e Cardiology,	P.5.		-	2c Sponsor's telephone numb	рег			
100 14	7th Ave., St	e 450			509-455-8820				
122 W.	/th Ave./ se	.			2d Business code (see instruc	tions)			
Spokan	e	WA 99204-284			621111 3b Administrator's EIN				
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name XSame as Plan	Sponsor Address					
					3c Administrator's telephone	number			
			he test return/report filed for	r this plan, enter the	4b EIN				
4 If the r	name and/or EIN of th	e plan sponsor has changed since t mber from the last return/report.	ne last return/report liled to	tills plan, onto					
	1				4c PN				
5a Total	number of participants	s at the beginning of the plan year			5a	4			
h Total	number of participants	s at the end of the plan year			5b	0			
	ملائد د د د د م	account balances as of the end of t	he plan year (defined bene)	nt pians do not	5c	0			
						s No			
6a Were	all of the plan's asset	is during the plan year invested in el	igible assets? (See instruct	d public accountant (IQI	PA)	Na			
b Are yo	ou claiming a waiver o	of the annual examination and report 3? (See instructions on waiver eligible)	lity and conditions.)		X Yes	s No			
	1 ((A1 1) A a	sikkar lina 6a ar lina 6h. ING DIBN C	Silliof rac i out account	arra martin					
			1	INIESS FEASOHAUIC COU	36 13 ¢3tabilellen.	hedule			
Under pen	alties of perjury and o	or incomplete filing of this return ther penalties set forth in the instruc- and signed by an enrolled actuary, a	tions, I declare that I have to	examined this return/repsion of this return/report	, and to the best of my knowledg	e and			
SR or Sche	edule MB completed a true, correct, and com	and signed by all emphase actuary, a	S Well as the electronic tore	,					
bellet, it is	Tide, correct, and con	/	11/14/2013	Bryan Fuhs		_			
SIGN	Bruken	gpulos mi)			ual signing as plan administrator				
HERE	Signature of plan	administrator	Date	Enter name of individu	dat signing as plant assumes				
SIGN	B				L. L. Lander or plan s	nonsor			
LIEDE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	lividual signing as employer or plan sponsor Preparer's telephone number (optional)				
Preparer's	name (including firm	name, if applicable) and address; in	clude room of suite number	(οριιοπαι <i>)</i>	509-838-5500				
					509-838-5500				
Jodi C		ing.							
Randal	1 & Hurley, I	inc. site 1600							
Randal		inc. Lite 1600							
Randal	l & Hurley, I Riverside, Su	inc. Lite 1600 WA 99201 Ice and OMB Control Numbers, see the			Form 5500	-SF (2012)			

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o	f Year	0
a	Total plan assets	7a	18:	3403	38		······································		U
b	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	183	3403	38				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
	Contributions received or receivable from:	00(4)							
	(1) Employers	8a(1)			1		,		
	(2) Participants	8a(2)		83	31			,	
	(3) Others (including rollovers)	8a(3) 8b		-175	55				
	Other income (loss)	8c							-924
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u> </u>							
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	183	3311	L4				
е	Certain deemed and/or corrective distributions (see instructions)	8e					· · · · · · · · · · · · · · · · · · ·		
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g_							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1833114
-	Net income (loss) (subtract line 8h from line 8c)	8i	<u> </u>						1834038
Ť	Transfers to (from) the plan (see instructions)	8j			Ш.				
Pa	t IV Plan Characteristics						·		
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2R 2F 2T 2A If the plan provides welfare benefits, enter the applicable welfare fellows.								
10	During the plan year:				Yes	No		Amoun	t
a	Was there a failure to transmit to the plan any participant contribu	iciary Con	ection r rogramy	10a		Х		<u></u>	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х			600000
С				10c	Х				
d	or dishonesty?			10d		Х			
е	representations poid to any brokers agents or oth	er person of the bene	s by an insurance carrier, efits under the plan? (See	10e		Х			
	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х			
9	there a blockout pariod?	(See instru	uctions and 29 CFR	10g		Х			
h 	2520.101-3.)			10h		71			
i	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
Parl	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ente2 (If "	Ves " see instructions and con	plete	Sched	dule SE	(Form		
11	5500) and line 11a below)			.,,,,,,,,	<u></u>	11a		Y	es No
_11a	Enter the amount from Schedule SB line 39		-te of postion 440 of the Code		ection		FRISA?	Пү	es X No
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Cour	. UI 30	JOHOTT	JOE 01			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	aule.)				a data of th	a letter	ruling
a	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru	ctions 1th	, and e	enter tr Day	le date of th	Year	
	If a waiver of the minimum funding standard for a prior year is being arouting the waiver	ng amortiz	ed in this plan year, see instru-		, and e	Day	le date of the	Year_	Talling
——————————————————————————————————————	If a waiver of the minimum funding standard for a prior year is being	ng amortiz e MB (For	ed in this plan year, see institution		, and e	Day 12b	e date of the	Year_	Tulling