For	rm 5500-SF	Short Form Annual	•	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury mal Revenue Service	This form is required to be f	Benefit Plan	nd 4065 of the Employe	۵	2	2012
	epartment of Labor enefits Security Administration	Retirement Income Security Act	of 1974 (ERISA), and see nal Revenue Code (the C	ctions 6057(b) and 6058	(a) of	This Form i	s Open to Public
Pension Be	enefit Guaranty Corporation	Complete all entries in acc	ordance with the instruc	ctions to the Form 550	0-SF.	Ins	spection
Part I		lentification Information					
For calend	ar plan year 2012 or fisca		012	and ending 1	2/31/	2012	
A This ret	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
B This ret	turn/report is:	the first return/report	the final return/report				
		x an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	
C Check	box if filing under:	× Form 5558	automatic extension			DFVC progra	am
		special extension (enter descrip	otion)				
Part II	Basic Plan Inform	nation—enter all requested infor	rmation				
1a Name	•				1b	Three-digit	
INLAND PS	YCHIATRY & PSYCHOL	OGY, INC. 401K PLAN				plan number (PN) ▶	001
					1c	Effective date o	
					10	01/01	•
	ponsor's name and addre	ess; include room or suite number .OGY, INC	(employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-17	fication Number
000 0 5 00N					2c	Sponsor's telep	
	ID AVE, STE 600 WA 99201-4539				2d		(see instructions)
3a Plan a	dministrator's name and	address Same as Plan Sponso	r Name Same as Plar	Sponsor Address	3b	Administrator's	
NLAND PSY	CHIATRY & PSYCHOLO		D AVE, STE 600 WA 99201-4539		•		743258 telephone number
		lan sponsor has changed since th per from the last return/report.	e last return/report filed fo	or this plan, enter the	4b	EIN	
	or's name				4c	PN	
5a Total	number of participants at	the beginning of the plan year			5a		11
b Total	number of participants at	the end of the plan year			5b		8
		count balances as of the end of th			5c		7
6a Were	all of the plan's assets d	luring the plan year invested in elig	gible assets? (See instruc	tions.)			X Yes No
		ne annual examination and report					
		See instructions on waiver eligibili er line 6a or line 6b, the plan ca					X Yes No
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return/ r penalties set forth in the instructi signed by an enrolled actuary, as the.	ons, I declare that I have	examined this return/rep	oort, ii	ncluding, if applic	
SIGN	Filed with authorized/va	lid electronic signature.	07/11/2014	JANICE SIMCHUK			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adr	ministrator
SIGN							
HERE	Signature of employe	r/nlan sponsor	Date	Enter name of individu	ual sid	ning as employe	er or plan sponsor
Preparer's		ne, if applicable) and address; incl					number (optional)
For Paperw	ork Reduction Act Notice a	and OMB Control Numbers, see the i	nstructions for Form 5500-	SF.			Form 5500-SF (2012)

	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a	49665	0			559571
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	49665	0			559571
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	80(1)	2735	7			
	 (1) Employers (2) Participants 	8a(1) 8a(2)	3767				
	(2) Participants	8a(3)		0			
	Other income (loss)	8b	3963	-			
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	0000				104668
	Benefits paid (including direct rollovers and insurance premiums	00					104000
	to provide benefits)	8d	3271	2			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f	903	5			
	Other expenses	8g		0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					41747
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					62921
j	Transfers to (from) the plan (see instructions)	8j		0			
b Part	If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions	eature codes	from the List of Plan Chara	cterist	ic Coc	les in the	e instructions:
10	During the plan year:				Yes	No	Amount
a				10a		X	Anoun
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	ude transactions reported	10b		x	
С	Was the plan covered by a fidelity bond?						
d	Did the plan have a loss, whether or not reimbursed by the plan's			10c	Х		75000
	or dishonesty?		that was caused by fraud	10c 10d	X	x	75000
e		ner persons b of the benefits	that was caused by fraud y an insurance carrier, under the plan? (See		X		75000
e f	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o	ner persons b of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10d	X	X	75000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan	ner persons b of the benefits n?	that was caused by fraud y an insurance carrier, s under the plan? (See	10d 10e 10f	X	x x	75000
f g	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan	ner persons b of the benefits n? s of year end (See instructi	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e	×	x x x x	75000
f g	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	ner persons b of the benefits n? s of year end (See instruction ne required no	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g	×	X X X X X X	75000
f g h	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	ner persons b of the benefits n? s of year end (See instruction ne required no	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h	×	X X X X X X	75000
f i	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	ner persons b of the benefits s of year end (See instruction ne required not 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i	Schec	X X X X X X ule SB 6	(Form
f g h i Part	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ents? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i	Schec	X X X X X X ule SB 6	(Form
f g h i Part	or dishonesty?	ner persons b of the benefits n? s of year end (See instruction ne required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i	Schecc	X X X X X Aule SB	(Form
f 9 h i 11 11a	or dishonesty?	ner persons b of the benefits n? s of year end (See instruction ne required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i	Schecc	X X X X X Aule SB	(Form
f g h i 11 11a 12 a	or dishonesty?	er persons b of the benefits n? s of year end (See instruction ne required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i e or se	Schec	X X X X X Aule SB (11a 302 of E	(Form
f 9 h 11 11a 12 a	or dishonesty?	er persons b of the benefits n? s of year end (See instruction ne required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i e or se	Schec	X X X X X Aule SB (11a 302 of E	(Form

С	Enter th	e amount contributed by the employer to the plan for this plan year	12c				
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a e amount)	12d				
е		minimum funding amount reported on line 12d be met by the funding deadline?		Yes	N	0	N/A
Part	VII F	Plan Terminations and Transfers of Assets					
13a	Has a re	solution to terminate the plan been adopted in any plan year?	X	Yes	No		
	lf "Yes,	enter the amount of any plan assets that reverted to the employer this year	13a				0
b		I the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the or BGC?	control			Yes	X No
С		this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ssets or liabilities were transferred. (See instructions.)	to				
1	3c(1) Na	me of plan(s): 1	3 c(2) E	IN(s)	1	3c(3)	PN(s)
Part	VIII T	rust Information (optional)					

14a Name of trust	14b Trust's EIN

Enter name of individual signing as employer or plan sponsor (optional) Preparer's telephone number (optional)	individual sig	Enter name of (optional)	Iress; include room or suit	Signature of employer/plan sponsor	er's	Pre
	SIMCHUK	1/17 JANICE SI	10/10 NON	Smich	1	SIGN
Enter name of individual signing as plan administrator	individual sig		Date	dministrator	Signa	HERE
	STMCHIK	12 JANTCE ST	- lin ha	blete.	belief, it is true, correct, and complete	beli
is established. , including, if applicable, a Schedule d to the best of my knowledge and	turn/report, in h/report, and t	sessed unless reasonal at I have examined this re- ronic version of this return	s return/report will be as a instructions, I declare that stuary, as well as the elect	or incomplete tiling of thi her penalties set forth in the id signed by an enrolled ac	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if app SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of	SB
5500.	ad use Form	5500-SF and must instead	er eligibility and conditions plan cannot use Form	(See instructions on waiv ther line 6a or line 6b, th	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	t .
	ant (IQPA)	e instructions.)n	sted in eligible assets? (Se	during the plan year inves the annual examination au	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	6a
		ned benefit plans do not	end of the plan year (defi	account balances as of the	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	0
	5b			at the end of the plan year	Total number of participants at the end of the plan year	b
	5a		n year	at the beginning of the pla	Total number of participants at the beginning of the plan year	5a
PN	the 4b	ort filed for this plan, enter	port.	her from the last return/re	It 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. Sponsor's name	a 4
	_		539	WA 99201-4539	SPOKANE	gs
Administrator's telephone number 509-458-5889	30			600	SECOND AVE, SI	906
Administrator's EIN 91 - 1743258	1	Same as Plan Sponsor Address	n Sponsor Name	Ĕ 🗖	3a Plan administrator's name and address INLAND PSYCHIATRY & PSYCHO	3a IN
Business code (see instructions) 621112	2d		99201-4539	WA 9920	SPOKANE	Sp
Sponsor's telephone number 509-458-5889	2c			600	6 SECOND AVE, STE	906
Employer Identification Number (EIN) 91-1743258	2b	a single-employer plan)	e number (employer, if for	PSYCHOLOGY, INC	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) INLAND PSYCHIATRY & PSYCHOLOGY, INC	2a IN
Effective date of plan 01/01/1998	1c			1999 199 0 - 1990		
Three-digit plan number (PN) ► 001	16		. 401K PLAN	PSYCHOLOGY, INC.	1a Name of plan INLAND PSYCHIATRY &	la IN
	-		ested information	Basic Plan Information-enter all requested information	Part II Basic Plan Info	P
		tension	er description)	x ⊢orm 5558 and	Check box if filing under:	C
	n 12 months)	a short plan year return/report (less than 12 months)		2 Constant Star	This return/report is:	
a one-participant plan	oloyer)	a multiple-employer plan (not multiemployer)		X a single-employer plan	This return/report is for:	
12/31/2012	Ð	and ending	nation 01/01/2012	Annual Report Identification Information plan year 2012 or fiscal plan year beginning	Part I Annual Report Identification Info For calendar plan year 2012 or fiscal plan year beginning	For
Inspection	rm 5500-SF.	e instructions to the Fo	Complete all entries in accordance with the instructions to the Form 5500-S	Complete all entri	Bene	
This Form is Open to Public	nd 6058(a) of), and sections 6057(b) ar de (the Code).	rement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) the Internal Revenue Code (the Code).	- Retirement Income Se	Department of Labor Employee Benefits Security Administration	
2012	mployee	ns 104 and 4065 of the E	ed to be filed under sections 1	This form is requir	Department of the Treasury Internal Revenue Service	
1210-0089		Donofit Dian	Dopofit D			

Page 2

		+				- L	
	12b	:		coooli ana omb como ioi		b Enter the minimum required contribution for this plan year	<u>ه</u>
Day Year	Day	ļ	5	FERRY and skin to line 12	MD (Ecom	granting the waiver.	
e date of the letter ruling	nter the	and e	ctions,	in this plan year, see instruc	ng amortized	If a waiver of the minimum funding standard f	a
		Choir C	0.00	e.)	as applicabl	(If "Yes." complete line 12a or lines 12b. 12c. 12d. and 12e below, as applicable.	;
FRISA? Yes X No	-	ction 3	OFSP	s of section 412 of the Code	requirement		13
	11a	_			****	Enter	11a
(Form	ule SB	Sched	plete :	s," see instructions and com	ents? (If "Yes	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)	1
						-	Part
			10i	otice or one of the	1-3	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] _
	×		10h	ons and 29 CFR	See instructi		. _
	×		10g	.)	s of year end		. 9
	×		10f		n?	Has the plan failed to provide any benefit when due under the plan?	-
	×		10e	y an insurance carrier, s under the plan? (See	er persons b of the benefits	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.)	e 1
	×		10d	that was caused by fraud	fidelity bond,	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	d
75000		×	10c			Was the plan covered by a fidelity bond?	0
	×		10b	lude transactions reported	? (Do not inc	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	6
	×		10a	he time period described in tion Program)	tions within th Iciary Correct	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	a
Amount	No	Yes				During the plan year:	10
						t V Compliance Questions	Part
the instructions:	5	c Cod	cteristi	codes from the List of Plan Characteristic Codes	feature codes	If the plan provides welfare benefits, enter the applicable welfare fe	٩
the instructions:	des in t	tic Co	acteris	s from the List of Plan Chara	feature code	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 3B 3D 2T 2A	9a
						Part IV Plan Characteristics	Par
		0			8j	Transfers to (from) the plan (see instructions)	_
37921					81	Net income (loss) (subtract line 8h from line 8c)	
41747					8h	Total expenses (add lines 8d, 8e, 8f, and 8g)	
		0			8g	Other expenses	g
A CONTRACTOR OF	144	U	9035		8f	Administrative service providers (salaries, fees, commissions)	f
		0			8e	Certain deemed and/or corrective distributions (see instructions)	e
		N	32712		8d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	٩
79668					8c	Total income (add lines 8a(1), 8a(2), 8a(3), and 85)	0
	Ŀ.	7	39637		86	Other income (loss)	٩
		0			8a(3)	(3) Others (including rollovers)	
		8	28058		8a(2)	(2) Participants	
		ω	11973		8a(1)	Contributions received or receivable from: (1) Employers	മ
(b) Total				(a) Amount		Income, Expenses, and Transfers for this Plan Year	8
534571		0	496650	49	7c	Net plan assets (subtract line 7b from line 7a)	0
					7b	Total plan liabilities	
534571		0	496650	4	7a	Total plan assets	a
(b) End of Year			=	(a) Beginning of Year	202	As	7
						Part III Financial Information	Par

	14	Part VIII Trust Information (optional)		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.) 13c(1) Name of plan(s): 13c(2) FIN(s)	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a Has a resolution to terminate the plan been adopted in any plan year? X Yes	e Will the minimum funding amount reported on line 12d be met by the funding deadline?	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	
	b Trust's EIN			13c(3) PN(s)	Yes X No	0	es No	Yes No N/A		

Fo	rm 5500-SF	Short Form Annual Re		of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
	artment of the Treasury mal Revenue Service	This form is required to be filed	Senefit Plan	nd 4065 of the Employe	ee	2012
	epartment of Labor Benefits Security Administration	Retirement Income Security Act of		ctions 6057(b) and 605		This Form is Open to Public
Pension B	enefit Guaranty Corporation	▶ Complete all entries in accord	ance with the instru	ctions to the Form 550	00-SF.	Inspection
Part I		entification Information				
For calend	lar plan year 2012 or fisca	al plan year beginning 01.	/01/2012	and ending		12/31/2012
A This re	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-participant plan
B This re	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan vear retur	n/report (less than 12 m	nonths)	
C Check	box if filing under:		automatic extension			DFVC program
• Check					1	
Deat		special extension (enter description				
Part II		nation—enter all requested informa	tion		46	
1a Name		SYCHOLOGY, INC. 401K B	DT. AN		ar	Three-digit plan number
TIATIVIATA	I DICHIAIRI & I	Sichologi, inc. 4018 i	, TTEATN			(PN) ▶ 001
					1c	Effective date of plan
					(01/01/1998
2a Plans	ponsor's name and addre	ess; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identification Number
INLAND	PSYCHIATRY & P	SYCHOLOGY, INC				(EIN) 91-1743258
					2c	Sponsor's telephone number
906 SE	COND AVE, STE 6	00				509-458-5889
about	-					Business code (see instructions)
SPOKAN		WA 99201-4539	F1 .			621112
		address Same as Plan Sponsor Na	ame USame as Plar	Sponsor Address		Administrator's EIN 91-1743258
INLAND	PSYCHIATRY & P	SYCHOLOGY, INC				Administrator's telephone number
0.0.6						509-458-5889
906 SE	COND AVE, STE 6	00				
COCKAN	P	WA 99201-4539				
SPOKANI					ļ	
		an sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN
	, Env, and the plan humble or's name	er from the last return/report.			4c	
		the beginning of the plan year			+	T
	, ,				5a	11
		the end of the plan year			5b	8
		count balances as of the end of the pla		fit plans do not	5c	7
_		uring the plan year invested in eligible			1	
		e annual examination and report of ar		•		
		See instructions on waiver eligibility ar				X Yes No
lf you	answered "No" to eithe	er line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form :	500.
Caution: A	penalty for the late or i	ncomplete filing of this return/repo	ort will be assessed u	inless reasonable cau	ise is e	stablished.
Under pena	alties of perjury and other	penalties set forth in the instructions,	I declare that I have e	examined this return/rep	port, inc	luding, if applicable, a Schedule
	dule MB completed and s rue, correct, and complete	signed by an enrolled actuary, as well	as the electronic vers	sion of this return/report	, and to	the best of my knowledge and
SIGN	+ aner 1	K. Suntur		JANICE SIMCHU	ĸ	
HERE	Signature of plan adm	inistrator,	Date 7.9.14	Enter name of individ	ual sign	ing as plan administrator
SIGN	No	KSaul		JANICE SIMCHU		······
HERE	Signature of employer	Intan sponsor	Date 7.9.14			
Preparer's		e, if applicable) and address; include				ing as employer or plan sponsor rer's telephone number (optional)
	, ,			, , , , , , , , , ,		

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

7 Plan Assets and Liabilities	Rep-22	(a) Beginning of Ye	ar			(b) End	d of Year	·
a Total plan assets		4	966	50				55957:
b Total plan liabilities	. 7b							
C Net plan assets (subtract line 7b from line 7a)	7c	4	966	50				55957
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
a Contributions received or receivable from:	8-(4)		273	57				
(1) Employers			376					
(2) Participants			570	0				
b Other income (loss)			396	37				The second
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			550.	-				10466
 d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			327:	12				10400
e Certain deemed and/or corrective distributions (see instructions)				0				
f Administrative service providers (salaries, fees, commissions)			903	35		1.1		ROL IN
g Other expenses				0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)								4174
i Net income (loss) (subtract line 8h from line 8c)	8i		205					62923
j Transfers to (from) the plan (see instructions)	8i	tilline Maderie constrict		0			a cospo	
		from the List of Plan Chara	ciensi					
Part V Compliance Questions						· · · · · · · · · · · · · · · · · · ·		
				Yes	No		Amoun	t
 During the plan year: Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F 	butions within th iduciary Correct	e time period described in ion Program)	10a				Amoun	t
During the plan year:a Was there a failure to transmit to the plan any participant contri	butions within th iduciary Correct est? (Do not incl	e time period described in ion Program) ude transactions reported			No		Amoun	t
 During the plan year: a Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F b Were there any nonexempt transactions with any party-in-intered 	butions within th iduciary Correct est? (Do not incl	e time period described in ion Program) ude transactions reported	10a		No X		Amoun	
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Page 3 -

<u> </u>	Enter the amount contributed by the employer to the plan for this plan year	1	2c					
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)	1	2d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Π	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?	. [X	Yes		No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 1:	3a	Τ				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			T]	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) which assets or liabilities were transferred. (See instructions.)	to						
	3c(1) Name of plan(s):	13c(2	2) E	IN(s)	Т	13c(3) PN(s)
						T		
	· · · · · · · · · · · · · · · · · · ·				******	+		
Part	VIII Trust Information (optional)							
14a	Name of trust	14	т с	rust'	s EIN			

For	m 5500-SF	Short Form Annual	•	of Small Emplo	yee		OMB Nos. 12 12	210-0110 210-0089
	ment of the Treasury al Revenue Service	This form is required to be fi	Benefit Plan led under sections 104	and 4065 of the Employe	e		2012	
	nartment of Labor nefits Security Administration	Retirement Income Security Act		ections 6057(b) and 6058		This Form	is Open to	Public
Pension Ber	nefit Guaranty Corporation	Complete all entries in acco	ordance with the instru	ictions to the Form 550	0.SF	In	spection	
Part I	Annual Report lo	Intification Information					arantiki into na martiki (na	
For calenda	r plan year 2012 or fisc		01/01/2012	and ending		12/31/201	2	
A This rot	rn/report is for:	X a single-employer plan	a multiple-employer r	plan (not multiemployer)		a one-partici	nant nian	
		the first return/report	anna a' tha a				pant plan	
B This retu	ım/report is: [an amended return/report	☐ the final return/report ☐ a short plan vear retu	rn/report (less than 12 m	onths)			
C Check b	ox if filing under:	X Form 5558	automatic extension			DFVC progra	203	
C Oneck C	ox ir ming under.	special extension (enter descrip					(4) 1 1	
Deat II						****		
Part II		nation-enter all requested infor	mation		1		-	
1a Name o	•				1b	Three-digit		
INDAND	PSICHIAIRI & I	PSYCHOLOGY, INC. 401K	. PLAN			plan number (PN) 🕨	001	
					10	Effective date o	f olan	an dia panda yang bagin sa sa sa
		4 • 5				01/01/1998		
		ess; include room or suite number	(employer, if for a single	-employer plan)	÷	Employer Identi	fication Nur	ber
TWDWD	PSICHIAIRI & E	PSYCHOLOGY, INC			20	(EIN) 91-174 Sponsor's telep		sr
906 SEC	OND AVE, STE 6	500			1	509-458-51		1
		× *				Business code		ions)
SPOKANE		WA 99201-4539				621112		,
3a Plan ad	ministrator's name and	address Same as Plan Sponsor	Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN	
INLAND	PSYCHIATRY & F	SYCHOLOGY, INC	-			91-174325	8	
					3c	Administrator's	telephone ni	umber
906 SEC	OND AVE, STE 6	500				509-458-58	89	
SPOKANE		WA 99201-4539						
4 If the na	me and/or EIN of the p	lan sponsor has changed since the	last return/report filed fi	or this plan, enter the	4b	EIN		
		er from the last return/report.				Lin		
a Sponsor	r's name				4c	PN		
5a Total nu	umber of participants at	the beginning of the plan year	*****	******	5a	1		11
b Total nu	umber of participants at	the end of the plan year	****		5b			8
		count balances as of the end of the		ļ	~~		#15=63+#1#1#1#1#1#1#1#1#1#1#1#1#1#1#1#1#1#1#1	<u> </u>
	· · · ·		, , , , , , , , , , , , , , , , , , , ,		5c			7
		uring the plan year invested in eligi					X Yes	□ No
b Are you	I claiming a waiver of th	e annual examination and report of	f an independent qualifie	ed public accountant (IQF	PA)		5	k
		See instructions on waiver eligibility					X Yes	No No
		er line 6a or line 6b, the plan can	<u>und lieu a malanterino permiti au constructiva a si subsidia desidia a permiti a desidia a permiti a permiti a</u>	NS (A III Chimmetrish Chiele Changes and Chiele Chiele Chiese and Chiele Chiefe Chiese Chiese Chiese Chiese Chi				antona ta minina mate
		incomplete filing of this return/re						
Under penall	lies of perjury and other	penalties set forth in the instruction	ns, I declare that I have	examined this return/rep	ort, ind	cluding, if applica	able, a Sche	dule
belief it is to	ule MB completed and ie, correct, and complet	signed by an enrolled actuary, as w	vell as the electronic ver	sion of this return/report,	and to	o the best of my	knowledge a	and
SIGN	Jama (Muliu -	-10/10/13	JANICE SIMCHUK	•			
HERE	Signature of plan adm	inistrator	Date	Enter name of individu	al sign	una se ntan adm	inistrator	
	101.130	Smillun	Int nt 1-	JANICE SIMCHUK				
	June .		10/10/13					
and the second of	Signature of employe		Date	Enter name of individu				
rreparer's ha	ame (including tirm nam	e, if applicable) and address; inclu	ae room or suite numbe	r (optional)	Prepa	rer's telephone	number (opt	ional)
								1
				F	****			—
								1

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

Form 5500-SF (2012) v. 120126

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	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	l of Yea	r
h	Total plan assets	7a	4	966	50				53457
<u></u>	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	4	966	50				53457
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) ⁻	Total	
а	Contributions received or receivable from:			119	73				
	(1) Employers	8a(1)	1640.000 iiiiaa aa ahaa ahaa ahaa ahaa ahaa a				****		
	(2) Participants	8a(2)		280	28				
	(3) Others (including rollovers)	8a(3)		396	22			unin unipromy any issue	
	Other income (loss)	8b		390.				nantanjo stem	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	80							7966
~	to provide benefits)	8d		327:	12				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f		90:	35	******		an a	
g	Other expenses	8g			0		dan baciye (wiji ni		andonialitii an
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		ibiqođunini mođu		dintintering billion (billion)			4174
i	Net income (loss) (subtract line 8h from line 8c)	81		o lotusus osa in		Hälldistämädesuurnaaa		****	3792
j	Transfers to (from) the plan (see instructions)	8j			0		********		
Par	t IV Plan Characteristics								****
b Parl	If the plan provides pension benefits, enter the applicable pension in 2E 2F 2G 2J 2K 2R 3B 3D 2T 2A If the plan provides welfare benefits, enter the applicable welfare fe	in den bester kommunen med angemen af den gesegen gesegen gesegen gesegen gesegen gesegen gesegen gesegen gese							*****
	V Compliance Questions								
				****	1				
10	During the plan year:	farina aritikatan k	the first static first set	T	Yes	No		Amoun	it
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correc	ction Program)	10a	Yes	No X	****	Amoun	it
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut	ciary Correct ? (Do not inc	ction Program)	10a 10b	Yes		*****	Amoun	<u>it</u>
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest?	ciary Correc ? (Do not inc	ction Program)	İ	Yes	x		Amoun	nt 75000
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's t	ciary Correc ? (Do not inc fidelity bond	ction Program) clude transactions reported	10b 10c		x		Amoun	
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?	ciary Correc ? (Do not inc fidelity bond	clude transactions reported	10b		x		Amoun	449-0-10-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0
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<u> </u>	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 negative amount)		12d					
e	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	13a Has a resolution to terminate the plan been adopted in any plan year?			. X Yes No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	*********	13a			0		
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X No				
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.)								
	13c(1) Name of plan(s):		3c(2) Ell	V(s)	13c(3)	PN(s)		

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Part	VIII Trust Information (optional)				l			
14a Name of trust			14b Trust's EIN					
		-						