_	m 5500-SF	Short Form Annual Re	eturn/Report c enefit Plan	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed	under sections 104 a			2013
Employee Be	epartment of Labor enefits Security Administration	Retirement Income Security Act of the Internal	1974 (ERISA), and see Revenue Code (the C		(a) of	This Form is Open to Public Inspection
	enefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	ctions to the Form 550	0-SF.	Inspection
Part I		Ientification Information		and an dia a	0.10.0.1	2011
For calenda	ar plan year 2013 or fisc I				6/30/2	
			1 1 9 1	lan (not multiemployer)		a one-participant plan
<b>B</b> This ret	urn/report is:		the final return/report			
				n/report (less than 12 mo	onths	
C Check b	box if filing under:	–	automatic extension			DFVC program
Dent II	Decis Dian Inform	special extension (enter description				
Part II		mation—enter all requested informa	tion		1h	Three-digit
<b>1a</b> Name PEDIATRIC	•	KANE 401(K) PLAN- FINAL				plan number
						(PN) ▶ 001
					1c	Effective date of plan 01/01/1990
	oonsor's name and addr ASSOCIATES OF SPO	ess; include room or suite number (en KANE, PLLC	nployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 20-4589084
105 W 8TH /	AVE., SUITE 418				2c	Sponsor's telephone number 509-747-3083
SPOKANE,					2d	Business code (see instructions) 621111
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plar	Sponsor Address	3b	Administrator's EIN
					_	Administrator's telephone number
	, EIN, and the plan numb	olan sponsor has changed since the la ber from the last return/report.	st return/report filed fo	or this plan, enter the	4b 4c	EIN
		t the beginning of the plan year			40 5a	21 31
_		t the end of the plan year			5b	0
		count balances as of the end of the pl			50	
					5c	0
<b>b</b> Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (	during the plan year invested in eligible ne annual examination and report of a See instructions on waiver eligibility a	n independent qualifiend nd conditions.)	ed public accountant (IQ	PA)	X Yes 🗌 No
-		er line 6a or line 6b, the plan canno				
<b>C</b> If the p	blan is a defined benefit	plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)? .		Yes No Not determined
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	se is	established.
SB or Sche		r penalties set forth in the instructions signed by an enrolled actuary, as well the set of the set				
SIGN	Filed with authorized/va	lid electronic signature.	09/03/2014	ROBERT P. MAIXNER	r, M.E	).
HERE	Signature of plan adr	ministrator	Date	Enter name of individu	ual sig	ning as plan administrator
SIGN						
HERE	Signature of employe		Date		ual sig	ning as employer or plan sponsor
JODI CALH RANDALL 8	OUN & HURLEY, INC. ERSIDE AVE., SUITE 10	ne, if applicable) and address; include	room or suite numbe	r (optional)	Prep	barer's telephone number (optional) 509-838-5500

Pa	t III Financial Information				-						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	ear		
а	Total plan assets	7a	229698	2					0		
b	Total plan liabilities	bilities (a) Begin 7a 7b 7c 7c and Transfers for this Plan Year red or receivable from: 8a(1) 9 rolovers)		8					0		
С	an Assets and Liabilities       (a) Begin         otal plan assets       7a         otal plan liabilities       7b         come, Expenses, and Transfers for this Plan Year       7c         come, Expenses, and Transfers for this Plan Year       (a) Ar         ontributions received or receivable from:       8a(1)         ) Employers       8a(2)         ) Participants.       8a(2)         ) Others (including rollovers).       8a(3)         ther income (loss)       8b         otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         provide benefits, and incorned received istributions (see instructions)       8e         dministrative service providers (salaries, fees, commissions)       8f         ther expenses       8g         otal expenses (add lines 8d, 8e, 8f, and 8g)       8h         et income (loss) (subtract line 8h rom line 8c)       8i         ransfers to (from) the plan (see instructions)       8i         vite plan provides welfare benefits, enter the applicable pension feature codes from the List of 2E         2Z       2X × 2F       2G         2 OFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)         Was there a failure to transmit to the plan any participant contributions within the time period de 20 CFR 2510.3-102? (See instructions and DOL's Volun			4					0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	1454	6							
	(2) Participants	8a(2)	5053	1							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	12636	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	91443		
	Benefits paid (including direct rollovers and insurance premiums			_							
			247879	(							
	· · · · · · · · · · · · · · · · · · ·	8e									
f	Administrative service providers (salaries, fees, commissions)										
g	Other expenses	8g			_						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							478797		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			_			-22	287354		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a		feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instru	uctions	5:		
		4	and former than Link of Direct Okama			4					
b	If the plan provides weifare benefits, enter the applicable weifare fe	eature cod	es from the List of Plan Chara	cterist		ies in t	ne instruc	ctions:			
Par	Part V Compliance Questions										
10					Yes	No		Δm	ount		
а		tions withi	n the time period described in			V					
<u> </u>	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a										
b	• Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х					
С	Was the plan covered by a fidelity bond?			10c	X				:	22880	00
d		•	-	10d		х					
е											
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See	4.0		х					
				10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h		•				х					
—i	,			10h							
		•		10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem								Yes		No
11a											
12											
12											
а	If a waiver of the minimum funding standard for a prior year is bein	ng amortiz	ed in this plan year, see instruc		, and e	_	ne date of			ng	
lf	granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedul			ui		Day		Yea			
	Enter the minimum required contribution for this plan year					12b					

C	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?	. X Y	′es	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	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			
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN		

Definit Press     Definit	For	m 5500-SF	Short Form Annual Ret	urn/Report o nefit Plan	f Small Employ	/ee		OMB Nos. 121 121	0-0110 0-0089
Endew skots block y Arthrester         Description         Description         Description         Description           Part II         Annual Report Identification Information         Operate and management with the instructions to the Form 550-SF.         Image Part Identification Information         Operate and management with the instructions to the Form 550-SF.           Part II         Annual Report Identification Information         0/5/27/2014         an an endode returning of 0/5/27/2014         an one-participant part Identification Information           B         This returningport is         In the first strummetry of impact returningport part Identification (enter description)         Identification Identification         Identification Identification           C Check box # filing under:         From 550 impact adentification (enter description)         Identification Identificatide Identification Identification Identificatide Identi			This form is required to be filed u		2	2013			
Part I       Annual Report Identification Information       Of/01/2014       and ending       Of/02/2014         For signify and Report Identification Information       Information of the informat				This Form is Open to Pub					
For defining parser 2013 or ficat jam year tagginning       02/01/2014       and ending       02/02/2014         A This returniteport is for:       Isingle-employer plan       a multiple-employer plan (not multiple plans)       a one-participant plan         B This returniteport is       Isingle-employer plan       a multiple-employer plan (not multiple plans)       DPVC program         Part II       Basic Plan Information—enter all requested information       DPVC program       plan number         Pert II       Basic Plan Information—enter all requested information       DVC program         10       Name of plan       Perdiatric Associates of Spokane, PLLC       DVC program         21       Plan stamme and address: include room or suite number (employer, if for a single-employer plan)       D1       Production (enter description)         21       Plan administrator's name and address: include room or suite number (employer, if for a single-employer plan)       D2       D2       D1         Pediatric Associates of Spokane, PLLC       20       Coperado all elegene elegene number (employer, if for a single-employer plan)       D3       D4				ice with the instruct	tions to the Form 5500	)-SF.	ins	spection	
A This return/teport is ::       a single employer plan       a multiple-employer plan (not multemployer)       a one-participant plan         B This return/teport is ::       in the fast return/teport       is the fast return/teport       is one-participant plan         C Check box if fling under:       :				1/2014	and ending		6/30/201	1	<u> </u>
A mainterport       Interport       Interport </td <td></td> <td></td> <td></td> <td></td> <td></td> <td><u></u>Г</td> <td>-</td> <td></td> <td></td>						<u></u> Г	-		
C       Check box if filing under       an amended return/report       a short plan year return/report (less than 12 months)         Part II       Bascle Plan Information—metrial requested information       IDEVC program         Part II       Bascle Plan Information—metrial requested information       IDEVC program         Part II       Bascle Plan Information—metrial requested information       IDEVC program         Part II       Bascle Plan Information—metrial requested information       IDEVC program         Part II       Bascle Plan Information—metrial requested information       IDEVC program         Part II       Bascle Plan Information—metrial requested information       IDEVC program         Part II       Bascle Plan Information (after description)       IDEVC program         Part II       Bascle Plan Information (after description)       IDEVC program         Part II       Bascle Plan Information (after description)       IDEVC program         Part II       Bascle Plan Information (after description)       IDEVC program         Spokane       VA       99204       IDEVC program         30       Plan administrator's name and address: [Clame as Plan Sponsor Name       IDEsmoly address       IDEVC program         31       Bar administrator's name and address: [Clame a changed since the last return/report filed for this plan, enter the nanone, Elin, and the plan number from the las					(not matternproyer)	L			
C Check box if fling under:       Form 5588       automatic extension       DFVC program         Part II       Basic Plan Information				•	report (less than 12 mo	onths)			
Part II       Basic Plan Information—enter al requested information       1b       The edigit plan number plan number plan sponsor is name and address: include room or suite number (employer. If for a single-employer plan)       1c       The edigit plan number (PN)       0.1         2a       Plan sponsor's name and address: include room or suite number (employer. If for a single-employer plan)       2b       Employer (dentification Number (PN)         Pediatric       Associates       of Sopkane, rtLLC       2b       Employer (dentification Number (PN)         105       W 8th Ave., Suite 418       2c       Sponsor is telephone number 509–747–3083         Spokane       WA       99204       3b       Administrator's telephone number 509–747–3083         3a       Plan administrator's name and address (Same as Plan Sponsor Name (Same as Plan Sponsor Address)       3b       Administrator's telephone number 609–147–1083         5a       Total number of participants at the beginning of the plan year.       5b       0         5a       Total number of participants at the end of the plan year (Gene and Cons), (GPA)       Q Yes (DA)         6a       Were all of the plan sasets during the plan year invested in eligible saset? (Gen instructions), (GPA)       Q Yes (DA)         7 Were all of the plan sasets during the plan year invested in eligible saset? (Gen instructions), (GPA)       Q Yes (DA)         7 Were all of the plan sasets during the plan year invested in	C Check b	ox if filing under:				, ſ	DFVC progra	m	
1a Name of plan Pediatric Associates of Spokane 401(k) Plan- Final       1b Three-digit Pediatric Associates of Spokane 401(k) Plan- Final         1c Enclowe date of plan 01/01/19190       1c Enclowe date of plan 01/01/1910         2a Plan sponsor's name and address; include nom or suite number (employer, if for a single-employer plan) Pediatric Associates of Spokane, PLLC       2b Enclowe date of plan 01/01/1910         105 W 8th Ave., Suite 418       2c Sponsor's telephone number (EIN) 20-4589084       2c Sponsor's telephone number Spokane         3pokane       WA 99204       3b Administrator's EIN         3a Plan administrator's name and address Wsame as Plan Sponsor Name       Wsame as Plan Sponsor Address       3b Administrator's EIN         3c Administrator's telephone number       5a       31         3a Plan administrator's name and address was solved as tetum/report filed for this plan, enter the name. EIN, and the plan number from the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report filed for this plan, enter the name. EIN and the plan number from the last return/report filed for this plan, enter the name. EIN and the plan number from the last return/report filed for this plan, enter the name. EIN and the plan number from the last return/report.       4b EIN         4 If the name and/or EIN of the plan sponsor has changed since the last return/report.       5b       0         6a Tota number of participants at the end of the plan year       5c       0         6a Were all of the plan's spoke and address as of the end o		[	special extension (enter description)			L			
Pediatric Associates of Spokane 401(k) Plan- Pinal       plan number 001         2a Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan) Pediatric Associates of Spokane, PLLC       2b Employer identification Number (EN) 20-4383084         2b Sth Ave., Suite 418       2c Sponsor's telephone number 509-747-3083         2c Deposer's telephone number 509-747-3083       2d Business code (see instructions) 521111         3a Plan administrator's name and address (Same as Plan Sponsor Name (Same as Plan Sponsor Address)       3b Administrator's EIN         3 plan soft and public for the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for anticipants at the edginning of the plan year.       5a         3 Total number of participants at the end of the plan year.       5a       31         b Total number of participants at the end of the plan year.       5a       0       0         6 Avera of of participants at the end of the plan year (defined benefit plans do not complete this tern).       5b       0       0         c Avera of of anticipants at the ear or line 6b, the plan searce to an wave er (defined public accountant (IOPA) under 20 C (See instructions).       Yes   No       No         d The plan is advice of anticipants at the ear or line 6b, the plan searce to and sected outper definition of an independent qualified public accountant (IOPA) under 20 C (See instructions).       Yes   No       No         6a Vera of of anticipants win	Part II	Basic Plan Inform	nation-enter all requested information	n				1	
(PN)       001         1       (ERW)       001         1       1       (EReive date of plan 01/01/1990         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer (dentification Number (EN) 20-4539064         25       Sponsor's telephone number       500-747-3083       2d       Business code (see instructions)         3a       Plan administrator's name and address       @Same as Plan Sponsor Name       @Same as Plan Sponsor Address       3b       Administrator's telephone number         3c       Administrator's name and/or EIN of the plan sponsor has changed since the last return/report       3c       Administrator's telephone number         3c       Administrator's telephone sponsor       5a       31       Administrator's telephone number         3c       Number of participants with account balances as of the end of the plan year       5a       31       Administrator's telephone number         3d       Vera all of the plan sponsor has changed since the last return/report       5c       0       0         3d       Administrator's telephone and the plan number from the last return/report       5a       31       Administrator's telephone number         3d       Total number of participants with account balances as of the end of the plan year       5a       0       0<		•	of Spokane 401(k) Plan-	- Final			•		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       01/01/1990         Pediatric Associates of Spokane, PLUC       2b Employer identification Number (EIN) 20-4589084         105 W 8th Ave., Suite 418       2c Sponsor's telephone number (EIN) 20-4589084         Spokane       WA 99204         3a Plan administrator's name and address @Same as Plan Sponsor Name       @Same as Plan Sponsor Address         3b Administrator's telephone number       3b Administrator's EIN         3c Administrator's telephone number       3c Administrator's EIN         3c Administrator's telephone number       5a         5a Total number of participants at the beginning of the plan year       5b         5a Total number of participants at the of of the plan year       5b         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Were C No         5a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Were C No         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Were C No         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Were C No         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Were C No         6a Were all of the plan's assets	reatact	IC ABSOCIACES		1 11101				001	
Pediatric Associates of Spokane, PLLC       (EiN) 20-4369084         105 W 8th Ave., Suite 418       2c Sponsor's leightone number 509-747-3083         Spokane       WA       99204         3a Plan administrator's name and address (Same as Plan Sponsor Name (Same as Plan Sponsor Address)       3b Administrator's ElN         3c Administrator's name and/or ElN of the plan sponsor has changed since the last return/report.       3b Administrator's telephone number         5a Total number of participants at the end of the plan year       5a         5a Total number of participants at the end of the plan year       5a         5a Total number of participants at the end of the plan year       5b         6a Were all of the plan sassets during the plan year of the analyses of the end of the plan year (defined benefit plans do not complete this item)       W Yes No         6a Vere all of the plan sassets during the plan year leighbility and conditions ).       W Yes No         6a Ust of the analyse vere under the PBC insurance program (see ENISA section 4021)?       W Yes No         6a Vere all of the plan's assets during the plan year under 20 CFR 230:104-467 (See instructions on where eligibility and conditions ).       W Yes No         b Are you adaming a waiter plan is a torevert under the PBCG insurance program (see ENISA section 4021)?       W Yes No         b Are you adaming waiter plan is a defined benefit plan. Si to conditions ).       W Yes No         b M you answered "Plan' the instructions i									
105 W 8th Ave., Suite 418       2c Sponsor's telephone number 509-747-3083         2d Business code (see instructions) 521111       3a Plan administrator's name and address       Spane as Plan Sponsor Name       Spane as Plan Sponsor Address         3a Plan administrator's name and address       Spane as Plan Sponsor Name       Spane as Plan Sponsor Address       3b Administrator's EIN         3c Administrator's telephone number       3c Administrator's telephone number         4 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.       3b Administrator's telephone number         5a Total number of participants at the beginning of the plan year       5a       31         5b Total number of participants at the end of the plan year       5b       0         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes No       Yes No         5c Or complete filts item       Sc Or moster 446? (See instructions on waver eligibility and conditions.)       Yes No       No to determined         6a Were all of the plan's assets during the plan cannot use Form 5500.       Yes No       No No Not determined         6a Were all of the plan dever paralities set forth in the instructions.)       Yes No       No No Not determined         6a Were all of the plan administrator       Ine Stop Serie Misson 402()?       Yes No <t< td=""><td></td><td></td><td></td><td>loyer, if for a single-e</td><td>mployer plan)</td><td><b>2b</b> 8</td><td>Employer Identi</td><td>fication Numb</td><td>рег</td></t<>				loyer, if for a single-e	mployer plan)	<b>2b</b> 8	Employer Identi	fication Numb	рег
105 W 8th Ave., Suite 418       509-747-3083         Spokane       WA       99204         3a Plan administrator's name and address (Same as Plan Sponsor Name (Same as Plan Sponsor Address)       3b Administrator's ElN         3c Administrator's name and address (Same as Plan Sponsor Name (Same as Plan Sponsor Address)       3c Administrator's telephone number         4 If the name and/or ElN of the plan sponsor has changed since the last return/report.       3c Administrator's telephone number         3 ponsor's name       3c Administrator's telephone number         5a Total number of participants at the edo fibe plan year.       5a 31         5a Total number of participants at the edo of the plan year (defined benefit plans do not complete this item).       5c 0         6a Were all of the plan seasets during the plan year invested in eligible assets? (See instructions).       St Yes No         6a Were all of the plan sasets during the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes No         1 ft up an is a defined benefit plan, is it overed under the PBCC insurance program (see ENSA section 4021?)       Yes No         1 ft up ansis a defined benefit plan, is to overed under the PBCC insurance program (see ENSA section 4021?)       Yes No         1 ft up an is a defined benefit plan sponsor       No teletermined         2 Signature of plan administrator       Date ? 3 r H Enter name of individual signing as plan administrator         Signature of plan administrator </td <td>Pediatr</td> <td>ric Associates</td> <td>of Spokane, PLLC</td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td>	Pediatr	ric Associates	of Spokane, PLLC				1		
Spokane       WA       99204       Zd Business code (see instructions) 621111         3a Plan administrator's name and address @Same as Plan Sponsor Name       @Same as Plan Sponsor Address       3b Administrator's EIN         3c Administrator's name and address @Same as Plan Sponsor Name       @Same as Plan Sponsor Address       3c Administrator's EIN         4 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 form the last return/report.       4c PN         5a Total number of participants at the beginning of the plan year       5a       31         b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       0         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Ø Yes No       No         b Are you claiming a waiver of the annual examination and report of an independent qualified public accumtant (IOPA)       Ø Yes No       No         If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes No       No         Under yenatiles of perjury and other penalies set forth in the instructions, ideater that this extent/report, including, if applicable, a Schedule Softedue MB completed and signed to an enclose accumaty, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, conced, and complete filling of this return/report will be assee	105 W 8	Sth Ave. Suite	2 418						ſ
Spokane     WA     99204     621111       3a Plan administrator's name and address: Same as Plan Sponsor Name     Same as Plan Sponsor Address     3b     Administrator's EIN       3c     Administrator's telephone number     3c     Administrator's telephone number       4     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 form the last return/report.     4b     EIN       3c     Administrator's telephone number     4c     PN       5a     Total number of participants at the end of the plan year     5a     31       5d     Total number of participants with account balances as of the end of the plan year (defined benefit plans do not omplete this liem)     5c     0       6a     Were all of the plan sested during the plan year invested in eligible assets? (See instructions.)     Xes     Xes     No       b     A rey ou daiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA)     Xes     No       c     If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERIAS section 4021)?     Yes     No       c     If the plan administrator     Date <b>7</b> .3rt/4     Enter name of individual signing as plan administrator       Signature of participants and plan edites set forth in the instructions, idecare that I have examined this return/report, including, if applicable, a Schedule SB of Schedule MB									ns)
3c       Administrator's telephone number         4       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.       4b       EIN         a Sponsor's name       4c       PN         5a       5a       31         b Total number of participants at the beginning of the plan year       5b       0         c Number of participants at the end of the plan year       5c       0         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       M Yes   No         b Are you daining a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       M Yes   No         If you aswerd "No" to either line 6a or line 6b, the plan cannot use Form 5500.       C       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									
4       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.       4b       EIN         3       Sponsor's name       4c       PN         5a       Total number of participants at the beginning of the plan year       5a       31         5b       0       5c       0         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       0         6       Mumber of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       0         6       Mere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IGPA)       Yes       No         If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       No         If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       No       Not determined         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Indetermined       Indetermined	3a Plan ad	iministrator's name and	address XSame as Plan Sponsor Nan	ne XiSame as Plan	Sponsor Address	3b /	Administrator's	EIN	
name, EIN, and the plan number from the last return/report.       4C PN         a Sponsor's name       5a         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       5a         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       0         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Stop       0         5a       of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Stop       0         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         If you answerd? No? to either line 6a or line 6b, the plan cannot use Form 5500.       C       If you answerd? No? to either line 6a or line 6b, the plan cannot use Form 5500.       C       If see and other penalties of perjuny and other penalties set forth in the instructions.]       Id easterse ensonable cause is established.         Under penalties of perjuny and other penalties set forth in the instructions.]       Id easter ?? 'H' Enter name of individual signing as plan administrator         Signature of penadministrator       Date						3c /	Administrator's	telephone nu	mber
name, EIN, and the plan number from the last return/report.       4C PN         a Sponsor's name       5a         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       5a         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       0         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Stop       0         5a       of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Stop       0         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         If you answerd? No? to either line 6a or line 6b, the plan cannot use Form 5500.       C       If you answerd? No? to either line 6a or line 6b, the plan cannot use Form 5500.       C       If see and other penalties of perjuny and other penalties set forth in the instructions.]       Id easterse ensonable cause is established.         Under penalties of perjuny and other penalties set forth in the instructions.]       Id easter ?? 'H' Enter name of individual signing as plan administrator         Signature of penadministrator       Date									
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a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5a 31         b Total number of participants at the end of the plan year       5b 0         c Number of participants at the end of the plan year       5b 0         c Number of participants at the end of the plan year invested in eligible assets? (See instructions.)       5c 0         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sto       0         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Sto       No         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Sto       No         b If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       No I Not determined         Caution: A ponalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under zee as a section 4021)?       No I Not determined         Sugnature of pairuy and other penalties set forth in the instructions.       I determined this return/report, including, if applicable, a Schedule BS or Schedule MS completed and signing as enployer or plan administrator       Signature of employer/plan sponsor       Date ? 3 - 14 Enter name of individual				return/report filed for	r this plan, enter the	4b	EIN		
b       Total number of participants at the end of the plan year       5b       0         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       0         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Main the plan's assets during the plan year invested in eligible assets? (See instructions.)       Main the plan's assets during the plan year invested in eligible assets? (See instructions.)       Main the plan's assets during the plan year invested in eligible assets? (See instructions.)       Main the plan's assets during the plan year invested in eligible assets? (See instructions.)       Main the plan's assets during the plan year invested in eligible assets? (See instructions.)       Main the plan's assets during the plan year invested in eligible assets? (See instructions.)       Main the plan's asset of the annual examination and report of an independent qualified public accountant (IQPA)       Main the plan's asset of the annual examination and report of an independent qualified public accountant (IQPA)       Main the plan's asset of the annual examination and report of an independent qualified public accountant (IQPA)       Main the plan's during the plan the plan term intervent in the plan term intervent inter			ber nom the last return report.			4c	PN		
C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       0         Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes       No         c       If you answerd "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       C       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       No       Not determined         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       No       Not determined         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 my knowledge and belief, it is true, corect, and complete.       Signature of plan admini	5a Total n	umber of participants a	t the beginning of the plan year			5a			31
complete this item)	<b>b</b> Total n	number of participants a	the end of the plan year		••••••	5b			0
Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       No         if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes       No         C       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       No       Not determined         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Not determined         Under penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule 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 my knowledge and belief, it is true, correct, and completer.         SiGN       Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Stop - 838 - 5500         JODI CALHOUN       Supartific Ave. , Suite 1600       Stop - 838 - 5500         Spokane       WA       99201       Stop - 838 - 5500						50	50		
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes   No         If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?   Yes   No   Not determined         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 applicable, a Schedule 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 my knowledge and belief, it is true, correct, and complete.         Sign       Robert P. Maixner, M.D.         Sign       Signature of plan administrator         Date ? J - I/L       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)         JODI CALHOUN       S09-838-5500       S09-838-5500         Standall & Hurley, Inc.       S09-838-5500         Sol W. Riverside Ave., Suite 1600       S09-838-5500							I	X Yes	
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       C         If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined       Not determined         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Version 2012)? Yes Not determined         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 my knowledge and belief, it is true, correct, and complete.         SiGN       Robert P. Maixner, M.D.         HERE       Signature of plan administrator       Date 9:3-14       Enter name of individual signing as plan administrator         SiGN       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Stop - 838 - 5500         JODI CALHOUN       Stop - 838 - 5500       Stop - 838 - 5500         Spokane       WA       99201       Stop - 838 - 5500		•						_	_
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Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 my knowledge and belief, it is true, correct, and complete.         SIGN       Robert P. Maixner, M.D.         HERE       Signature of plan administrator       Date $\widehat{\ 3}$ -// Enter name of individual signing as plan administrator         SIGN       Image: Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)         JODI CALHOUN       Sugnature of Ave., Suite 1600       Sugnature sponsor       Maixner, M.D.         Spokane       WA       99201       Sugnature sponsor       Date			· · · · · · · · · · · · · · · · · · ·				··· · ·	J	
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Sign HERE       Robert P. Maixner, M.D.         Signature of plan administrator       Date ? 3-14       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) JODI CALHOUN Randall & Hurley, Inc.       Preparer's telephone number (optional) 509-838-5500         Spokane       WA       99201       Uator	SB or Sche	dule MB completed and	signed by an enrolled actuary, as well						
HERE       Signature of plan administrator       Date ?.3-t4       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         Prepare's name (including firm name, if applicable) and address; include room or suite number (optional) JODI CALHOUN       Prepare's telephone number (optional)         Randall & Hurley, Inc.       Suite 1600       Spokane       WA       99201			ÄA	1					
Signature of plan administrator     Date     Oregan     Enter name of individual signing as plan administrator       Signature of employer/plan sponsor     Date     Enter name of individual signing as employer or plan sponsor       Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)     Stop-838-5500       JODI CALHOUN     Stop-838-5500       Randall & Hurley, Inc.     Freparei's name if applicable)       601 W. Riverside Ave., Suite 1600     WA 99201									
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Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)         JODI CALHOUN       Standall & Hurley, Inc.       509-838-5500         601 W. Riverside Ave., Suite 1600       Spokane       WA		Oleverture of eventer			Entos pomo of individ				
JODI CALHOUN 509-838-5500 Randall & Hurley, Inc. 601 W. Riverside Ave., Suite 1600 Spokane WA 99201									
601 W. Riverside Ave., Suite 1600 Spokane WA 99201	JODI CZ	ALHOUN					509-838	8-5500	
Spokane WA 99201		-							
	OUT W.	ALVEISIGE AVE	, puice 1000						
	Spokane	e							

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

Part III Financial Information				<b>—</b>				
7 Plan Assets and Liabilities	lan dala se	(a) Beginning of Yea				(b) End	of Year	
a Total plan assets	- 7a	229	9698	_				
<b>b</b> Total plan liabilities	7b		962	-				C
C Net plan assets (subtract line 7b from line 7a)	7c	228	3735	4				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		<u> </u>		(b) T	otal	
a Contributions received or receivable from: (1) Employers	8a(1)		1454	6				
(2) Participants	1		5053	1				
(3) Others (including rollovers)								
<b>b</b> Other income (loss)	8b	1:	2636	6				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	91443
d Benefits paid (including direct rollovers and insurance premiums	8d		7879	7				-
to provide benefits) e Certain deemed and/or corrective distributions (see instructions)								
	8e							
f Administrative service providers (salaries, fees, commissions) g Other expenses	8f			_				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h	a terrater av s		+-			24	78791
Net income (loss) (subtract line 8h from line 8c)	1 I			+				87354
Transfers to (from) the plan (see instructions)							-22	0/35
Part IV Plan Characteristics	- 8j							
b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions							<u> </u>	
10 During the plan year:				Yes	No		Amount	
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х			
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	-	-	10b		x			
C Was the plan covered by a fidelity bond?			10c	х			2	2880
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	her person of the ben	s by an insurance carrier, lefits under the plan? (See	10e		x			
f Has the plan failed to provide any benefit when due under the pla	in?		10f		х			
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		x			
<ul> <li>h If this is an individual account plan, was there a blackout period?</li> <li>2520,101-3.)</li> </ul>	(See instru	uctions and 29 CFR	10g		x			
<ul> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul>	he require	d notice or one of the	10i					
Part VI Pension Funding Compliance						•		
<ul> <li>Is this a defined benefit plan subject to minimum funding requirerr 5500) and line 11a below)</li> </ul>							Yes	N₀
11a Enter the unpaid minimum required contribution for current year fi	rom Sched	Jule SB (Form 5500) line 39			11a			
12 Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	Yes	X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								_
			otione	and	enter ti	ne date of f	he letter ru	ling
a If a waiver of the minimum funding standard for a prior year is bei granting the waiver.		Mor	th	, and	Day		Year	
		Mor	th	, and				