-	rm 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan					OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be filed	under sections 104 and 4				2014		
	Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of t Employee Benefits Security Administration Revenue Code (the Code).						Form is Open to		
Pension Be	enefit Guaranty Corporation	Complete all entries in ac	uctions to the Form 55	500-SF		lic Inspection			
Part I		dentification Information	4	and onding 12	/31/201	4			
	ar plan year 2014 or fisc	X a single-employer plan	_	.			ox must attach a list		
B This retu	urn/report is for: urn/report is	of participating employer information in accordance with the form instructions a one-participant plan the first return/report an amended return/report a short plan year return/report (less than 12 months)							
C Check I	box if filing under:	under: Korm 5558 automatic extension DFVC progra							
Part II	Basic Plan Infor	mation—enter all requested inform	mation						
1a Name CORE INJU	of plan RY MANAGEMENT RE	TIREMENT PLAN				Three-digit plan number (PN) ▶	001		
					-	Effective date of			
	ponsor's name and addr HAYES, D.O., P.S.	ress; include room or suite number	(employer, if for a single-	employer plan)		Employer Ident	1/2011 ification Number 880262		
425 S.W. 41ST ST.						Sponsor's telep 425-22	phone number 26-1190		
RENTON, WA 98057						Business code 6211	(see instructions)		
3a Plan administrator's name and address XSame as Plan Sponsor.					3b	Administrator's	EIN		
	name and/or EIN of the	3c 4b		telephone number					
	, EIN, and the plan humi or's name	ber from the last return/report.			4c	PN			
5a Total r	number of participants a	t the beginning of the plan year			5a	1	8		
		t the end of the plan year			5k)	9		
comple	ete this item)	ccount balances as of the end of the			50	;	3		
d(1) Tota	al number of active parti	icipants at the beginning of the plan	year		5d(1	d(1)			
		icipants at the end of the plan year.			5d(d(2)			
		minated employment during the pla			5e	•			
Caution: A	penalty for the late or	r incomplete filing of this return/r	eport will be assessed u	unless reasonable cau					
SB or Sche		er penalties set forth in the instruction d signed by an enrolled actuary, as vete.							
SIGN	Filed with authorized/va	alid electronic signature.	09/21/2015	CHERYL HAYES					
HERE	Signature of plan ad	ministrator	Date	Enter name of individe	ual sigr	ning as plan ad	ministrator		
SIGN HERE									
		agnature of employer/plan sponsor Date Enter name of individual to the control of					er or plan sponsor number (optional)		
							,		

	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
_	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
		isurance p	brogram (see ERISA section 40)21)?		Yes	No	Not	detern	nined	
	t III Financial Information										
<u> </u>	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of Ye	ar 19501	6	
	Total plan assets	7a	1293	512					1950	0	
-	Total plan liabilities	7b	1293	212					19501	6	
	Net plan assets (subtract line 7b from line 7a)	7c		772	_						
	come, Expenses, and Transfers for this Plan Year (a) Amount (b) Total										
а	Contributions received or receivable from: (1) Employers	8a(1)	118	346							
	(2) Participants	8a(2)	439	966							
	(3) Others (including rollovers)	8a(3)		25							
	Other income (loss)	8b	98	367							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							6570)4	
d	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f									
	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				0.570		
	Net income (loss) (subtract line 8h from line 8c)	8i							6570)4	_
	Transfers to (from) the plan (see instructions)										
Par											
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2R 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	tic Coc	les in t	he instructi	ons:			
				otorio				00.			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		•	10b		х					
С	Was the plan covered by a fidelity bond?			10c	X					3000)0
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.)	of the ben	efits under the plan? (See	10e		X					
f	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 a	s of year e	end.)	10q		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part				-		-					
11											
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a										
12											
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
	If a contrast of the contraction of the state of and former in the state of the sta			- ti	a.c. :!		- 	1 .	1 P		

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.

 Month ______ Day _____ Year _____

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b 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 onegative amount)	of a	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 Has a resolution to terminate the plan been adopted in any plan year?		· 🗆 ۲	Yes X No					
If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	control		Yes 🗙 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):	1	3c(2) El	IN(s)	13c(3) PN(s)				
Part VIII Trust Information (optional)								
14a Name of trust		14b ⊺⊧	rust's EIN					

	n 5500-SF	Short Form Annu	of Small Employe	Ioyee OMB Nos.							
Interna	artment of Labor	065 of the Employee Retire	ment	2014							
Employee Ben	efits Security Administration	7(b) and 6058(a) of the Inte).	This Form is Open to								
	efit Guaranty Corporation	Complete all entries in	accordance with the instr	uctions to the Form 5500-	SF.	ne inspection					
Part I	Annual Report	dentification Information									
For calendar	plan year 2014 or fis	cal plan year beginning 01/01	/2014	and ending 12/3	1/2014						
	m/report is for:	X a single-employer plan	a multiple-employer pl of participating employ a foreign plan	an (not multiemployer) (File /er information in accordanc	rs checking this b e with the form in	ox must attach a list structions)					
B This return	n/report is	the first return/report	the final return/report								
		an amended return/report									
C Check bo	x if filing under:		DFVC program								
		special extension (enter descr	ription)								
Part II	Basic Plan Infor	mation-enter all requested inf	formation								
1a Name of	plan			11	Three-digit	<u> </u>					
CORE INJUR	Y MANAGEMENT RE	ETIREMENT PLAN			plan number (PN)	001					
				10	Effective date	of plan					
2a Plan spo	nsor's name and add AYES, D.O., P.S.	Iress; include room or suite numbe	er (employer, if for a single-	employer plan) 2k	01/01/2011 Employer Iden	lification Number					
ONERTER. N	ATES, D.O., P.S.				(EIN) 91-1880	262					
425 S.W. 415	T ST.			20	Sponsor's tele (425)	phone number 226-1190					
	00057			20	2d Business code (see instructions)						
3a Plan adn		d address X Same as Plan Spons		31	621111 Administrator's	EN					
				30	Administrator's	telephone number					
4 If the na	me and/or EIN of the	plan sponsor has changed since t	the last return/report filed fo	r this plan enter the A h	EIN						
name, E a Sponsor	in, and the plan num	ber from the last return/report.									
		at the beginning of the plan year		40	PN						
b Total nu	mber of participants a	at the end of the plan year			5a						
		ccount balances as of the end of t			5b	9					
complete	e this item)				5c	3					
		icipants at the beginning of the pla		00	(1)	7					
		ticipants at the end of the plan yea			d(2)	8					
less than	100% vested	minated employment during the p	han year with accrued bene	fits that were	5e						
Caution: A p	enalty for the late of	r incomplete filing of this return	/report will be assessed u	unless reasonable cause is	s established.						
SB or Schedu	ies of periury and othe	er penalties set forth in the instruct d signed by an enrolled actuary, a	tions I declare that I have a	avamined this return/report	أتعمل والمعالم	cable, a Schedule y knowledge and					
SIGN	Am	1	19/15/15	x1 Atom 1 th							
HERE	Signature of plan an	ministrator		Enter nome of individual a	HHy S) J						
SIGN	t	<u> </u>		Enter name of individual s	gning as plan ad	ministrator					
HERE											
Preparer's na	Signature of employ me (including firm na	me, if applicable) and address (in	Date	Enter name of individual s	igning as employ	er or plan sponsor e number (optional)					
	2	,		, terrenally		- namber (optional)					
1											
For Paperwork	Reduction Act Motion	and OMB Control Numbers, see the									
		and JMD CONTON NUMDERS, SEE the	instructions for Form 5500-	SF.		Form 5500-SE (2014)					

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Form 5500-SF 2014

 2°

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Page 2

• Are you claiming a waiver of the annual examination and report of a	•	ee instructions.)		••••••			- 2	X Yes	5 [] N
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)	an independe and condition	nt qualified public accounta	int (IC	PA)	Stick		200 J	(Yes	n 🗆
If you answered "No" to either line 6a or line 6b, the plan cann	ot use Form	5500-SF and must instea	d use	Form	5500.		Ľ		. [] .
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance prog	ram (see ERISA section 40)21)?		Yes	No	No	ot deter	mined
Part III Financial Information	_								
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of \	/ear	
a Total plan assets	7a	12931						19501	6
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	12931	2					19501	6
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tota	1	
a Contributions received or receivable from: (1) Employers	8-(4)	1104	- -	200		100			
(2) Participants	8a(1)	1184		100	1222 (1) (12.356)				
(3) Others (including rollovers)	8a(2)			1000					
b Other income (loss)	8a(3)	986	_			LO DEL TREE DE			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	900		14			0.05-		
d Benefits paid (including direct rollovers and insurance premiums	8c 📓			4.1 865		1	top	65704	1 5/4-72/5
to provide benefits)	8d			ALC: N					
e Certain deemed and/or corrective distributions (see instructions)	89								
f Administrative service providers (salaries, fees, commissions)	8f				164	T.S.C.C.		APR -	12002
g Other expenses	8g			1000				S. all	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
Net income (loss) (subtract line 8h from line 8c)	81							6570	4
J Transfers to (from) the plan (see instructions)	8i					ALC: NO P		100	1979) 1979)
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature codes	from the List of Plan Char	actori	tic Co	doe in	the instri	otion		
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 2T 3D	feature codes	from the List of Plan Char	acteri	stic Co	des in	the instru	iction	s:	
b If the plan provides welfare benefits, enter the applicable welfare fe									
b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions				ic Cod					
b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions 10 During the plan year:	ature codes	from the List of Plan Charac					tions		
b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contribut	eature codes	from the List of Plan Charac	cterist	ic Cod	es in th		tions	:	
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b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	eature codes tions within th iciary Correct ? (Do not incl fidelity bond,	from the List of Plan Charac e time period described in ion Program) ude transactions reported that was caused by fraud	10a 10b	Yes	es in th No X		tions	:	30000
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 b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all o instructions.) 	tions within the ciary Correct (Do not incl fidelity bond, er persons by of the benefit	from the List of Plan Charac e time period described in ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c	Yes	es in tr No X X		tions	:	30000
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	Form 5500-SF 2014	Page 3 -	1				
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and s	kip to line 13.		11 1 1 1	1.12	
				12b			
					L		
C	Enter the amount contributed by the employer to the plan for this plan	ear		12c		-	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	esult (enter a minus	sign to the left of a	12d			<u> </u>
e	Will the minimum funding amount reported on line 12d be met by the fu	nding deadline?			Yes	No	N/A
Part							
_13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No				
	If "Yes," enter the amount of any plan assets that reverted to the emplo						
b	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?	sferred to another n	an or brought under the			∏ Yes	X No
с 	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	is plan to another pla	an(s), identify the plan(s) to			
1	13c(1) Name of plan(s):			13c(2) E	N(s)	13c(3) PN(s)
						`·	<u> </u>
Part	VIII Trust Information (optional)						
14a i	Name of trust			14b T	rust's EIN		