## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part i Annual Report	t identification information								
For calendar plan year 2015 or f	iscal plan year beginning 01/01/2	20 <u>15</u> and ending 12	2/31/2015						
<b>A</b> This return/report is for:	a multiple-employer plan (not multiemployer) list of participating employer information in ac								
	a one-participant plan	a foreign plan							
<b>B</b> This return/report is	the first return/report	the final return/report							
	an amended return/report	a short plan year return/report (less than 12 mg	onths)						
C Check box if filing under:	Form 5558	automatic extension		OFVC progra	am				
	special extension (enter descr	ription)							
Part II Basic Plan Info	ormation—enter all requested in	formation							
1a Name of plan			1b Three	-					
GENERATIONS OB/GYN, PLLC	401(K) PLAN		plan ( (PN)	number	001				
			\ /	tive date of					
			тс Епес		/2004				
	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	) Box)			cation Number				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				(EIN) 27-0639185					
SENERATIONS OB/GYN, PLLC	<b>2c</b> Sponsor's telephone number 509-248-3440								
000 TIETON BBILIE 000			2d Busin	ness code (s	ee instructions)				
003 TIETON DRIVE, SUITE 230 AKIMA, WA 98902				621111					
,				0211					
	and address Same as Plan Spons		<b>3b</b> Admir	nistrator's E	IN 639185				
SENERATIONS OB/GYN, PLLC		TON DRIVE, SUITE 230 , WA 98902	<b>3c</b> Admir		elephone numbe				
		,							
				509-248	3-3440				
	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	<b>4b</b> EIN						
a Sponsor's name			4c PN						
			5a			19			
			5b			17			
		the plan year (defined benefit plans do not	5c			17			
d(1) Total number of active pa	articipants at the beginning of the pl	an year	5d(1)			17			
d(2) Total number of active pa	articipants at the end of the plan ye	ar	5d(2)			15			
· · · · · · · · · · · · · · · · · · ·	. ,	e plan year with accrued benefits that were less	5e			0			
Caution: A penalty for the late	or incomplete filing of this return	n/report will be assessed unless reasonable cau							
		ctions, I declare that I have examined this return/rep as well as the electronic version of this return/report				,			
belief, it is true, correct, and com		30 Work as the discitorile version of this fetuliffeport	, and to the	DOSE OF THY	Micwicage and				

SIGN HERE

Filed with authorized/valid electronic signature.

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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<b>b</b> Arur	/ere all of the plan's assets during the plan year invested in eligibre you claiming a waiver of the annual examination and report of order 29 CFR 2520.104-46? (See instructions on waiver eligibility you answered "No" to either line 6a or line 6b, the plan cannot be a second to	an indeper and condit not use Fo	ndent qualified public a ions.)rm 5500-SF and mus	ccount	ant (IQ ad use	PA)  <b>Form</b>	5500.			X Ye	
	the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ction 4	021)?		Yes	No	1	Not dete	rmined
Part	III Financial Information		Γ			1					
	an Assets and Liabilities		(a) Beginning					(b) E	nd of	f Year	
	otal plan assets	. 7a		7176	6415					6764	
	otal plan liabilities	. 7b		7176	2445					6767	707
	et plan assets (subtract line 7b from line 7a) come, Expenses, and Transfers for this Plan Year	. 7c	(a) A		13			//-		6764	.003
	ontributions received or receivable from:		(a) Amou	ınt				<u>(r</u>	) To	tai	
	) Employers	. 8a(1)		63	8635						
(2	) Participants	. 8a(2)		131	872						
	Others (including rollovers)	. 8a(3)			3765						
	ther income (loss)	. 8b		24	1061						
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								236	333
	enefits paid (including direct rollovers and insurance premiums provide benefits)	. 8d		648	8645						
<b>e</b> C	ertain deemed and/or corrective distributions (see instructions)	. 8e									
<b>f</b> Ad	dministrative service providers (salaries, fees, commissions)	. 8f									
<b>g</b> 0	her expenses	. 8g			100						
<b>h</b> To	otal expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								648	745
	et income (loss) (subtract line 8h from line 8c)	. 8i								-412	412
J Tr	ansfers to (from) the plan (see instructions)	8j									
Part											
<b>9a</b>   If	the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in t	the ins	ruction	ons:	
B If	the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uctio	ns:	
Part \	Compliance Questions				1		Ī	I			
	During the plan year:				Yes	No	N/A			Amoun	!
	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's VProgram)	oluntary F	iduciary Correction	10a		X					
	Were there any nonexempt transactions with any party-in-interest					V					
	eported on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond?			10c	X						500000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
<b>e</b> \	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	her person ne or all of	s by an insurance the benefits under			X					
	he plan? (See instructions.)			10e							
-	<u> </u>			10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g		X					
	f this is an individual account plan, was there a blackout period?			10h		X					
i	f 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10i							
Part V	Pension Funding Compliance			,							
11	s this a defined benefit plan subject to minimum funding requirem (500) and line 11a below)									☐ Ye	s No
	Enter the unpaid minimum required contribution for all years from						11a				<b></b>
	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·				302 of E	RISA	?	Ye	s X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b 1	Γrust's EIN	١			
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
140 Name of trustee of custodian					telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP		
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A		

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to **Public Inspection** 

Part I	Annual Report	dentific	cation Informa	ation	Judice Will the me	diuctions to the Form	3300-31	<u>·                                      </u>				
For calend	dar plan year 2015 or fi	iscal plan y	ear beginning		1/01/2015	and ending		12/31/2015				
A Thie re	eturn/report is for:	X a sing	gle-employer plan		a multiple-employer	plan (not multiemployer	r) (Filers	s checking this box must attach a				
A Illio16	turn/report is ior.	a one-	-participant plan		a foreign plan	mployer information in a	accordar	nce with the form instructions)				
B This ret	turn/report is	the first	st return/report	t return/report								
		an am	nended return/repo	ort 📗	a short plan year retu	urn/report (less than 12 r	months)					
C Check	box if filing under:	Form			automatic extension			DFVC program				
	<del></del>		al extension (enter									
Part II	Basic Plan Info	rmation	enter all request	ted information	ation							
<b>1a</b> Name Generat	ofplan tions Ob/Gyn,	PLLC 4	01(k) Plan					Three-digit plan number (PN)				
							1c	Effective date of plan 01/01/2004				
Mailing	sponsor's name (employ g address (include roor	m, apt., suit	ite no. and street, o	or P.O. Box	x)	a 360 S	2b 1	Employer Identification Number (EIN) 27-0639185				
Genera	rtown, state or province ations Ob/Gyn,	e, country, , PLLC	and ZIP or foreign	i postai cod	de (if foreign, see insi	tructions)	2c S	Sponsor's telephone number 509-248-3440				
3003 T	Tieton Drive,	Suite :	230				2d E	Business code (see instructions) 621111				
Yakima		WA	989									
	dministrator's name an		Same as Plan S	Sponsor.				Administrator's EIN				
Genera	tions Ob/Gyn,	PLLC						27-0639185				
3003 T	ieton Drive, S	Guite 2	30					Administrator's telephone number				
Yakima		WA	98902									
name,	name and/or EIN of the , EIN, and the plan num	plan spons nber from ti	sor has changed s he last return/repo	since the la ort.	ast return/report filed f	for this plan, enter the	4b E					
a Sponso							4c F					
C Number	number of participants are of participants are	at the end o	of the plan year	ad of the n	lan was (dafined has	-64 -land day	. 5b	17				
comple	ete this item)		affices as of the en	ia oi ine pi	lan year (defined ben	efit plans do not	5c	17				
<b>d(2)</b> Tota	al number of active par	ticipants at	t the end of the pla	an year								
e Numb than 1	per of participants that to 100% vested	terminated e	employment during	g the plan	year with accrued be	enefits that were less	5e					
Caution: A	penalty for the late o	or incomple	ete filing of this re	eturn/repo	ort will be assessed	unless reasonable car	use is e	etabliched				
SD OF SCHE	atties of perjury and oth dule MB completed and completed and completed and completed and complete and comple	ia signea by	s set forth in the in y an enrolled actua	ary, as wel	, I declare that I have Il as the electronic ver	examined this return/re rsion of this return/repor	port, inc t, and to	cluding, if applicable, a Schedule of the best of my knowledge and				
SIGN HERE	Kennt	Han	mgth	<u> </u>	3 15 16	Kevin Harring	ton,	MD				
NEKE	Signature of plan ad	iministrato	or U		Date	Enter name of individ	lual signi	ing as plan administrator				
SIGN HERE	-											
	Signature of employ			7 1 1	Date	Enter name of individ		ing as employer or plan sponsor				
Preparer's r	name (including firm na	ime, it appii	icable) and addres	ss (include	room or suite numbe	er)		rer's telephone number				

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in eliging</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either line 6a or line 6b, the plan can</li> </ul>	f an independ and condition not use For	dent qualified public ons.) m 5500-SF and mus	accoun	tant (IC	QPA) e Forr	n 5500,			es No
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pro	ogram (see ERISA s	ection 4	4021)?		Yes	No [	Not det	termined
Part III   Financial Information									
7 Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End	d of Year	
a Total plan assets			71	7641	15				676471
b Total plan liabilities									70
C Net plan assets (subtract line 7b from line 7a)	7с		71	7641	L5			(	676400
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	8a(1)	(a) Amo	unt	6363	35	S.	(b)	Total	
(2) Participants	8a(2)		1	3187	72				
(3) Others (including rollovers)	8a(3)			1676	55				
b Other income (loss)	8b			2406	51				
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      Benefits paid (including direct rollovers and insurance premiums to provide benefits)			648645				236333		
e Certain deemed and/or corrective distributions (see instructions)	. 8e								
f Administrative service providers (salaries, fees, commissions)	. 8f					100			
g Other expenses	. 8g			10	0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								648745
i Net income (loss) (subtract line 8h from line 8c)								-	412412
j Transfers to (from) the plan (see instructions)	. 8j				245		*		
B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.	feature codes	s from the List of Pla	n Chara	acterist	tic Cod	des in the	e instruc	tions:	
10 During the plan year:				Yes	No	N/A			
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	/oluntary Fid	uciary Correction	10a	103	х	NA		Amoun	t
reported on line 10a.)  C Was the plan covered by a fidelity bond?			10b	v	Х				
d Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond	, that was caused	10c	Х	x				50000
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons b	y an insurance e benefits under	10d		х				
f Has the plan failed to provide any benefit when due under the pla	n?		10f		х				
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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	ne required n	otice or one of the	10i	1					
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance					100				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						ule SB (	Form	Yes	s No
11a Enter the unpaid minimum required contribution for all years from	Schedule SE	3 (Form 5500) line 40	D			11a			

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

Yes X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		1				
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, as granting the waiver	nd enter th	e date o	f the letter i	ruling		
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			rour			
	b Enter the minimum required contribution for this plan year	12b					
	Enter the amount contributed by the employer to the plan for this plan year				.,		
	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)						
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No [	N/A		
Par			37.				
_13	Has a resolution to terminate the plan been adopted in any plan year?		Пу	es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
k		control	[	Yes X	No		
	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				
	13c(1) Name of plan(s): 13c(	2) EIN(s)		13c(3)	PN(s)		
Par	t VIII Trust Information						
14a Name of trust  14b Trust's EIN							
140	Name of trustee or custodian	14d Trustee's or custodian's telephone number					
Pai	t IX IRS Compliance Questions						
152	I is the plan a 401(k) plan?	☐ Yes		П.,			
	to the plant a 40 fly plant.			∐ No			
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba	esign- sed safe rbor ethod	ADI tes	P/ACP t		
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Yes		No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Ra	rcentage		erage nefit test		
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		3	No			
	Has the plan been timely amended for all required tax law changes?	Yes	3	No	□ N/A		
	for tax law changes and codes).	applicab	_		nstructions		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subjectively enter the date of that favorable letter and the letter's serial number				ОГ		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date determination letter	of the plan	's last fav	orable/			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		No			
19	Were in-service distributions made during the plan year?	Yes		No	-		
	If "Yes," enter amount	. 19					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	Yes		No	□ N/A		