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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection**

Pension	Benefit Guaranty Corporation	Complete all entries in a	accordance with the instructions to the Form 55	500-S	F.				
Part I	Annual Report	Identification Information							
For calen	dar plan year 2015 or fi	scal plan year beginning 01/01/2	015 and ending 12	2/31/2	015				
A This r	eturn/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan						
B This re	eturn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 mg)	onths))				
	k box if filing under:	Form 5558 special extension (enter descri	automatic extension DFVC program escription)						
Part II	Basic Plan Info	ormation—enter all requested inf	ormation						
1a Name of plan PHYSIATRY ASSOCIATES, INC., P.S. 401(K) PROFIT SHARING PLAN					Three-digit plan number (PN)	001			
				1C		ective date of plan 01/01/1993			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					2b Employer Identification Number (EIN) 91-1575455				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PHYSIATRY ASSOCIATES, INC., P.S.			2c Sponsor's telephone number 360-647-8358						
00 E. CHESTNUT ST., SUITE 3-A ELLINGHAM, WA 98225-5291				2d Business code (see instructions) 621111					
3a Plan administrator's name and address Same as Plan Sponsor.			oor.	3b Administrator's EIN					
				3с	Administrator's	elephone number			
	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 4c PN				
a Spor	sor's name	1							
				5		5			
				5	D	0			
com	plete this item)		the plan year (defined benefit plans do not						
d(1) Total number of active participants at the beginning of the plan year					5d(1)				
d(2) Total number of active participants at the end of the plan year					5d(2) 0				
tha	n 100% vested	, ,	plan year with accrued benefits that were less	5		0			
Caution:	A penalty for the late	or incomplete filing of this return	/report will be assessed unless reasonable cau	ıse 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

SIGN HERE	Filed with authorized/valid electronic signature.	03/18/2016	TRACY OUELLET	TE				
	Signature of plan administrator	Date	Enter name of ind	Enter name of individual signing as plan administrator				
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of ind	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)				Preparer's telephone number				

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			X Ye	
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	ermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		1811	540					0
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		1811540				0		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal	
Contributions received or receivable from: (1) Employers	8a(1)		47	425					
(2) Participants	8a(2)		28	8645					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-22	2287					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							53	3783
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1855	257					
e Certain deemed and/or corrective distributions (see instructions)	8e		1855257						
f Administrative service providers (salaries, fees, commissions)	8f		10	0066					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1865	5323
i Net income (loss) (subtract line 8h from line 8c)	8i							-1811	1540
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature coo	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare for		as from the List of Dis	n Char	- at a ri at	io Coo	laa ia tha	inatruati		
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	ii Cilaia	acterist	ic Coc	ies in the	HISTIUCII	UIIS.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amoun	t
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
	W. d. d. d. C. F. d. 19								450000
									150000
by fraud or dishonesty?			10d		X				
carrier, insurance service, or other organization that provides som	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.)				X				
f Has the plan failed to provide any benefit when due under the pla			10f		X				
					X				
·	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				X				
· · · · · · · · · · · · · · · · · · ·	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								
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			,						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	es No
11a Enter the unpaid minimum required contribution for all years from						11a	-		_
12 Is this a defined contribution plan subject to the minimum funding						302 of El	RISA?	Ye	s X No

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	(If "Ye	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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling		
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι			
b	Enter ti	he 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					
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d					
		ve amount)			Yes	No	N/A		
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A		
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo			
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	X Yes 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) 13c(3) PN(s)					
Part		Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
					telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No			
	10 110			_ D	Design-				
15b 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)?					based safe ADP/ACP harbor test method				
15c	15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year					Yes No			
testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?									
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):						erage efit test		
16b	16b 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?					No			
17a Has the plan been timely amended for all required tax law changes?				Ye	S	No	N/A		
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the all for tax law changes and codes).					code	(See ins	tructions		
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter / and the letter's serial number									
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/									
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)?					No			
19	Were in-service distributions made during the plan year?					No			
	If "Yes," enter amount								
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)?					No	N/A		