	m 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Empl	OMB Nos. 1210-0110 1210-0089					
	tment of the Treasury nal Revenue Service	This form is required to be filed		ections 104 and 4065 of the Employee Retirement						
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the le).	Internal	orm is Open to lic Inspection				
-	nefit Guaranty Corporation	Complete all entries in a	eccordance with the ins	tructions to the Form 5	500-SF.		•			
For calenda	ar plan year 2015 or fisc	dentification Information cal plan year beginning 01/01/2	015	and ending 12	2/31/2015					
		X a single-employer plan	—	plan (not multiemployer)		cking this b	ox must attach a			
A This ret	urn/report is for:	a one-participant plan	list of participating e	mployer information in ac	cordance v	with the form	n instructions)			
B This retu	rn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 m	onths)					
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC prog	ram			
		special extension (enter descri								
Part II		mation—enter all requested inf	ormation							
1a Name QLIANCE 40					1b Threplan plan (PN	number	001			
					```	ctive date o	f plan 1/2010			
		er, if for a single-employer plan) , apt., suite no. and street, or P.O	. Box)		2b Emp (EIN	oloyer Identi	fication Number 210471			
	town, state or province, EDICAL MANAGEMEN	, country, and ZIP or foreign posta , INC.	al code (if foreign, see ins	tructions)	```	onsor's telephone number				
					2d Busi	206-913-4700 Business code (see instructions)				
SEATTLE, W	H AVENUE, SUITE 600 A 98121	)				6211	111			
3a Plan ad	dministrator's name and	I address XSame as Plan Spons	or.		3b Adm	inistrator's	EIN			
					3c Adm	iinistrator's t	elephone number			
name,	EIN, and the plan num	plan sponsor has changed since t ber from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN					
a Sponso					4c PN 5a	Γ	112			
		t the beginning of the plan year			5a 5b		104			
C Numbe	er of participants with a	t the end of the plan year ccount balances as of the end of t	he plan year (defined ber	nefit plans do not	50 50		88			
	,						83			
• •		cipants at the beginning of the pla	•		5d(1) 5d(2)		49			
e Numb	er of participants that te	icipants at the end of the plan yea erminated employment during the	plan year with accrued b	enefits that were less	50(2) 5e		49			
		r incomplete filing of this return				blished.				
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruc d signed by an enrolled actuary, a	tions, I declare that I have	e examined this return/re	oort, includ	ing, if applic				
SIGN		alid electronic signature.	04/21/2016	ERIKA B. BLISS						
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan adr	ninistrator			
SIGN HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	ual signing	as employe	r or plan sponsor			
Preparer's		me, if applicable) and address (in	clude room or suite numb			s telephone				
For Dense	rk Doduction Ast Nation	and OMP Control Numbers and	instructions for Frank CCS							
FUI PaperWo	JIN REQUCTION ACT NOTICE	and OMB Control Numbers, see the	monucions for Form 550	-or.			Form 5500-SF (2015)			

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible</li> <li>b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can</li> <li>c If the plan is a defined benefit plan, is it covered under the PBGC is</li> </ul>	f an indeper and condit not use Fo	ndent qualified public a ions.) rm 5500-SF and must	ccounta t instea	ant (IQ Id use	PA) Form	5500.	X Yes No		
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year		
a Total plan assets	7a	(	1101793						
<b>b</b> Total plan liabilities	7b		24	502			0		
C Net plan assets (subtract line 7b from line 7a)	7c		1077291				1240364		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total		
a Contributions received or receivable from: (1) Employers	8a(1)			803					
(2) Participants	8a(2)		385	252					
(3) Others (including rollovers)	8a(3)		14	854					
<b>b</b> Other income (loss)	8b		-13	754	_				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						387155		
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		211844						
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		12238						
g Other expenses									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	1					224082			
Net income (loss) (subtract line 8h from line 8c)							163073		
j Transfers to (from) the plan (see instructions)	8j								
Part IV         Plan Characteristics           9a         If the plan provides pension benefits, enter the applicable pension 2F         2G         2J         2K         2T         3D         3H									
B If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Plar	n Chara	acterist	ic Coc	les in th	ne instructions:		
Part V Compliance Questions				-					
<b>10</b> During the plan year:				Yes	No	N/A	Amount		
<b>a</b> Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		x				
<b>b</b> Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	•		10b		x				
C Was the plan covered by a fidelity bond?			10c	х			500000		
	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				Х				
e Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e	х			582		
<b>f</b> Has the plan failed to provide any benefit when due under the plan	an?		10f		Х				
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		Х				
<b>h</b> If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				

Part	I Pension Funding Compliance	
11	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 500) and line 11a below)	Yes No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	
12	s 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

10i

10j

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.....

Did the plan trust incur unrelated business taxable income? .....

i.

j

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Page **3 -** 1

-										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	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									
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>					
b	Enter	the minimum required contribution for this plan year		12b						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Υe	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
D		e PBGC?				Yes 🗙	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information								
14a	Name	of trust		14b	Trust's E	IN				
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Y	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	<b>Y</b>	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No				
19	Were	in-service distributions made during the plan year?		<b>Y</b>	es	No				
	lf "Y€	es," 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)?						No	N/A			

Form 5500-SF	oyee	OMB Nos. 1210-0110 1210-0089								
Department of the Treasury Internal Revenue Service	This form is required to be filed	Benefit Plan	1065 of the Employee Re	etirement		2015				
Department of Labor Employee Benefits Security Administration	Department of Labor Employee Benefits Security Administration Revenue Code (the Code).									
Pension Benefit Guaranty Corporation	Complete all entries in a dentification Information	eccordance with the inst	ructions to the Form 55	500-SF.						
Part I Annual Report I For calendar plan year 2015 or fise	cal plan year beginning	01/01/2015	and ending	12,	/31/201	5				
	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	(Filers che	cking this b	ox must attach a				
A This return/report is for:										
${f B}$ This return/report is	the first return/report an amended return/report	the final return/report a short plan year retur	n/report (less than 12 m	nan 12 months)						
C Check box if filing under:	☐ ☐ Form 5558	automatic extension			DFVC prog	ram				
Dest II Desis Disp Infor	special extension (enter descr									
Part II         Basic Plan Infor           1a         Name of plan           QLIANCE         401 (K)	mation—enter all requested inf	ormation			number	001				
					ctive date o					
	, apt., suite no. and street, or P.C				loyer Identi ) 41-22	fication Number				
City or town, state or province QLIANCE MEDICAL MAN.	, country, and ZIP or foreign post AGEMENT, INC.	al code (if foreign, see inst	ructions)		oonsor's telephone number )6 - 913 - 4700					
2101 FOURTH AVENUE,	SUITE 600				ness code 111	(see instructions)				
SEATTLE	WA 98121									
						telephone number				
	plan sponsor has changed since ber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN 4c PN						
5a Total number of participants a	at the beginning of the plan year					112				
	at the end of the plan year					104				
C Number of participants with a	ccount balances as of the end of	the plan year (defined ben	efit plans do not	5c		88				
<b>d(1)</b> Total number of active part	icipants at the beginning of the pl	an year		5d(1)		83				
d(2) Total number of active part	icipants at the end of the plan yea	ar		5d(2)		49				
than 100% vested	erminated employment during the			5e		c				
Caution: A penalty for the late o Under penalties of perjury and oth SB or Schedule MB completed and belief, it is true, correct, and completed	er penalties set forth in the instruc d signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/re	port, includ	ing, if appli	cable, a Schedule y knowledge and				
SIGN X	SC .	4/21/16	Erika B. Blis	S						
HERE Signature of plan ad	Iministrator	Date	Enter name of individ	ual signing	as plan ad	ministrator				
SIGN										
HERE Signature of employ Preparer's name (including firm na		Date Delude room or suite numb	Enter name of individ er )		as employ s telephone					
For Paperwork Reduction Act Notice	and OMB Control Numbers, see th	e instructions for Form 5500	)-SF.		1.5.1	Form 5500-SF (2015) v. 150123				

Form 5500-SF 2015		Page <b>2</b>						
<ul> <li>6a Were all of the plan's assets during the plan year invested in e</li> <li>b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibities of the plan and the plan c</li> <li>c If the plan is a defined benefit plan, is it covered under the PBG</li> </ul>	t of an independ ility and condition annot use Forn	ent qualified public a ns.) n 5500-SF and must	ccount t instea	ant (IQ ad use	PA) Form	5500.	X Yes [	No No No Ined
Part III Financial Information				<i>.</i>				
7 Plan Assets and Liabilities	KINTUN.	(a) Beginning	of Ye	ar	Т	(1	) End of Year	
a Total plan assets				0179	3			0364
b Total plan liabilities				2450	2			0
C Net plan assets (subtract line 7b from line 7a)			10	7729	1		124	0364
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt		_		(b) Total	
a Contributions received or receivable from:	0-(4)			80	3			
(1) Employers			3	8525	-			
(2) Participants			_	1485		-	and the second second	10.2
b Other income (loss)				1375	_			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					-		38	7155
d Benefits paid (including direct rollovers and insurance premium						10111		
to provide benefits)			2	1184	4		and the second second	
e Certain deemed and/or corrective distributions (see instructions								
f Administrative service providers (salaries, fees, commissions).	8f			1223	8	1.1		202
g Other expenses	X					1	11	
h Total expenses (add lines 8d, 8e, 8f, and 8g)				-	_			4082
i Net income (loss) (subtract line 8h from line 8c)			1.1		-		16	3073
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	······ 8j					- 1 - au A-		= 1.0
B       If the plan provides welfare benefits, enter the applicable welfare         Part V       Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amount	
a Was there a failure to transmit to the plan any participant cond described in 29 CFR 2510.3-102? (See instructions and DOL Program)	's Voluntary Fid	uciary Correction	10a		x			
b Were there any nonexempt transactions with any party-in-intereported on line 10a.)			10b		х			
C Was the plan covered by a fidelity bond?			10c	X			5	50000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		х			
e Were any fees or commissions paid to any brokers, agents, o carrier, insurance service, or other organization that provides the plan? (See instructions.).	some or all of th	e benefits under	10e	x				58
f Has the plan failed to provide any benefit when due under the	plan?		10f		х			
g Did the plan have any participant loans? (If "Yes," enter amou	int as of year en	d.)	10g		Х			
h If this is an individual account plan, was there a blackout perio 2520.101-3.)			10h		х			ning)
I If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520	ed the required i	notice or one of the	10i			100 million 100 million		
${f j}$ 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 requi 5500) and line 11a below)								No
11a Enter the unpaid minimum required contribution for all years for	rom Schedule S	B (Form 5500) line 4	0			11a		
12 Is this a defined contribution plan subject to the minimum fund	ding requiremen	ts of section 412 of t	he Cod	e or se	ction :	302 of ERI	SA? Yes	X No

Form 5500-SF 2015 Page <b>3 -</b>					
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Month	ns, and er	nter the Day	date of th	e letter ruli Year	ng
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 of a negative amount).	1	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?			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 und of the PBGC?		ntrol		Yes 🛛 I	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	plan(s) to				
13c(1) Name of plan(s):	13c(2) E	EIN(s)		13c(3) P	N(s)
Part VIII Trust Information					
14a Name of trust		<b>14b</b> ⊤	rust's EIN		
14c Name of trustee or custodian			Trustee's elephone	or custodia number	in's
Part IX IRS Compliance Questions		_			
<b>15a</b> Is the plan a 401(k) plan?		Yes		No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and empl matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe ADP/ACP arbor test nethod		
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(iii))?	- 1	Yes		No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410		Ra pe tes	rcentage		rage efit test
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?		Yes	6	No	
17a Has the plan been timely amended for all required tax law changes?		Yes	3	No	<b>N/A</b>
17b Date the last plan amendment/restatement for the required tax law changes was adopted	Enter the a	applicab	le code _	(See in	nstruction
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that advisory letter, enter the date of that favorable letter and the letter's serial number	•	t to a fa	vorable IR	S opinion o	or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter	e date of f	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 b made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Island		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 retired), as required under section 401(a)(9)?		Yes	6	No	N/A