## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**HERE** 

SIGN **HERE** 

## **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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

**Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 09/30/2015 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list **A** This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit TRI-CITY EAR NOSE & THROAT 401K PLAN plan number (PN) ▶ 001 1c Effective date of plan 06/01/2001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number TRI-CITY EAR NOSE & THROAT PS (EIN) 91-1948319 Sponsor's telephone number 509-586-8368 911 S WASHINGTON STREET SUITE A KENNEWICK, WA 99336-5600 Business code (see instructions) 621111 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. 91-1948319 TRI-CITY EAR NOSE & THROAT PS 911 S WASHINGTON STREET SUITE A KENNEWICK, WA 99336-5600 **3c** Administrator's telephone number 509-586-8368 4b EIN 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. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year ...... 5a 6 **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 4 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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 Filed with authorized/valid electronic signature **SIGN** 

Date

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

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

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a 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 continuous control of the plan cannot	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d <b>d use</b>	PA) Form	5500.		X	es _	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	)21)?		Yes	No	Not de	termin	ied
Par –					1					
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End		8562	
	Total plan assets	7a		200				47	0002	
	Total plan liabilities	7b	5280					47	8562	
	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount				(b) T			
	Contributions received or receivable from:		(a) Amount				(b) T	Olai		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	126	667						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	-7	715						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	1952	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	553	310						
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	60	98						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						6	1408	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-4	9456	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b		eature cod	les from the List of Plan Charac	cterist			he instructi	ons:		
10	During the plan year:				Yes	No		Amour	ıt	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.	iciary Cor	rection Program)	10a		Χ				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Χ				
c	Was the plan covered by a fidelity bond?			10c	X				60	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
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		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
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	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Y	es	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection (	302 of	ERISA?	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne letter Year _	ruling	<b>j</b>

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lf :	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			
С	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	Yes N	10	
	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 under the PBGC?	e control		Yes	x 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.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	B) PN(s)
			_		

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

		scal plan year beginning	10/01/201	4	and ending	09	/30/201	.5		
TO CONTINUE	si pian year 2014 or it	X a single-employer plan								
A This rat	um/report is for:	M a single-employer 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 IIIIs ice	uninepartis ia.	a one-participant plan	a foreign pla		a mornauon in accor	<b>da</b>		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
R This reh	irn/report is	the first return/report	the final retur							
B This return/report is the first return/report the final return/report a short plan year return/report (less					report (less than 12 m	onths)				
C Check I	box if filing under:	X Form 5558	automatic ex		•	_	OFVC progr	am		
special extension (enter description)										
Part II	Basic Plan Info	ormation—enter all requested info	ormation							
1a Name						1b Thr	ee-digit			
TRI-CIT	TY EAR NOSE &	THROAT 401K PLAN					number	001		
						A CONTRACTOR OF THE PARTY OF TH	ctive date of /01/200			
	ponsor's name and ac	ddress; include room or suite numbe THROAT PS	er (employer, if fo	r a single-e	mployer plan)	2b Employer Identification Number (EIN) 91-1948319				
911 6 1	WASHINGTON ST	DPPT CIITTE A				2c Spo	onsor's telep	phone number		
)11 D	MADDINGION DI	KEEL SOLLE K					9-586-8 iness code	(see instructions)		
KENNEW		WA 99336-560				621111				
		ind address Same as Plan Spons	sor.				ninistrator's -194831			
TRI-CITY EAR NOSE & THROAT PS				3C Administrator's telephone number						
911 S	WASHINGTON ST	REET SUITE A				509	-586-8	368		
KENNEW	ICK	WA 99336-5600								
		ne plan sponsor has changed since to umber from the last return/report.	the last return/rep	oort filed for	this plan, enter the	4b EIN	<u> </u>			
	sor's name	and the man and took returns open.				4c PN				
5a Total	number of participants	s at the beginning of the plan year				. <b>5a</b>		6		
<b>b</b> Total	number of participants	s at the end of the plan year				. 5b		2		
		account balances as of the end of				5c		2		
		articipants at the beginning of the pl				5d(1)		4		
		articipants at the end of the plan yea				5d(2)		0		
	er of participants that the nan 100% vested	terminated employment during the p	olan year with acc	rued benef	its that were	5e		0		
		or incomplete filing of this return								
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, and the second section is the second secon								
SIGN	A A	7	121	1421	Shelley Thiel					
HERE	Signature of plan	ed ministrator	Date	1	Enter name of individ		as plan ad	Iministrator		
SIGN	1	//		Mu	6	- Jan Jogenth	Jo pidir ad			
HERE	Signature of emple	ver/plan sponsor	Date	-	Enter name of indivi	dual signing	as emnio	er or plan enoneor		
Preparer's	name (including firm	name, if applicable) and address (in		uite number	) (optional)			e number (optional)		

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b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a 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 the plan is a defined benefit plan in it accorded under the PRCC in	an indeper and conditi ot use Fo	ndent qualified public accounta ons.)rm 5500-SF and must instead	nt (IQ	PA) Form	5500.		X Yes	s No
	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance p	rogram (see ERISA section 40	21)?		res	Пио Г	Not dete	rminea
Par					1				
	Plan Assets and Liabilities	_	(a) Beginning of Yea	ı <u>r</u> 3,21	0		(b) End		78,562
	Total plan assets	7a 7b	526	20	_			- 4	10,302
	Net plan assets (subtract line 7b from line 7a)	76 7c	528	3,01	_			4	78,562
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount	,,,,			(b) T		707302
а	Contributions received or receivable from:  (1) Employers	8a(1)	(a) Amount				(⋑) .	Otal	
	(2) Participants	8a(2)	12	2,66	57				
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b		-71	.5				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11,952
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	55	5,31	_0				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	6	5,09	8				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							61,408
	Net income (loss) (subtract line 8h from line 8c)	8i						49,456	
	Transfers to (from) the plan (see instructions)								
9a b	Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2F 2G 2J 2K 2R 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Part	-				l ,,		1	_	
10	During the plan year:	iono within	the time period described in		Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest?	ciary Corr	ection Program)	10a		Х			
	on line 10a.)	····		10b		X			
С	Was the plan covered by a fidelity bond?			10c	Х				60,000
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all cinstructions.)	of the ben	efits under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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 2520.101	•		10i					
Part	VI Pension Funding Compliance				'				
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	•		•			•	Yes	s No
11a	Enter the unpaid minimum required contribution for current year fro					11a			
12	Is this a defined contribution plan subject to the minimum funding				•	302 of	ERISA?	Yes	s X No

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

. Month

Day

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

granting the waiver.

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	1 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year			12b			
С	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 (negative amount)	O .	of a	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?			Х	'es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this	s year		13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?	d to another plan, or brought ι	nder the c	ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), identify th	e plan(s) to	0			
1	3c(1) Name of plan(s):		13	c(2) Ell	N(s)	13c(3)	PN(s)
	VIII Trust Information (optional)						
14a	Name of trust			<b>14b</b> ⊤r	ust's EIN		