## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information						
For calenda	r plan year 2015 or fi	scal plan year beginning 10/01/2015		and ending 03/0	03/201	6		
A This retu	urn/report is for:		ist of participating em	an (not multiemployer) (Figure 1) ployer information in accordance		-		
<b>B</b> This retu	a one-participant plan  a foreign plan  the first return/report  an amended return/report  a foreign plan  the first return/report  an amended return/report  a short plan year return/report (less than 12 months)							
C Check b	ox if filing under:	Form 5558 aspecial extension (enter description)	utomatic extension			DFVC progr	ram	
Part II	Basic Plan Info	ormation—enter all requested informat	ion					
1a Name			-		р	Three-digit Ilan number PN)	001	
					1c ∈	ffective date of 06/0	f plan 1/2001	
Mailing	address (include roo	m, apt., suite no. and street, or P.O. Box)			<b>2b</b> Employer Identification Number (EIN) 91-1948319			
			e (if foreign, see instr	uctions)	2c Sponsor's telephone number 509-586-8368			
11 S WASHI ENNEWICK	INGTON STREET SU , WA 99336-5600	JITE A		-	<b>2d</b> B			
3a Plan ac	Iministrator's name ar	nd address Same as Plan Sponsor.			<b>3b</b> A			
RI-CITY EAF	R NOSE & THROAT I			TE A	<b>3c</b> A	dministrator's t	elephone number	
			st return/report filed fo	or this plan, enter the	4b	EIN		
	•	mber nom the last return/report.			<b>4c</b> P	'n		
<b>5a</b> Total n	umber of participants	at the beginning of the plan year			5a		2	
		· · ·		<del>-</del>	5b		0	
		•	• `	'	5c			
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RI-CITY EAR NOSE & THROAT PS  2c Sponsor's telephone number 509-586-8368 2d Business code (see instructions) EANNEWICK, WA 99336-5600  3a Plan administrator's name and address Same as Plan Sponsor. RI-CITY EAR NOSE & THROAT PS  911 S WASHINGTON STREET SUITE A KENNEWICK, WA 99336-5600  4 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  4 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  5a Total number of participants at the beginning of the plan year.  5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)  4c PN  5d(1) Total number of active participants at the beginning of the plan year.  5d(1) Total number of active participants at the end of the plan year.  6d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested.  C Number of participants that terminated employment during the plan year with accrued benefits that were 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.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.		2						
				<b> </b>		(1)	0	
than 1	00% vested		•••••				0	
Under pena SB or Sche	Ities of perjury and ot	her penalties set forth in the instructions, nd signed by an enrolled actuary, as well	I declare that I have	examined this return/repo	ort, incl	luding, if applic		
	Filed with authorized	/valid electronic signature.	07/14/2016	SHELLEY THIEL				
HERE	Signature of plan a	administrator	Date	Enter name of individua	al signi	ing as plan adn	ninistrator	

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer'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 eligib</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 you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second to</li></ul>	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)		-	Yes No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pr	rogram (see ERISA se	ection 4	021)? .		Yes	No No	ot determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of \	/ear
a Total plan assets	. 7a		478	562				0
<b>b</b> Total plan liabilities	. 7b							
C Net plan assets (subtract line 7b from line 7a)	7c		478	562				0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Tota	l
Contributions received or receivable from:     (1) Employers	8a(1)							
(2) Participants	8a(2)							
(3) Others (including rollovers)	8a(3)							
<b>b</b> Other income (loss)	. 8b		-13	457				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-13457
<b>d</b> Benefits paid (including direct rollovers and insurance premiums	. 8d		462	950				
to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8e		402	.500				
f Administrative service providers (salaries, fees, commissions)	8f		2	2155				
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							465105
i Net income (loss) (subtract line 8h from line 8c)	8i							-478562
j Transfers to (from) the plan (see instructions)	8i							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	e instruction	ns:
B If the plan provides welfare benefits, enter the applicable welfare f		( , , , , , , , , , , , , , , , , , , ,	01		. 0			
B If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the list of Pia	n Chara	acterist	ic Coc	ies in the	Instructions	i.
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Ar	nount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	Х				60000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
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	s by an insurance the benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the pla			10f		X			
g Did the plan have any participant loans? (If "Yes," enter amount a					X			
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g 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	he required	notice or one of the	10h 10i					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance			IUJ	<u> </u>	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes 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							RISA?	Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	(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	×	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) F	PN(s)
Part		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian		14d Trustee's or custodian's			
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
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)?		based safe ADP/ACP harbor test method			
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes			
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage 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		No	
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable	
18	Is the I	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	S	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

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

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

## 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

2015

This Form is Open to Public Inspection

	t Identification Information	and	03/03/20	16		
For calendar plan year 2015 or		10/01/2015 and ending				
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) ( list of participating employer information in acc	cordance with the fo	rm instructions)		
	a one-participant plan	a foreign plan				
B This return/report is	the first return/report	X the final return/report	154 (45)			
	an amended return/report	a short plan year return/report (less than 12 mo	onths)			
C Check box if filing under:	Form 5558	automatic extension	DFVC p	rogram		
Dort II   Basis Blan Int	special extension (enter description) special extension (enter description) special requested in					
Part II   Basic Plan Int	Officiation—enter all requested in	nomation	1b Three-digit			
TRI-CITY EAR NOSE &	THROAT 401K PLAN		plan number	001		
			1c Effective da 06/01/2			
Mailing address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P	.O. Box)	2b Employer Id (EIN) 91-	entification Number 1948319		
City or town, state or provi	nce, country, and ZIP or foreign po-	stal code (if foreign, see instructions)	2c Sponsor's telephone number 509-586-8368			
911 S WASHINGTON STREET SUITE A			2d Business code (see instructions) 621111			
KENNEWICK	WA 99336-5		3b Administra	hor's EIN		
TRI-CITY EAR NOSE	and address Same as Plan Spo	onsor.	91-1948			
IRI-CIII DIM NODD			3c Administra	tor's telephone number		
911 S WASHINGTON S	STREET SUITE A		509-586	-8368		
KENNEWICK	WA 99336-5600					
4 If the name and/or EIN of	f the plan sponsor has changed sin number from the last return/report.	ce the last return/report filed for this plan, enter the	4b EIN			
a Sponsor's name			4c PN			
5a Total number of participa	ints at the beginning of the plan yea	er				
			5b			
		of the plan year (defined benefit plans do not	5c			
d(1) Total number of active	participants at the beginning of the	e plan year	5d(1)			
		year				
than 100% vested		the plan year with accrued benefits that were less				
		turn/report will be assessed unless reasonable				
SB or Schedule MB complete	d and signed by an enrolled actua	structions, I declare that I have examined this returny, as well as the electronic version of this return/re	nvreport, including, eport, and to the be	it applicable, a Schedule est of my knowledge and		
belief, it is true, correct, and c	4)	YTH 7 Shelley Th	iel			
SIGN	V		3.5.5.			

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page <b>2</b>						
b	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 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 cann of the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public a ions.)rm 5500-SF and must	ccount t instea	ant (IQ	PA) Form	5500.	X Yes	No No nined
Par		<u> </u>						<u> </u>	
_			(a) De altroctor	- 6 V -		T		(b) Food of Vo. 20	
	Plan Assets and Liabilities	70	(a) Beginning		8,56	2		(b) End of Year	0
	Total plan assets	7a 7b			0,50				
	Net plan assets (subtract line 7b from line 7a)			47	8,56	2			0
		7c				(b) Total			
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amou	ını				(b) Total	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-1	3,45	7			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-1:	3,457
	Benefits paid (including direct rollovers and insurance premiums			16	2,95				
	to provide benefits)	8d		40	4,95	U			
	Certain deemed and/or corrective distributions (see instructions)	8e			2 1 5	_			
	Administrative service providers (salaries, fees, commissions)	8f			2,15	5			
	Other expenses	8g						4.61	105
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5,105
	Net income (loss) (subtract line 8h from line 8c)	8i						-4/6	8,562
Par	Transfers to (from) the plan (see instructions)  t IV Plan Characteristics	8j							
B	2E 2F 2G 2J 2K 2R 3D  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 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 benefits, enter the applicable welfare for the plan provides welfare benefits.	eature cod	les from the List of Plan	n Chara	acterist	tic Cod	les in th	e instructions:	
10	During the plan year:				Yes	No	N/A	Amount	
	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х			
	reported on line 10a.)			10b		Х			
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 by fraud or dishonesty?			10d		Х			
е	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.)	ne or all of	the benefits under	10e		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	s of year e	end.)	10g		Х			
	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)					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			10i					
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)								No
11a	Enter the unpaid minimum required contribution for all years from								
12	Is this a defined contribution plan subject to the minimum funding							RISA? 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.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year,			date of t		ing
——————————————————————————————————————	granting the waiver		Day _		Year	
	Enter the minimum required contribution for this plan year		12b			
	Enter the amount contributed by the employer to the plan for this plan year		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign		404			
	negative amount)		12d			
	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	s No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, of the PBGC?		ontrol	X	Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.)	), identify the plan(s) to	)			
1	13c(1) Name of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)
Dort	VIII Trust Information					
Part	Name of trust		14b Trust's EIN			
1 Ta	Name of trust		14D Hust's EIN			
14c	Name of trustee or custodian		_	Trustee's telephone	or custodia e number	an's
Part	t IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		Ye	s	No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee defer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	Design- based safe ADP/AC harbor test method		
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) 2(a)(2)(ii))?	and 1.401(m)-	Ye		No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under	er section 410(b):		atio ercentage st		erage efit test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) this plan with any other plans under the permissive aggregation rules?		Ye	s	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 for tax law changes and codes).	Enter the	applicat	ole code _	(See ir	nstructions
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submadvisory letter, enter the date of that favorable letter and the letter's		ct to a fa	vorable IF	RS opinion	or
17d	If the plan is an individually-designed plan and received a favorable determination letter from the determination letter	IRS, enter the date of	the plar	ı's last fa	vorable	
	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 10 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S.		Yes	3	No	
19	Were in-service distributions made during the plan year?		Ye	s	No	
	If "Yes," enter amount		19		-	
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardle retired), as required under section 401(a)(9)?	ss of whether or not	Ye	s	No	N/A