Description of the Treeseway	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					MB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be file	-	etirement	2015			
Department of Labor Employee Benefits Security Administrati	Income Security Act of 1974		6057(b) and 6058(a) of the			orm is Open to ic Inspection	
Pension Benefit Guaranty Corporation	Complete all entries in		structions to the Form 5	500-SF.			
Part IAnnual ReportFor calendar plan year 2015 or	ort Identification Information or fiscal plan year beginning 01/01/		and ending 1	2/31/2015			
<b>A</b> This return/report is for:	X a single-employer plan		r plan (not multiemployer) employer information in ad		0		
<b>B</b> This return/report is	the first return/report	the final return/repo	rt turn/report (less than 12 m	ionths)			
<b>C</b> Check box if filing under:	X Form 5558	automatic extensio	n		OFVC progr	am	
Part II Basic Plan Ir	nformation—enter all requested in						
<b>1a</b> Name of plan PIERCE COUNTY MEDICAL S	· · · ·			(PN)	number	001	
				IC Effec	tive date of 01/0	pian 1/2009	
Mailing address (include r	ployer, if for a single-employer plan) room, apt., suite no. and street, or P.0 rince, country, and ZIP or foreign pos		astructions)	(EIN)	91-0	ication Number 366010	
PIERCE COUNTY MEDICAL SC				2c Spor		none number 2-3666	
23 TACOMA AVENUE S. ACOMA, WA 98402-2523				2d Busir	ess code (: 6211	see instructions)	
<b>3a</b> Plan administrator's name	e and address Same as Plan Spor	nsor		<b>3b</b> Admi	nistrator's E	IN	
IERCE COUNTY MEDICAL SC	OCIETY 223 TAC	COMA AVENUE S. A, WA 98402-2523			91-0	366010 elephone number	
					253-57	2-3666	
	the plan sponsor has changed since number from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN			
a Sponsor's name				<b>4c</b> PN			
	nts at the beginning of the plan year.			5a 5b		3	
	nts at the end of the plan year ith account balances as of the end of			50 50		3	
. ,				├		2	
.,	participants at the beginning of the p	-		5d(1) 5d(2)		3	
e Number of participants the	participants at the end of the plan ye hat terminated employment during th	e plan year with accrued	benefits that were less	50(2) 5e		0	
Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB completed	te or incomplete filing of this return d other penalties set forth in the instru- d and signed by an enrolled actuary,	rn/report will be assess actions, I declare that I ha	ed unless reasonable ca ve examined this return/re	port, includir	ng, if applic		
belief, it is true, correct, and coSIGNFiled with authoriz	ed/valid electronic signature.	09/23/2016	BRUCE EHRLE				
HERE Signature of pla		Date	Enter name of individ	lual signing a	as plan adm	ninistrator	
SIGN HERE Signature of em	ployer/plan sponsor	Date	Enter name of individ	lual signing a	as employo	r or plan sponsor	
	m name, if applicable) and address (i			Preparer's			

	F0111 3300-3F 2013		raye Z						
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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public a tions.)	account	ant (IQ	PA)			X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No	Not determined
Par	t III Financial Information								
	Plan Assets and Liabilities		(a) Beginning	n of Ye	ar			(b) Fr	d of Year
	Total plan assets	7a	(u) Beginning		445			(5) =1	371688
	Total plan liabilities	7b							0000
	Net plan assets (subtract line 7b from line 7a)	70 70		381	445				371688
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amou		110			(h)	) Total
	Contributions received or receivable from:			int				(U)	Total
	(1) Employers	8a(1)			0				
	(2) Participants	8a(2)			600				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		-8	238				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-7638
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d			0	_			
	Certain deemed and/or corrective distributions (see instructions)	8e			0	_			
f	Administrative service providers (salaries, fees, commissions)	8f		2	119				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_			2119
<u>    i     </u>	Net income (loss) (subtract line 8h from line 8c)	8i							-9757
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 3D 2A 2E 2J 2K 2F 2G 2R	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in	the inst	ructions:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instru	ictions:
Part	V Compliance Questions								
10	During the plan year:				Yes	No	N/A		Amount
а	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			40-		х			
h	Program) Were there any nonexempt transactions with any party-in-interest			10a		~			
	reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?		-	10d		x			
e	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		x			
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			
h	If this is an individual account plan, was there a blackout period? 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 2520.10	ne require	d notice or one of the	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 requirements? (If "Yes," see instructions an 5500) and line 11a below)		•	Scheo	lule SB	(Form	Yes No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.				11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code	e or se	ection 3	302 of E	RISA?	Yes X No

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					1		
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling
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?			Ye	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					
	of th	e PBGC?	-			Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h 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	Trusťs E	IN	
14c	Nam	e of trustee or custodian		14d		's or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is th	e plan a 401(k) plan?		Ye	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	
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No	
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer 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		Ye	es No		
19	Were	in-service distributions made during the plan year?		Ye	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 w d), as required under section 401(a)(9)?		Y	es	No	N/A

Forn	n 5500-SF	Short Form Annu	al Return/Report	of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089		
	enl of lhe Treasury Revenue Service	This form is required to be file	Benefit Plan	4065 of the Employee R	etirement		2015		
Employee Bene	artment of Labor afits Security Administration	Income Security Act of 1974	4 (ERISA), and sections 605 Revenue Code (the Code	57(b) and 6058(a) of the e).	Internal		Form is Open to lic Inspection		
	fit Guaranty Corporation	<ul> <li>Complete all entries in Ientification Information</li> </ul>	accordance with the inst	ructions to the Form 55	500-SF.				
		al plan year beginning	01/01/2015	and ending	12/	31/201	5		
	n/report is for:		a multiple-employer p	lan (not multiemployer) nployer information in ac					
<b>B</b> This return	n/report is	the first return/report an amended return/report	the final return/report a short plan year retur	m/report (less than 12 m	onths)				
C Check bo	ox if filing under:	X Form 5558 special extension (enter desc	automatic extension			OFVC prog	jram		
Part II	Basic Plan Infor	mation—enter all requested in							
1a Name of	f plan	SOCIETY 401(K) PL.			(PN)	number	001		
					1c Effec	tive date c 01/200			
Mailing a	address (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.	O. Box)	nuclions)		oyer Ident 91-03	ification Number 66010		
	COUNTY MEDICA	country, and ZIP or foreign pos AL SOCIETY	stal code (if foreign, see insi	ructions)	2c Sponsor's telephone number 253-572-3666				
223 TAC	COMA AVENUE S.				<b>2d</b> Busir 621		(see instructions)		
TACOMA		WA 98402-25	523						
	ninistrator's name and COUNTY MEDICA		nsor			36601			
223 TAC	OMA AVENUE S.				253-	-572-36	566		
TACOMA 4 If the na	ame and/or EIN of the j	WA 98402-2523 plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN				
name, I <b>a</b> Sponsor		ber from the last return/report.			4c PN				
		t the beginning of the plan year			5a		3		
		t the end of the plan year			Els	I	3		
c Number	r of participants with ac	ccount balances as of the end c	f the plan year (defined ber	nefit plans do not	5c		2		
d(1) Total	number of active parti	cipants at the beginning of the	plan year				3		
· ·		icipants at the end of the plan y erminated employment during th			5d(2) 5e		1		
than 10	00% vested	r incomplete filing of this retu	rn/report will be assessor	l unless reasonable ca	N	alished	0		
Under penal SB or Sched	ties of perjury and other	er penalties set forth in the instr d signed by an enrolled actuary,	uctions, I declare that I have	e examined this return/re	eport, includi	ng, if appl	icable, a Schedule ly knowledge and		
SIGN	2		9123116	BRUCE EHRLE					
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	dual signing	as plan ac	Iministrator		
SIGN									
HERE Proporor's p	Signature of employ	er/plan sponsor me, if applicable) and address	Date	Enter name of individ	dual signing Preparer's				
		and OMB Control Numbers see					Form 5500-SE (2015)		

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	Were all of the plan's assets during the plan year invested in eligibl 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	an independent qualified public accountant (IQPA								
С	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									
Pa	Part III Financial Information									
7	Plan Assets and Liabilities	(a) Beginning of Year	(b) End of Year							

1	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of fear
а	Total plan assets	7a	381,445	371,688
b		7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	381,445	371,688
8	Income, Expenses, and Transfers for this Plan Year	1.1.1.28	(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	600	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	-8,238	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-7,638
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	2,119	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2,119
i	Net income (loss) (subtract line 8h from line 8c)	8i		-9,757
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			
0.0	If also a second data and the first of the second by the second second by the second s	C 1. 1		

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2A 2E 2J 2K 2F 2G 2R

**B** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Part V Compliance Questions

10	During the plan year:				N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	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.).	10e		x		
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 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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	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 requirements? (If "Yes," see instructions ar 5500) and line 11a below).					orm
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.				11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	o Cod	o or se	oction	302 of ER	ISA2 Yes X No

F	Form 5500-SF 2015 Page 3	3 -							
	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
<b>a</b> If a w grant	aiver of the minimum funding standard for a prior year is being amortized in this p ing the waiver.	lan yea	ar, see in	structions, and e Month	enter tl Day			letter rul 'ear	ng
If you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), a	nd ski	p to line	13,		- <u>r</u>			
<b>b</b> Enter	the minimum required contribution for this plan year				12b				
c Enter t	he amount contributed by the employer to the plan for this plan year				12c				
	act the amount in line 12c from the amount in line 12b. Enter the result (enter a m live amount)				12d				
e Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?					Ye	əs	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 "Ye	s," enter the amount of any plan assets that reverted to the employer this year				13a				
	all the plan assets distributed to participants or beneficiaries, transferred to anoth PBGC?							Yes X	No
	ing this plan year, any assets or liabilities were transferred from this plan to anothen assets or liabilities were transferred. (See instructions.)	er plan	(s), ident	ify the plan(s) to					
13c(1)	Name of plan(s):			13c(2)	EIN(s)	)		13c(3) F	N(s)
Part VIII	Trust Information				ř				
<b>14a</b> Name	of trust				140	Trus	st's EIN		
14c Name	e of trustee or custodian				14c		ustee's o ephone r	r custodia number	an's
Part IX	IRS Compliance Questions								
15a is the	plan a 401(k) plan?				۱ <u> </u>	/es		No	
	s," how does the 401(k) plan satisfy the nondiscrimination requirements for emplo ning contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Desig base harbo meth	d safe or	ADF test	
testing	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan y g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2 2)(ii))?	2(a)(2)(	ii) and 1.	401(m)-	0	/es		No	
16a Checi					<b>F</b> 1	Ratic	1		erage
	the box to indicate the method used by the plan to satisfy the coverage requirem						entage		efit test
16b Does	the box to indicate the method used by the plan to satisfy the coverage requirement the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 4 lan with any other plans under the permissive aggregation rules?	401(a)(	4) by cor	nbining		perce		ber	
16b Does this p	the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 4	401(a)(	4) by cor	nbining		perce test		ber	
16b Does this p 17a Has th 17b Date	the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 4 lan with any other plans under the permissive aggregation rules?	401(a)(	4) by cor	nbining		perce test Yes Yes	entage	ber	efit test
16b Does this p 17a Has th 17b Date for tax 17c If the advise	the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 4 lan with any other plans under the permissive aggregation rules?	401(a)( ed ume su ne lette	4) by cor bmitter p r's serial	nbining Enter the lan that is subject	applic	perce test ⁄es ⁄es :able favo	code rable IRS	ber	efit test
16b Does this p 17a Has th 17b Date for tax 17c If the advise 17d If the deter	the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and a lan with any other plans under the permissive aggregation rules?	401(a)( ed ume su ne lette r from	4) by cor bmitter p r's serial the IRS, o	nbining Enter the lan that is subjec number enter the date of	applic	perce test ⁄es ⁄es :able favo	code rable IRS	ber No No (See i Gopinion brable	efit test
16b Does this p 17a Has th 17b Date for tax 17c If the adviss 17d If the detern 18 Is the made	the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and a lan with any other plans under the permissive aggregation rules?	401(a)( ed ume su <u>ne lette</u> r from section or the l	4) by cor bmitter p r's serial the IRS, 1022(i)(: J.S. Virgi	nbining Enter the lan that is subject number enter the date of 2) has been n Islands)?	applic ct to a	perce test res res able favo lan's	code rable IRS	ber No No Orable No No	efit test
<ul> <li>16b Does this p</li> <li>17a Has the for tax</li> <li>17b Date for tax</li> <li>17c If the adviss</li> <li>17d If the detern</li> <li>18 Is the made</li> </ul>	the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and a lan with any other plans under the permissive aggregation rules?	401(a)( ed ume su <u>ne lette</u> r from section or the l	4) by cor bmitter p r's serial the IRS, 1022(i)(: J.S. Virgi	nbining Enter the lan that is subject number enter the date of 2) has been n Islands)?	applic ct to a	perce test Yes able favo lan's	code rable IRS	ber No No (See i Gopinion brable	efit test
<ul> <li>16b Does this p</li> <li>17a Has the for tax</li> <li>17b Date for tax</li> <li>17c If the adviss</li> <li>17d If the detern</li> <li>18 Is the made</li> <li>19 Were If "Ye</li> </ul>	the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and a lan with any other plans under the permissive aggregation rules?	401(a)( ed ume su he lette r from section or the U	4) by cor bmitter p r's serial the IRS, 1022(i)(: J.S. Virgi	nbining Enter the lan that is subject number enter the date of 2) has been n Islands)?	applic ct to a	perce test (es (es cable favo lan's (es Yes	code rable IRS	ber No No Orable No No	efit test