## 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.

2016

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X 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** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit OLYMPIC SPORTS & SPINE REHABILITATION, P.S. 401(K) SAVINGS PLAN plan number 002 (PN) • 1c Effective date of plan 09/01/1994 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 91-1299625 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number OLYMPIC SPORTS & SPINE REHABILITATION, P.S. 253-581-5200 2d Business code (see instructions) 9315 GRAVELLY LK. DR. SW, SUITE 306 621340 LAKEWOOD, WA 98499 **3a** Plan administrator's name and address |X| Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 59 5a Total number of participants at the beginning of the plan year ...... 5b 62 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 55 5c complete this item)..... 50 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 48 d(2) Total number of active participants at the end of the plan year..... 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

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.

belief, it is t	rue, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	03/02/2017	VERN ESSENBERG				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individe	ual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include	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	an indepei	ndent qualified public a	account	ant (IC	PA)			X Yes	
	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								× Yes	Пио
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	Not dete	ermined
	rt III   Financial Information				- ,		1	<u> </u>		
7	Plan Assets and Liabilities		(a) Beginning	of Vear				(b) End	of Year	
a	Total plan assets	7a		731103			'	(b) Liid	4192239	)
	Total plan liabilities	7b		1107	,				(	)
	Net plan assets (subtract line 7b from line 7a)	7c	3	729996	5				4192239	)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:		, ,		,					
	(1) Employers	8a(1)		34187						
	(2) Participants	8a(2)		216737	_					
	(3) Others (including rollovers)	8a(3)		100224						
<u>b</u>	Other income (loss)	8b		261863						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							613011	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		135520						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
q	Other expenses	8g		15248						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					150768	3		
<del></del>	Net income (loss) (subtract line 8h from line 8c)	8i					462243			3
Ť	Transfers to (from) the plan (see instructions)	8i								
Pai	t IV Plan Characteristics	oj .								
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2J 2K 2G 2F 2A 2T	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40-		X			, and an	
b	Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a 10b		X				
					Х					373111
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused	10c		X				
е	by fraud or dishonesty?      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.)			10a	X					1911
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g		-		10g	X					23420
h	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						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru					es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f		es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter t Day		of the lette Year _	r ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	0
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug		e 		Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(2	<b>2)</b> EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	"Prior ye test	ar" ADP
			Gur ADP	rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat perd test	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••	. Ye	s	No	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

Part I

## 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.

2016

2040

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

For calend	dar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/	2016		
			this box must attach a					
A This re	eturn/report is for:	a one-participant plan	list of participating employer information in accordance with the form instruant plan a foreign plan					
			a loreign plan					
B This return/report is ☐ the first return/report ☐ the final return/report								
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC progr	am		
		special extension (enter des			☐ - · · · · p· · · 3·			
Part II	Basic Plan In	formation—enter all requested in	nformation					
1a Name	e of plan				1b Three-di	git		
OLYMPIC	SPORTS & SP	INE REHABILITATION, P	.S. 401(K) SAVING	S PLAN	plan nun (PN) ▶	nber 002		
					1c Effective	date of plan		
					09/01/			
		ployer, if for a single-employer plan)			C 4000000000000000000000000000000000000	r Identification Number		
		oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		uctions)		-1299625		
OLYMPI	C SPORTS & S	PINE REHABILITATION,	P.S.		2 <b>C</b> Sponsor 253-58	's telephone number		
						code (see instructions)		
9315 GRAVELLY LK. DR. SW, SUITE 306					621340	,		
LAKEWO	OD	WA 98499						
3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administ	rator's EIN			
					3c Administ	rator's telephone number		
4 If the	name and/or EIN of t	the plan sponsor has changed since	e the last return/report filed for	or this plan, enter the	4b EIN			
		number from the last return/report.	·					
	sor's name				4c PN			
		ts at the beginning of the plan year			5a 5b	59		
		ts at the end of the plan year				62		
					5c	55		
<b>d(1)</b> To	tal number of active p	participants at the beginning of the p	olan year		5d(1)	50		
		participants at the end of the plan ye			5d(2)	4.8		
e Num	ber of participants the	at terminated employment during th	e plan year with accrued ber	nefits that were less	5e	4		
Caution:	A penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed	unless reasonable car	use is establis	hed.		
Under pen SB or Sch	nalties of perjury and ledule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,	actions, I declare that I have as well as the electronic ver	examined this return/re	port, including,	if applicable, a Schedule		
belief, it is	true, correct, and co	mplete.			.,			
SIGN	2 lent	258ebert	X32/170	Vern Essenber	3			
HERE	Signature of plan	administrato	Date	Enter name of individ	ual signing as p	lan administrator		
SIGN								
HERE		loyer/plan sponsor	Date			mployer or plan sponsor		
Preparer's	name (including firm	name, if applicable) and address (	include room or suite numbe	r)	Preparer's tele	ephone number		
I .								

P	a	16	2

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							X Yes		
С	If the plan is a defined benefit plan, is it covered under the PBGC in							∏No [	Not dete	ermined
Pa	rt III Financial Information									
7_	Plan Assets and Liabilities		(a) Beginning o	of Year			(	b) End o		
а	Total plan assets	7a	3,	731,	103				4,1	92,239
b	Total plan liabilities	7b		1,	107					0
С	Net plan assets (subtract line 7b from line 7a)	7c	3,	729,	996				4,1	92,239
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) To	tal	
а	Contributions received or receivable from:			34,	187					
	(1) Employers	8a(1)				-				
	(2) Participants	8a(2)		216,	_	-				
	(3) Others (including rollovers)	8a(3)		100,	-		-			
b	Other income (loss)	8b		261,	363					
_ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	No.	11 - 11					6:	13,011
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		135,	520	JT E			ari J. R	
ее	Certain deemed and/or corrective distributions (see instructions)	8e						3 7		1111
f_	Administrative service providers (salaries, fees, commissions)	8f							1.00	
g	Other expenses	8g		15,	248	38,41				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	LET WE THE EX					1	50,768	
	Net income (loss) (subtract line 8h from line 8c)	8i	W 1811					4	62,243	
J	Transfers to (from) the plan (see instructions)	8i				THE ST		X 15		W. W
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in	the instr	uctions:	
	3D 2E 2J 2K 2G 2F 2A 2T									
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plai	n Chara	ecterist	tic Coo	des in t	he instru	ctions:	
Do	t V Commission of Overtions									
Pai					Yes	No	N/A		A	
10	During the plan year:	itione within	a the time period		163	NO	IN/A		Amount	
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-1027 (See instructions and DOL's \					3.5				
	Program)			10a		X	1.5			
k	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		х				
	Was the plan covered by a fidelity bond?			10c	Х				3	73,111
- 0	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
E		her person ne or all of	s by an insurance the benefits under	10e	х					1,911
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g	Х					23,420
	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	he require	d notice or one of the	10i						. F. T.
-	to your M. Life									

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Form 5500-SF 2016

							_
Part							_
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sch	edule S	B 	Ye	s No	) —
11a	Enter the unpaid minimum required contributions 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 C			•	∏ Y€	s X No	Э
	ERISA?(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, see ingranting the waiver.	structions, and Month	d enter t Day	he date	of the letter Year	ruling	
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				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left 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						
	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s 🛭 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 broucontrol of the PBGC?				Yes 🛚	No	
С							
	13c(1) Name of plan(s):	13c(2	) EIN(s)		13c(3)	PN(s)	_
							_
Pari	VIII Trust Information						_
14a	Name of 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						
		Yes			No		
-	Now did the plan satisfy the nondiscrimination requirements for employee deferrals under section	☐ Desi	gn-base harbor	d	"Prior ye	ar" ADP	
	401(k)(3) for the plan year? Check all that apply:	"Cun	ent yea test	Γ"	□ N/A		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Rati	o centage		Average penefit test	□ N/A	
16k	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			☐ No		
	a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR the letter and the serial number	S opinion lette					
178	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, letter	enter the date	of the	most re	cent determin	nation	
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not se service?		Y		No		_
40	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		□ Υ	es	□No		