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

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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	2016	and ending 12	2/31/2016							
A This ret	urn/report is for:	a single-employer plan	_) (Filers checking this box must attach a accordance with the form instructions.)							
		a one-participant plan	a foreign plan	,		,						
B This retu	ırn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year return	/report (less than 12 m	ess than 12 months)							
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program							
		special extension (enter descri	. ,									
Part II		ormation—enter all requested in	formation		T							
1a Name (5. 401(K) PROFIT SHARING PLAN	I		1b Three-digit plan number (PN) ▶	002						
					1c Effective date of 10/0	of plan 1/1980						
Mailing	ponsor's name (emplo address (include roo	2b Employer Ident (EIN) 91-1	ification Number 004602									
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BELLEGROVE OB/GYN, INC. P.S.					2c Sponsor's telep							
1200 112TH	AVE NE SUITE C115				2d Business code	`						
	WA 98004-3745				621	111						
3a Plan ad	dministrator's name a	nd address 🛛 Same as Plan Spor	nsor.		3b Administrator's EIN							
					3c Administrator's telephone number							
					7 Administrator 5	telephone namber						
4 If the n	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN							
name, a Sponso		mber from the last return/report.			4c PN							
		at the beginning of the plan year			5a	51						
		at the end of the plan year			5b	0						
C Number	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	0						
d(1) Tota	al number of active pa	rticipants at the beginning of the pl	lan year		5d(1)	0						
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	0						
than 1	100% vested	terminated employment during the			5e	0						
		or incomplete filing of this return her penalties set forth in the instru-				iooblo a Cobadula						
SB or Sche		nd signed by an enrolled actuary, a										
SIGN HERE	Filed with authorized	valid electronic signature.	03/21/2017	SUZIE PARKER-DIXO	KER-DIXON							
	Signature of plan a	ndministrator	Date	Enter name of individe	Enter name of individual signing as plan administrator							
SIGN HERE												
	Signature of emplo	oyer/plan sponsor name, if applicable) and address (ir	Date	Enter name of individer)	ual signing as employ Preparer's telephone							
	(, app. 1522-10) and dad 1550 (II	The second of suite manipe	· ,								

Form 5500-SF 2016 Page **2**

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 condi not use Fo	ndent qualified public ations.)orm 5500-SF and mus	account t instea	ant (IC	PA) Form	5500.		X Ye	es No
	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐No	∐ Not de	termined
7	Plan Assets and Liabilities		(a) Beginning	of Voar				(b) End	l of Year	
a	Total plan assets	7a		058862				(b) Lile	i or rear	0
	Total plan liabilities	7b		3110						0
	Net plan assets (subtract line 7b from line 7a)	7c	10	055752						0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b)	Total	
а	Contributions received or receivable from:		, ,	0						
	(1) Employers	8a(1)								
-	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3)		0 513818						
	Other income (loss)	8b		313010	-				5420	10
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							5138	18
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10	565170						
e	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		4400						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							105695	70
i	Net income (loss) (subtract line 8h from line 8c)	8i							-100557	52
j	Transfers to (from) the plan (see instructions)	8i								
Pai	rt IV Plan Characteristics	٠,	L							
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2G 2J 2R 2A 2F 2T 2K	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Coc	les in t	he instr	uctions:	
_										
Par					ı	ı	1			
10	During the plan year:				Yes	No	N/A		Amoun	t
а	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 F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
				10c	X					500000
d		fidelity bo	nd, that was caused	10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	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 to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

Form 5500-SF 2016	
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Page 3-	1	
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Part	VI Pen	sion Funding Compliance							
11		efined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 00) and line 11a below)						Yes	No
_	Enter the	unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		•		
12	ERISA?	defined contribution plan subject to the minimum funding requirements of section 412 of the C			n 302 of	f 	C	Yes	× No
а	If a waive	r of the minimum funding standard for a prior year is being amortized in this plan year, see inche waiver.		ns, and	d enter t		of the le		ng
lf	you compl	eted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		•				
b	Enter the n	ninimum required contribution for this plan year			12b				
С	Enter the a	mount contributed by the employer to the plan for this plan year			12c				
	Subtract t	he amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)	left of a	l	12d				
<u>e</u>	Will the m	inimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
Part	VII Pla	n Terminations and Transfers of Assets							
13a	Has a reso	olution to terminate the plan been adopted in any plan year?				X Ye	s	No	
	If "Yes," e	nter the amount of any plan assets that reverted to the employer this year			13a				C
b		he plan assets distributed to participants or beneficiaries, transferred to another plan, or brou the PBGC?					X Yes	No)
С		this plan year, any assets or liabilities were transferred from this plan to another plan(s), identets or liabilities were transferred. (See instructions.)	tify the	olan(s) to				
1	13c(1) Nam	e of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)		l(s)
UWH (OF WASHIN	NGTON, PLLC 401(K) RETIREMENT PLAN	30-08	32785	j		00	1	
Part	VIII Tr	ust Information							
14a	Name of tru	ust			14b ⁻	Trust's f	ΞIN		
14c	Name of tr	ustee or custodian					s or cust		;
Par	t IX IR	S Compliance Questions							
		a 401(k) plan? If "No," skip b		Yes			No		
		e plan satisfy the nondiscrimination requirements for employee deferrals under section or the plan year? Check all that apply:		safe h		<u>_</u>	"Prior test	r year" <i>i</i>	ADP
				ADP 1	ent year test		N/A		
16a		ng method was used to satisfy the coverage requirements under section 410(b) for the plan ck all that apply:		Ratio perce	entage		verage enefit tes	st [N/A
16b		an satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) by year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a		is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRSand the serial number		n lette	r or advi	sory let	ter, ente	r the da	te of
	If the plan letter	is an individually-designed plan that received a favorable determination letter from the IRS, ϵ /	enter the	date	of the m	nost rec	ent deter	rminatio	on
18	Were any	enefit Plan or Money Purchase Pension Plan Only: distributions made during the plan year to an employee who attained age 62 and had not sep		from	Ye	s [No		
19		lan 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

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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to

Penalon Benefil Guaranty Corporali	1-6E	Public Inspection			
Part I Annual Repo	ort Identification Information	iccordance with the illar	luctions to the Form 5500	,-01,	
For calendar plan year 2016 o		01/01/2015	and ending	12/31/2	016
A This return/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer) (Fili mployer information in acco	ers checking th	nis box must attach a
B This return/report is	the first return/report an emended return/report	X the final return/report	rn/report (less than 12 mon	ths)	
C Check box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC progre	m
Part II Basic Plan II	nformation—enter all requested inf	formation			
1a Name of plan BELLEGROVE OB/GYN,	INC. P.S. 401(K) PROFI	T SHARING PLAN		Ib Three-dig plan numl (PN) ▶	
		1c Effective 10/01/1	.980		
Malling address (include	nployer, if for a single-employer plan) room, apt., sulte no, and street, or P.C vince, country, and ZIP or foreign post), Box) al code (if foreign, see ins	structions)	(EIN) 91-	Identification Number
BELLEGROVE OB/GYN				425-455	s telephone number 5-0244 code (see Instructions)
1200 112TH AVE NE				621111	,
BELLEVUE	WA 98004-374 e and address X Same as Plan Spo			3b Administr	
	of the plan sponsor has changed since a number from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	
a Spensor's name	The transfer of the transfer o			4c PN	
The state of the s	ants at the beginning of the plan year,	1,50,171,181,181,181		5a	51
	ants at the end of the plan year			5b	
C Number of participants i	with account balances as of the end of	f the plan year (only defin	ed contribution plans	5c	
d(1) Total number of activ	e participants at the beginning of the p	lan year		5d(1)	
d(2) Total number of activ	e participants at the end of the plan ye	ar		5d(2)	
than 100% vented	that terminated employment during th			5e	bond
Under penalties of pertains as	ate or incomplete filling of this retuind other penalties set forth in the instrued and signed by an enrolled actuary, complete.	ections. I declare that I ha	ve examined this return/report	ort, including, , and to the be	if applicable; a Schedule
SIGN X	James Ulhn	Y 2/21/14	SUZIE PARKER-D		
Signature of p	an administrator	Date	Enter name of individu	al signing as	plan administrator
CARROLE	mployer/plan sponsor	Date	Enter name of Individu	ual signing as	employer or plan sponsor
Preparer's name (including f	nployer(pla)) sponsor irm name, if applicable) and address (lephone number
				A CE IN	

	Form 5500-SF 2016		Page 2		_			
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, is it covered under the PBGC in	an independ and condition ot use Form	dent qualified public accounta ons.) n 5500-SF and must instea	ant (IQ d use	PA) Form	 5500.		Yes No Yes No
Pa	rt III Financial Information							
7	Plan Assets and Liabilities	INOUGH TA	(a) Beginning of Year			(b) End of	
a	Total plan assets	7a	10,058,	862				0
b	Total plan liabilities	7b		110				0
c	Net plan assets (subtract line 7b from line 7a)	7c	_10,055,	752				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	ıl
a	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0	< 1 PM			
	(3) Others (including rollovers)	8a(3)		0	9177			
b	Other income (loss)	8b	513,	818	1 : .	10		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	BAKE IN STRUCTURE					513,818
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10,565,	170		y 1		
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	1		JES ST	da vie s
f	Administrative service providers (salaries, fees, commissions)	8f	4,	400		11 8		
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						10,569,570
ī	Net income (loss) (subtract line 8h from line 8c)	8i		= 10				- 10,055,752
j	Transfers to (from) the plan (see instructions)	8i						
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2G 2J 2R 2A 2F 2T 2K	feature coo	les from the List of Plan Cha	racteri	stic Co	odes in	the instruc	ctions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plan Chara	acteris	tic Cod	des in t	he instruct	ions:
Pa	rt V Compliance Questions							
10	During the plan year:			Yes	No	N/A		Amount
- E	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	∕oluntary Fi	duciary Correction		Х			

10	During the plan year:	Yes	No	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		Х		
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			500,000
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	He'	
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		Х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		X		
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				

Page 3-	
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Part VI								
	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comm 5500) and line 11a below)				Yes	No		
	nter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12 Is	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the C RISA?	ode or sect	ion 302 of	f	Yes	X No		
. (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				(1) (1)	.tto		
gr	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instanting the waiver.	Month	nd enter t Day	the date of	Year Year	iling		
	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		1 406	T				
b En	ter the minimum required contribution for this plan year							
	ter 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)								
e v	/ill the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No 📗	N/A			
Part VI	Plan Terminations and Transfers of Assets							
13a H	as a resolution to terminate the plan been adopted in any plan year?			X Yes	No			
lf	"Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0		
	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou			X	Yes	No		
C If	f, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden Thich assets or liabilities were transferred. (See instructions.)							
	s(1) Name of plan(s):	13c	(2) EIN(s)		13c(3) F	N(s)		
UWH OF	F WASHINGTON, PLLC 401(k) RETIREMENT PLAN	30-0	083278	0832785 001				
				ł				
Part V	III Trust Information							
14a Na	me of trust		14b	Trust's El	N			
440 11	Standard Control of the Control of t		144	Truetoo's	or custodia	n's		
146 198	ame of trustee or custodian		140	14d Trustee's or custodian's telephone number				
Part I	X IRS Compliance Questions							
15a Is	the plan a 401(k) plan? If "No," skip b	Y	es		No			
15b ⊬	ow did the plan satisfy the nondiscrimination requirements for employee deferrals under section		sign-base	ed ["Prior yea	r" ADP		
	11(k)(3) for the plan year? Check all that apply:	100000	fe harbor urrent yea	.r" =	test			
			P test	" L	N/A			
16a W	hat testing method was used to satisfy the coverage requirements under section 410(b) for the plan		atio	_ Av	erage	—		
ye	ear? Check all that apply:		ercentage st		nefit test	∐ N/A		
fo	id the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4 or the plan year by combining this plan with any other plan under the permissive aggregation rules?		es .		No			
th	the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR eletter and the serial number							
le	the plan is an individually-designed plan that received a favorable determination letter from the IRS, etter	enter the da	ate of the	most rece	nt determin	ation		
V	efined Benefit Plan or Money Purchase Pension Plan Only: /ere any distributions made during the plan year to an employee who attained age 62 and had not se ervice?		m T	es] No			
	as any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		П Ү	es	No			