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

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		rt Identification Information						
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/20	016	and ending 12	2/31/2016			
A This ret	turn/report is for:	a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) (f	_			
	·	a one-participant plan	a foreign plan					
B This retu	urn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)			
C Check I	box if filing under:	Form 5558	automatic extension		DFVC progr	am		
Part II	Racio Blan Int	special extension (enter descri	. ,					
		officiation—enter all requested info	ormation		1b Thurs die	-::		
1a Name	or pian DNS OB/GYN, PLLC	401(K) PLAN			1b Three-dig plan num			
02.12.1.1.1					(PN) ▶	001		
					1c Effective	date of plan 01/01/2004		
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O	. Box)		2b Employer (EIN)	r Identification Number 27-0639185		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GENERATIONS OB/GYN, PLLC					2c Sponsor's telephone number 509-248-3440			
					2d Business	code (see instructions)		
3003 TIETON	N DRIVE, SUITE 230)				621111		
YAKIMA, WA	N 98902							
	dministrator's name ONS OB/GYN, PLLC		sor. ON DRIVE, SUITE 230		3b Administr	rator's EIN 27-0639185		
		YAKIMA, \	NA 98902			rator's telephone number		
					5	509-248-3440		
4 If the r	name and/or EIN of t	he plan sponsor has changed since t	the last return/report filed for	or this plan, enter the	4b EIN			
	, EIN, and the plan r or's name	umber from the last return/report.			4c PN			
		ts at the beginning of the plan year			5a	19		
_	•	ts at the end of the plan year			5b	1:		
C Numb	er of participants wit	h account balances as of the end of t	he plan year (only defined	contribution plans	5c			
		participants at the beginning of the pla			5d(1)	1		
		participants at the end of the plan year			5d(2)	1		
		at terminated employment during the			5e			
Caution: A	penalty for the lat	e or incomplete filing of this return	report will be assessed	unless reasonable cau				
SB or Sche		other penalties set forth in the instruc and signed by an enrolled actuary, a mplete.						
SIGN		d/valid electronic signature.	03/24/2017	KEVIN HARRINGTON,	, MD			
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator								

Date

Signature of employer/plan sponsor

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

SIGN HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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	 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. 								Yes No	
	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not o	determined
	rt III Financial Information	ĺ								
7_	Plan Assets and Liabilities		(a) Beginning	of Year 764710				(b) End	of Year 6981	F0F
	Total plan assets	7a	0	707					0901	0
	Total plan liabilities	7b	6	764003					6981	
<u>c</u>	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amour					/b) :		
a	Contributions received or receivable from:		(a) Amour	ıτ				(a)	Total	
	(1) Employers	8a(1)		61434						
	(2) Participants	8a(2)		110281						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		487299)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							659	014
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		441342						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
q	Other expenses	8g		150)					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							441	492
ī	Net income (loss) (subtract line 8h from line 8c)	8i							217	522
j	Transfers to (from) the plan (see instructions)	8i								
Pai	t IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the ins	tructions:	
	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	les in t	he instr	uctions:	
	in the plan provides wellare solitone, enter the applicable wellare in	oataro ooc	ioo nom mo ziot or r ia	ii Onaic	2010110		.00		dottorio.	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	ınt
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 V		•			.,				
	Program)	-	-	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С				10c	Χ					500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	·	10d		X				
е		ner 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	s 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 the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	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 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 constru				Y	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	ΠY	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 i		of the letter Year _	ruling
lf	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 No)
	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				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) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia 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 [Test	ar" 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	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 determir	ation
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?			s	No	

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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Pension E	Benefit Guaranty Corporation	➤ Complete all entries in	accordance with the inst	ructions to the Form !	5500-SF.	Public Inspection
Part I	Annual Repor	t Identification Information				
For calend	dar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/	31/2016
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer) nployer information in a	(Filers check	king this box must attach a vith the form instructions.)
		a one-participant plan	a foreign plan			,
B This ret	turn/report is	the first return/report	the final return/report			
2		an amended return/report	a short plan year retur	n/report (less than 12 n	nonths)	
C Check	box if filing under:	Form 5558 special extension (enter description)	automatic extension		DFVC p	program
Part II	Basic Plan Inf	ormation—enter all requested in				
1a Name		ormation—enter all requested in	ioimation		1b Thre	o digit
		PLLC 401(k) Plan				number 001
					1c Effec	ctive date of plan
2a Plans	ponsor's name (empl	oyer, if for a single-employer plan)				loyer Identification Number
Mailin	g address (include ro r town, state or provin	om, apt., suite no. and street, or P.C ice, country, and ZIP or foreign post), Box) al code (if foreign, see inst	ructione)		27-0639185
	tions Ob/Gyn,		ar code (ir foreign, see mst	delions)		nsor's telephone number
						248-3440
3003 T	ieton Drive,	Suite 230			6211	ness code (see instructions)
Yakima		WA 98902	r'			
	idministrator's name a	PARTIES AND TOURS OF SECTION S	nsor.			nistrator's EIN
Generat	ions Ob/Gyn,	PLLC	x =			539185
3003 Ti Yakima	eton Drive, S	Guite 230 WA 98902			1	nistrator's telephone number 248-3440
4 If the r	name and/or EIN of th	ne plan sponsor has changed since tumber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	
	or's name	amber from the last returnineport.			4c PN	
5a Total	number of participants	s at the beginning of the plan year				10
		s at the end of the plan year			5b	19
C Numb	er of participants with	account balances as of the end of t	the plan year (only defined	contribution plans		15
compl	lete this item)				5c	15
d(1) Tota	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	17
		articipants at the end of the plan yea			5d(2)	14
than	100% vested	t terminated employment during the			5e	0
Under nena	t penalty for the late	or incomplete filing of this return ther penalties set forth in the instruc	report will be assessed	unless reasonable car	use is estab	olished.
SB or Sche	edule MB completed a true, correct, and com	and signed by an enrolled actuary, a	s well as the electronic ver	sion of this return/repor	t, and to the	ng, if applicable, a Schedule best of my knowledge and
SIGN	feur	Harrigton MD	1	Kevin Harringt	ton, MD	
HERE	Signature of plan a	administrator	Date 3/21/17	Enter name of individ	ual signing a	s plan administrator
SIGN						
HERE	Signature of emplo		Date	Enter name of individ	ual signing a	s employer or plan sponsor
Preparer's	name (including firm r	name, if applicable) and address (in	clude room or suite numbe	r)		telephone number

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6a 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	an independ	dent qualified public	accoun	tant (IC)PA)		
	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	and condition	ons.)	et inete				X Yes 1
С	If the plan is a defined benefit plan, is it covered under the PBGC is							
	rt III Financial Information		- 3.4 (666 2.1.16716		1021).	[☐ Not determine
7	Plan Assets and Liabilities		(a) Beginning	of Vaa	,			(h) End of Voor
а	Total plan assets	7a		,764,				(b) End of Year 6,981,5
•	Total plan liabilities	7b			707			0,301,3
	Net plan assets (subtract line 7b from line 7a)	7c	6,	764,	003			6,981,5
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour					(b) Total
а	Contributions received or receivable from:		(-7					(b) Total
	(1) Employers	8a(1)			434			
	(2) Participants	8a(2)		110,	281			
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b		487,	299			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						659,0
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		441,	342			
е	Certain deemed and/or corrective distributions (see instructions)	8e			-			
	Administrative service providers (salaries, fees, commissions)	8f			-			
	Other expenses	8g			150			
93	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			130			441,49
	Net income (loss) (subtract line 8h from line 8c)	8i						
	Transfers to (from) the plan (see instructions)	8i			-			217,52
Par		0)						
	If the plan provides pension benefits, enter the applicable pension	feature code	es from the Liet of DI	an Cha	ractorio	tio Co	odoo in i	the instructions
	2E 2F 2G 2J 2K 2T 3D	Toutaro oou	SO HOTH THE LIST OF THE	an Ona	Iaciens	Stile Ct	Jues III	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan	n Chara	acterist	ic Co	des in th	ne instructions:
Par								
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	tions within t	the time period					
	Program)		uciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	clude transactions	10b		х		
С	Was the plan covered by a fidelity bond?			10c	Х			500,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	, that was caused	10d		Х		300700
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.)	er persons le	oy an insurance e benefits under	10a		х		
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				\vdash	X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruct	ions and 29 CFR	10g 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	e required n	otice or one of the	10ii				

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Part	VI Pension Funding Compliance		1 - 2 - 2			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	· · · · · · · · · · · · · · · · · · ·		BB		res 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 CERISA?	Code or section	on 302 o	f		res X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				<u></u>	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	structions, an Month	d enter Dav		of the lette Year	r ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	Da	y	I ear_	
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					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	Ϊ		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broucontrol of the PBGC?	ght under the		[Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idenwhich assets or liabilities were transferred. (See instructions.)	tify the plan(s) to			
1	I3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information		8 10			
14a i	Name of trust		14b	Γrust's El	N	
14c	Name of trustee or custodian				or custodia e number	an's
Part	IX IRS Compliance Questions				-	
15a	Is the plan a 401(k) plan? If "No," skip b	Yes] No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ safe h	ent year'		"Prior yes test N/A	ar" ADP
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio perce test	entage		erage nefit test	□ N/A
	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	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, eletter	nter the date	of the m	ost recer	nt determin	ation
,	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 sepa service?	arated from	Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		No	