Foi	rm 5500-SF	Short Form Annual Return/Report of Small Employee						
	rtment of the Treasury mal Revenue Service	This form is required to be file		4065 of the Employee Re	tirement	2	2016	
Employee B	Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of 1 Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form						rm is Open to Inspection	
			accordance with the inst	ructions to the Form 55	00-SF.	T UDIN	mapeetion	
Part I	Annual Report Ic ar plan year 2016 or fisc	dentification Information	016	and ending 12	/31/2016			
	ai pian year 2010 or lisc	a single-employer plan	_	lan (not multiemployer) (F		king this box	must attach a	
A This re	turn/report is for:	a one-participant plan		mployer information in ac		-		
B This ret	urn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 mo	(antho)			
•	L				,			
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	orogram		
		special extension (enter descr	iption)					
Part II	Basic Plan Inform	mation—enter all requested inf	ormation					
1a Name DIGESTIVE		PY CENTER, PLLC 401(K) PRO	FIT SHARING PLAN		1b Thre plan (PN)	number	001	
					1c Effect	tive date of 01/01/		
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)					2b Empl (EIN)		cation Number	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DIGESTIVE DISEASE & ENDOSCOPY CENTER, PLLC					2c Sponsor's telephone number 360-479-1952			
	ITAGE WAY NW, SUITE E, WA 98383	221			2d Busir	ness code (s 62111	ee instructions) 1	
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spor	ISOF.		3b Admi	inistrator's El	IN	
					3c Admi	inistrator's te	lephone number	
		blan sponsor has changed since to be from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN			
a Spons	or's name				4c PN			
5a Total	number of participants at	t the beginning of the plan year			5a		31	
		t the end of the plan year			5b		33	
		count balances as of the end of t		-	5c		33	
d(1) Tot	al number of active partie	cipants at the beginning of the pla	an year		5d(1)		20	
• •		cipants at the end of the plan yea		F	5d(2)		18	
	· ·	rminated employment during the			5e		4	
Caution: A Under pen SB or Sche	A penalty for the late or alties of perjury and othe	incomplete filing of this return er penalties set forth in the instruct signed by an enrolled actuary, a	n/report will be assessed tions, I declare that I have s well as the electronic ve	I unless reasonable cau e examined this return/rep	ort, includi	ing, if applica	able, a Schedule knowledge and	
SIGN	Filed with authorized/va	alid electronic signature.	04/10/2017	PANKAJ SHARMA				
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing	as plan adm	inistrator	
SIGN								
HERE	Signature of employe		Date	Enter name of individu				
Preparer's	name (including firm nar	me, if applicable) and address (in	clude room or suite numb	er)	Preparers	s telephone r	number	

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Part IV Plan Characteristics

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

i

j

9a

b

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
a	Total plan assets	7a	4419740	4690626					
b		7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	4419740	4690626					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	125791						
	(2) Participants	8a(2)	92338						
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	329075						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		547204					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	225558						
е	Certain deemed and/or corrective distributions (see instructions).	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	50760						
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		276318					

8h

8i

8j

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

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

270886

Part	V Co	mpliance Questions					
10	During the	plan year:		Yes	No	N/A	Amount
а	described	a failure to transmit to the plan any participant contributions within the time period I in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction	10a		X		
b		e any nonexempt transactions with any party-in-interest? (Do not include transactions n line 10a.)	10b		Х		
C	Was the p	blan covered by a fidelity bond?	10c	X			50000
d	•	an have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused r dishonesty?	10d		Х		
е	carrier, ins	fees or commissions paid to any brokers, agents, or other persons by an insurance surance service, or other organization that provides some or all of the benefits under (See instructions.).	10e		×		
f	Has the pl	an failed to provide any benefit when due under the plan?	10f		X		
g	Did the pla	an have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X		
h		n individual account plan, was there a blackout period? (See instructions and 29 CFR 3.)	10h		Х		
i		answered "Yes," check the box if you either provided the required notice or one of the s to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					-	
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _		_ Day		_ Year	
lf	you c	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			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le 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?				Yes	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		er the	e date	of the m	nost rece	ent determ	ination
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 separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

Form 5500-SF	Short Form Annual Re	turn/Report c enefit Plan	of Small Employ					
Internal Revenue Service	This form is required to be filed Retirement Income Security Act of			-	2	2016		
Department of Labor Employee Benefits Security Administration	(a) of		s Open to Public					
Pension Benefit Guaranty Corporation	Complete all entries in accorda	ance with the instru	ctions to the Form 5500)-SF.	In	spection		
For calendar plan year 2016 or fisca	dentification Information	01/01/2016	and ending	12	/31/2016			
			lan (not multiemployer) (l			must attach		
A This return/report is for:		list of participating e	mployer information in ac					
B This return/report is:	=	i foreign plan he final return/report						
		•	rn/report (less than 12 m	onths)				
				, 				
C Check box if filing under:	☐ Form 5558 ☐ a ☐ special extension (enter description)	utomatic extension		L	DFVC progra	m		
Part II Basic Plan Infor	mation enter all requested inform							
1a Name of plan	Ination enter all requested inform	lation		1b ⊤	hree-digit			
Digestive Disease &	Endoscopy Center, PLLC 40	1(k) Profit Sh	aring Plan		lan number PN) ►	001		
				1c E	ffective date of 1/01/2002	fplan		
2a Plan sponsor's name (employe Mailing Address (include room	er, if for a single-employer plan) a, apt., suite no. and street, or P.O. Box)				fication Number		
City or town, state or province,	, country, and ZIP or foreign postal cod	e (if foreign, see inst	ructions)	`	EIN) 91-200			
Digestive Disease &	Endoscopy Center, PLLC				ponsor's telepl 360) 479-3			
3261 Mt Vintage Way	NW, Suite 221				susiness code (21111	see instructions)		
US Silverdale WA 98383								
3a Plan administrator's name and	address X Same as Plan Sponsor			36 A	dministrator's l	EIN		
						telephone number		
4 If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since the las per from the last return/report.	st return/report filed for	or this plan, enter the	4b E	IN			
a Sponsor's name				4c P	N			
	t the beginning of the plan year t the end of the plan year			5a 5b		31		
	count balances as of the end of the pla			5c				
	·····				,	33		
	cipants at the beginning of the plan yea			5d(1		20		
()	cipants at the end of the plan year		efits that were	5d(2	/	18		
				5e		4		
and when the case of the second s	r incomplete filing of this return/repo	and the second		Alexanderanderander				
	er penalties set forth in the instructions d signed by an enrolled actuary, as wel lete.							
SIGN Jan Mar	`	4/10/2017	Pankij Shar	ma				
HERE Signature of plan admir	nistrator	Date	Enter name of individua	and the second se	and the second se	nistrator		
SIGN fork po	h	4/10/2017	And a second	arma				
HERE Signature of employer/	plan sponsor ame, if applicable) and address (include	Date Date	Enter name of individua		g as employer			
Skip this question	nne, ii applicable) and address (include		er)		this quest			

Form 5500-SF 2016	Page 2	

X Yes No **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) XYes No 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.

7	Plan Assets and Liabilities		(a) Beginning of		r			(b) End of	Year
а	Total plan assets	7a	4,4	19,7	40			4	4,690,626
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	4,4	19,7	40			4	4,690,626
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Tota	al
а	Contributions received or receivable from:		1.		0.1				
	(1) Employers	8a(1)		25,7					
	(2) Participants	8a(2)		92,3	30				
h	(3) Others (including rollovers)	8a(3)		75					
b	Other income (loss)	8b		29,0	/5				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							547,204
u	to provide benefits)	8d	2:	25,5	58				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	5	50,7	0,760				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							276,318
i	Net income (loss) (subtract line 8h from line 8c)	8i							270,886
j	Transfers to (from) the plan (see instructions)	8j							
9a	2A 2E 2F 2G 2J 2K 2R 3D								
9a b	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea								
9a b P	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea art V Compliance Questions				ristic	Codes	in the i	nstructions:	
9a b P	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea art V Compliance Questions During the plan year:	ture codes	s from the List of Plan Cha			Codes		nstructions:	
Ða b P	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut	ture codes	s from the List of Plan Cha		ristic	Codes	in the i	nstructions:	
9a b P	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	ture codes	s from the List of Plan Cha		ristic	Codes	in the i	nstructions:	
9a b P 10	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	ture codes ions withir luntary Fic	s from the List of Plan Cha		ristic	Codes	in the i	nstructions:	
9a b P 10	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	ions within luntary Fic	the time period luciary Correction		ristic	Codes	in the i	nstructions:	
9a b P 10	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	ions withir luntary Fic ? (Do not in	the time period luciary Correction	aracte	ristic	No x	in the i	nstructions:	
9a b 10 i	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	ions within luntary Fic	s from the List of Plan Cha the time period luciary Correction nclude transactions d, that was caused	10a	Yes	No x	in the i	nstructions:	nount
9a b 10 i	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fi	ions within luntary Fic ? (Do not in fidelity bon er persons e or all of t	a from the List of Plan Cha the time period luciary Correction include transactions d, that was caused by an insurance he benefits under	10a 10b	Yes	No x x	in the i	nstructions:	nount
9a b 0 1	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	ions withir luntary Fic ? (Do not in fidelity bon er persons e or all of t	the time period luciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d	Yes	No x x x	in the i	nstructions:	nount
9a b 0 1 0 1	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	ions within luntary Fic ? (Do not in fidelity bon er persons e or all of t	s from the List of Plan Cha the time period luciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d 10e 10f	Yes	No x x x x x x	in the i	nstructions:	nount
P 0 1 1	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	ions withir luntary Fic ? (Do not in fidelity bon er persons e or all of t n? s of year e See instru	the time period luciary Correction clude transactions d, that was caused by an insurance he benefits under nd.)	10a 10b 10c 10d	Yes	No x x x x	in the i	nstructions:	nount

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

Form 5500-SF 2016

Page **3 -**

Part	VI	Pension Funding Compliance							
11		edefined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Yes	X No	
_11a	Enter th	e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a					
12		a defined contribution plan subject to the minimum funding requirements of section 412 of the C					Yes [X No	
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		ver of the minimum funding standard for a prior year is being amortized in this plan year, see ins g the waiver			er the da Day		eletter ru ear	uling	
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.						
b	Enter th	e minimum required contribution for this plan year.							
C	Enter th	e amount contributed by the employer to the plan for the plan year		. 12c					
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the e amount)		. 12d					
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	••••••	. [Yes	Nc		N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a r	esolution to terminate the plan been adopted in any plan year?		.	🗌 Ye	es 🗴	No		
	If "Yes,	' enter the amount of any plan assets that reverted to the employer this year		. 13a					
b		I the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	-] Yes	X N	lo	
С	lf, durin	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ssets or liabilities were transferred. (See instructions.)			<u> </u>				
13		me of plan(s):	13c(2)	EIN(s)		1	3c(3) PN	N(s)	
Part	VIII	Trust Information - Skip These Questions							
14a	Name o	of trust		14	b Trust's	EIN			
14c	Name o	f trustee or custodian		14		e or custodian's one number			
					totophi				
Part	IX	IRS Compliance Questions - Skip These Questions							
15a	Is the p	lan a 401(k) plan? If "No," skip b.		Yes			No		
15b		t the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design- safe ha			"Prior test	year" ADP	
	- ()("Curren			N/A		
162	What te	sting method was used to satisfy the coverage requirements under section 410(b) for the plan		Ratio					
100		check all that apply:		percent test	age [☐ Aver bene	age fit test	□ N/A	
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a	If the pl	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS	opinion I	etter or a	advisory	letter, er	nter the	date of	
17b		an is an individually-designed plan that received a favorable determination letter from the IRS, e	enter the c	late of th	ie most r	ecent de	termina	tion	
18	Defined Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sep ?		om	🗌 Ye	es 🗌	No		
19		y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	•••••••••		☐ Ye	es 🗌	No		