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).

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.

Part I		Identification Information					
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/20	01 <u>6</u>	and ending 12	2/31/2016		
A This ret	A This return/report is for: 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 foreign plan						
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report a short plan year return	/report (less than 12 m	onths)		
C Check b	pox if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC program		
Part II	Basic Plan Info	rmation—enter all requested info	. ,				
1a Name	of plan	OFIT SHARING PLAN			1b Three-digit plan number (PN) ▶	001	
					1c Effective dat	e of plan 0/30/1991	
Mailing City or	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		uctions)	(EIN) 9°		
303 HOLTON YAKIMA, WA	I AVENUE, SUITE 1 98902				2d Business co	575-7653 de (see instructions) 21111	
3a Plan administrator's name and address Same as Plan Sponsor. YAKIMA CHEST CLINIC, P.C. 303 HOLTON AVENUE, SUITE 1 YAKIMA, WA 98902 3b Administrator's EIN 91-1449184 3c Administrator's telephone number 509-575-7653						1-1449184 r's telephone number	
	EIN, and the plan nu	e plan sponsor has changed since t mber from the last return/report.	the last return/report filed to	r this plan, enter the	4b EIN		
5a Total r	number of participants	at the beginning of the plan year			5a		
		at the end of the plan year			5b		
C Number		account balances as of the end of t			5c	21	
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	18	
d(2) Tota	al number of active pa	rticipants at the end of the plan year	ar		5d(2)	14	
than 1	100% vested	terminated employment during the			5e	4	
Under pena SB or Sche	alties of perjury and ot	or incomplete filing of this return her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.	tions, I declare that I have	examined this return/re	port, including, if ap	plicable, a Schedule	
SIGN	Filed with authorized/	valid electronic signature.	05/31/2017	PHILLIP MENASHE			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as plan	administrator	
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing as emp	loyer or plan sponsor	
Preparer's i	name (including firm r	name, if applicable) and address (in	clude room or suite numbe		Preparer's teleph		

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	Were all of the plan's assets during the plan year invested in eligib		,						X Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann		,						ш	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?	🗌	Yes	No	Not dete	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End o	f Year	
<u>a</u>	Total plan assets	7a	2	628403					2764267	,
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	2	628403					2764267	,
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)		64359						
	(2) Participants	8a(2)		122259						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		94668						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							281286)
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d		111391						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		24024	-					
<u>g</u>	Other expenses	8g		34031					145400)
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							145422	
-	Net income (loss) (subtract line 8h from line 8c)	8i							133004	•
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics	• •		01		<i>.</i> : 0				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	teature co	des from the List of Pl	an Cha	racteris	stic Co	odes in	the instru	ictions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in t	he instruc	tions:	
Par	t 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 \ Program)	-	-	10a		X				
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			Χ				
	reported on line 10a.)			10b						
	Was the plan covered by a fidelity bond?			10c	X					500000
C		•	-	40.1		X				
	by fraud or dishonesty?			10d						
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some					X				
	the plan? (See instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	X				_	18560
h		•		104		Χ				
i	2520.101-3.)			10h						
	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 set of the constructions and constructions are set of the constructions				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
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 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

Pension Benefit Guaranty Corporation

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).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Part I	Annual Report	t Identification Information	Track to be water a new					
For calend	dar plan year 2016 or t	fiscal plan year beginning	01/01/2016	and ending	12/31/2	016		
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer mployer information in) (Filers checking thi	is box must attach a		
		a one-participant plan	a foreign plan	mployer information in :	accordance with the	form instructions.)		
B This ref	turn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12	months)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	1		
		special extension (enter descri						
Part II		ormation—enter all requested in	formation					
1a Name					1b Three-digit			
YAKIMA	CHEST CLINIC,	P.C. PROFIT SHARING	PLAN		plan numbe	er 001		
					(PN)	1(1		
					1c Effective da 10/30/19			
2a Plans	sponsor's name (emplo	oyer, if for a single-employer plan)				lentification Number		
City o	g address (include roo r town, state or provinc	m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post). Box) al code (if foreign, see inst	ructions)	(EIN)91-1	449184		
YAKIMA	CHEST CLINIC	, P.C.	an order (in foreign, occ man	addions)	2c Sponsor's to	elephone number		
					509-575-	7653		
303 HO	LTON AVENUE, S	SUITE 1			2d Business co 621111	de (see instructions)		
					621111			
YAKIMA		WA 98902						
	idministrator's name a CHEST CLINIC,	Порог	isor.		3b Administrato	r's EIN		
IAKIMA	CHEST CHINIC,	P.C.			91-1449184			
303 HOL	TON AVENUE, S	UITE 1			3c Administrator's telephone number 509-575-7653			
					303 373 7	033		
YAKIMA		WA 98902			I +			
4 If the	name and/or EIN of the	e plan sponsor has changed since t	the last return/report filed f	or this plan, enter the	4b EIN			
	, EIN, and the plan nu or's name	mber from the last return/report.			- Lii			
					4c PN			
		at the beginning of the plan year				24		
b Total	number of participants	at the end of the plan year	hl /		. 5b	21		
comp	lete this item)	account balances as of the end of t	ne plan year (only defined	contribution plans	5c	0.1		
		rticipants at the beginning of the pla			5d(1)	21		
d(2) Tot	al number of active pa	rticipants at the end of the plan yea	r		5d(2)	18		
e Numb	per of participants that	terminated employment during the	plan year with accrued be	nefits that were less		14		
than	100% vested				5e	4		
Under pena	aities of periury and oth	or incomplete filing of this return ner penalties set forth in the instruc-	tions I declare that I have	avaminad this return /				
OD O. COM	edule MB completed ar true, correct, and comp	in signed by air cirrolled actuary, a	s well as the electronic ver	sion of this return/repor	rt, and to the best of	my knowledge and		
SIGN	11/1/50	nor	5/21/17	Phillip Menas	he			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan	administrator		
SIGN					- Jan Jan Pian	zaminorator		
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing on and			
Preparer's	name (including firm n	ame, if applicable) and address (inc	clude room or suite number	Enter name of individer)	Preparer's telepho	one number		
					l			
For Paperwo	ork Reduction Act Notice	e, see the Instructions for Form 5500-	SE					

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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 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 If the plan is a defined benefit plan, is it covered under the PBGC in 	an independ and condition of use For	dent qualified public a ons.) m 5500-SF and mus	account t inste	tant (IC	QPA) • Forn	า 5500.		No No nined
Part III Financial Information				100 m				
7 Plan Assets and Liabilities		(a) Beginning	of Year	. T			(b) End of Year	
a Total plan assets	7a		628,	$\overline{}$			2,764	1,267
b Total plan liabilities	7b		·	\neg			•	,
C Net plan assets (subtract line 7b from line 7a)	7c	2,	628,	403			2,764	1,267
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun					(b) Total	
a Contributions received or receivable from:		(-)					(b) rotal	
(1) Employers	8a(1)		64,					
(2) Participants	8a(2)		122,	259				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		94,	668				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						281	.,286
d Benefits paid (including direct rollovers and insurance premiums			111,	201				
to provide benefits)	8d		TTT,	291				
e Certain deemed and/or corrective distributions (see instructions)	8e			_				4
f Administrative service providers (salaries, fees, commissions)	8f		2.4	00.0				
g Other expenses	8g		34,	031				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							,422
Net income (loss) (subtract line 8h from line 8c)	8i						135	,864
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics							200 180 180 180 180 180 180 180 180 180 1	
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature cod	es from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:	A CONTRACTOR
b If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Chara	acterist	tic Cod	des in t	ne instructions:	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amount	
a Was there a failure to transmit to the plan any participant contribu	tions within	the time period				7		
described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			40-		Х			
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10a		Х			
C Was the plan covered by a fidelity bond?				Х			500	0,000
d Did the plan have a loss, whether or not reimbursed by the plan's			10c	71			500	, 000
by fraud or dishonesty?			10d		Х			
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.)	e or all of th	e benefits under	10e		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 a	s of year-en	d.)	10g	Х			18	3,560
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 required i	notice or one of the	10i					

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl (Form 5500) and line 11a below)	ete Sch	edule S	В	Yes	No
	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 Code of ERISA?	r sectio	n 302 of	f	Yes	X No
—а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction	ons, and	d enter t	he date	of the letter ru	ling
	granting the waiver Month	_	Day		Year	
1000	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		401			
	Enter the minimum required contribution for this plan year		12b			
-	Enter the amount contributed by the employer to the plan for this plan year		12c			
a	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)		12d			
e	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 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 brought uncontrol of the PBGC?	der the]	Yes X N	0
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) Ph	V(s)
Part	VIII Trust Information					
14a n	Name of trust		14b 1	rust's E	IN	
14c	Name of trustee or custodian				or custodian's e number	3
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	nt year'		"Prior year" test N/A	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			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 opinion the letter and the serial number			i i		
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the letter	e date o	of the m	ost recer	nt determination	n
	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 separated service?	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	