For	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee R	etirement	2016			
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (7(b) and 6058(a) of the		This Form is Open to Public Inspection			
	enefit Guaranty Corporation	Complete all entries in ac	ccordance with the instr	uctions to the Form 5	500-SF.				
For calend	Annual Report Ic	dentification Information al plan year beginning 01/01/20	16	and ending 12	2/31/2016				
		a single-employer plan				king this box must attach a			
A This ref	urn/report is for:	a one-participant plan				vith the form instructions.)			
R This ret	ırn/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 p	rogram			
	L L	special extension (enter descrip							
Part II	Basic Plan Inform	mation—enter all requested info	ormation						
1a Name NORTHWES	of plan	P.C. EMPLOYEE PENSION PLA			1b Thre plan (PN)	number			
					1c Effect	ctive date of plan 01/01/2009			
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O.			2b Empl (EIN)	loyer Identification Number			
	town, state or province, T SURGICAL GROUP,	country, and ZIP or foreign postal P.C.	l code (if foreign, see instr	uctions)	2c Sponsor's telephone number				
					360-754-1029 2d Business code (see instructions)				
	AL MALL DR SW STE 20 /A 98502-8702	01			621111				
3a Plan a	dministrator's name and	address X Same as Plan Spons	sor.		3b Admi	inistrator's EIN			
					3c Admi	inistrator's telephone number			
		blan sponsor has changed since th per from the last return/report.	ne last return/report filed fo	or this plan, enter the	4b EIN				
a Spons	or's name				4c PN				
		t the beginning of the plan year			5a	2			
		t the end of the plan year			5b	4			
		count balances as of the end of th			5c				
d(1) Tot	al number of active partie	cipants at the beginning of the pla	n year		5d(1)	2			
		cipants at the end of the plan year			5d(2)				
		rminated employment during the p			5e	(
Caution: A	penalty for the late or	incomplete filing of this return/	report will be assessed	unless reasonable ca					
SB or Sche	alties of perjury and othe edule MB completed and rue, correct, and completed	er penalties set forth in the instruct I signed by an enrolled actuary, as ete.	ions, I declare that I have well as the electronic ver	examined this return/re sion of this return/repor	port, includi t, and to the	ing, if applicable, a Schedule best of my knowledge and			
SIGN	Filed with authorized/va	alid electronic signature.	06/08/2017	WILLIAM WILLIARD, I	M.D.				
HERE	Signature of plan ad	Enter name of individ	ual signing	as plan administrator					
SIGN HERE									
Preparer's DON HEND HENDERSO	ERSON DN RETIREMENT SERV JRUS PLACE	me, if applicable) and address (inc	Date clude room or suite numbe			as employer or plan sponsor s telephone number 602-312-0411			
	.,								

6a b c	 b 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.)											
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year								
а	Total plan assets	7a	2004309	2354463								
b	Total plan liabilities	7b	0	0								
С	Net plan assets (subtract line 7b from line 7a)	7c	2004309	2354463								
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total								
а	a Contributions received or receivable from: 8a(1) 180000											
	(2) Participants	8a(2)	0									

(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	187826	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		367826
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions).	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	17672	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		17672
i Net income (loss) (subtract line 8h from line 8c)	8i		350154
j Transfers to (from) the plan (see instructions)	8j		
Part IV Plan Characteristics		•	·
9a If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Characte	eristic Codes in the instructions:

9a	If the	plan provides	pension benefits,	enter the applicable	pension feature co	des from the List	of Plan Characterist	ic Codes in the instr	uctions:
	1A	3D							

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

Part 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 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		
C	Was the plan covered by a fidelity bond?	10c	Х			250000
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		
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		Х		
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-** 1

11	VI	Pension Funding Compliance							
		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co n 5500) and line 11a below)	•					X Ye	es 🗌 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Ye	es 🗙 No
		A? /es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					']	
а	lf a w	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instring the waiver.		, and e	enter tl Dav			letter ar	ruling
lf y	<u> </u>	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			,				
b	Enter	the minimum required contribution for this plan year			12b				
		the amount contributed by the employer to the plan for this plan year			12c				
	Subti	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)	ft of a		12d				
е		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N)	N/A
Part '	VII	Plan Terminations and Transfers of Assets							
		a resolution to terminate the plan been adopted in any plan year?				Yes	s)	No	
		es," 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 brough	nt undei	the			Ye	s X	No
С	lf, du	ol of the PBGC? ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify							
		n assets or liabilities were transferred. (See instructions.) Name of plan(s):	13	a(2) E			1	20(2)	PN(s)
	36(1)		10	8 c(2) E	.111(5)		1	50(3)	FIN(5)
Part	VIII	Trust Information							
14a	Name	of trust			11h -		.		
					140	rust's E	IN		
440					140	rust's E	IN		
14C	Name	of trustee or custodian				rust's E		stodia	ın's
14C	Name				14d ⊺		s or cu		ın's
		of trustee or custodian			14d ⊺	rustee'	s or cu		in's
14C Part					14d ⊺	rustee'	s or cu		in's
Part	t IX	of trustee or custodian		/es	14d ⊺ t	rustee' elephoi	s or cu ne num	ber	
Part 15a 15b	t IX Is the How c	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		/es	14d T t	rustee' elephoi	s or cu ne num	ber	ar" ADP
Part 15a 15b	t IX Is the How c	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		/es resign- afe ha	14d ⊤ t	rustee' elephor	s or cu ne num	ber	
Part 15a 15b	t IX Is the How c 401(k) What	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes resign- afe ha DP tes Ratio	based rbor t year"	rustee' elephor	s or cu ne num] No] "Pri test] N/A verage	ber or yea	ar" ADP
Part 15a 15b	t IX Is the How c 401(k) What	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		/es esign- afe ha DP tes	based rbor t year"	rustee' elephor	s or cu ne num No WPri test	ber or yea	
Part 15a 15b 16a 16b	t IX Is the How c 401(k) What year? Did th	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes esign- afe ha Curren DP tes Ratio percen	based rbor t year"	rustee' elephor	s or cu ne num] No] "Pri test] N/A verage	ber or yea	ar" ADP
Part 15a 15b 16a 16b	t IX Is the How c 401(k) What year? Did th for the	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules?plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS complete the plan that p		Yes resign- afe ha Curren DP tes Ratio bercen est Yes	based rbor t year" st	rustee' elephor	s or cu ne num No "Pri- test N/A verage enefit te	ber or yea	ar" ADP
Part 15a 15b 16a 16b 17a	t IX Is the How c 401(k) What year? Did th for the If the the le	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules?plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS complete the plan that p		Yes vesign- afe ha Curren DP tes Ratio bercen est Yes etter c	based rbor t year" tage	rustee' elephor	s or cu ne num] No] "Pri test] N/A verage enefit te enefit te enefit te	ber or yea est	ar" ADP
Part 15a 15b 16a 16b 17a 17b 18	t IX Is the How of 401(k) What year? Did th for the If the letter Define Were	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or tter and the serial number	F F F t F t t ter the c	Yes vesign- afe ha Curren DP tes Ratio Dercen est Yes etter co date of	based rbor t year" tage	rustee' elephor	s or cu ne num] No] "Pri test] N/A verage enefit te enefit te enefit te	ber or yea est	ar" ADP

	SCH	IEDULE SB	Single-	Employ	/er Define	d Bei	nefit Plan		OMB N	lo. 1210-0110
		orm 5500)	eiigie		rial Inform					2016
		tment of the Treasury nal Revenue Service							4	2010
	De	partment of Labor nefits Security Administration		ome Security	Act of 1974 (ERI	SA) and	04 of the Employe section 6059 of t		This Form i	s Open to Public
		nefit Guaranty Corporation			Revenue Code (th	,				spection
F	or calendar	plan year 2016 or fisca		e as an atta 01/01/201	chment to Form	5500 or	and ending	1 12/3	31/2016	
		f amounts to nearest		01/01/201	•			, 12/0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
)	Caution:	A penalty of \$1,000 wil	I be assessed for late fili	ng of this rep	ort unless reasor	nable cau	use is established	•		
Α	Name of pl						B Three-dig	it		
	NORTHWE	ST SURGICAL GROU	JP, P.C. EMPLOYEE PE	NSION PLAI	N		plan num	ber (PN)	003
С	•		n line 2a of Form 5500 o	r 5500-SF			D Employer	dentific	ation Number (E	EIN)
	NORTHWE	EST SURGICAL GROU	JP, P.C.					86-057	75860	
F	Type of plar	n: 🗙 Single 🗌 Mult	tiple-A Multiple-B		F Prior year pla	an size:	X 100 or fewer	□ 101-	500	an 500
		Basic Informatio				un 3120.		101		
1		e valuation date:	Month 12	_ Day3	1 Year_20	016				
2				_ Day <u></u>						
		t value						2a		2174463
	b Actuar	ial value						2b		2174463
3	Funding	target/participant coun	nt breakdown			· · ·	Number of	. ,	sted Funding	(3) Total Funding
	a For ret	tired participants and b	eneficiaries receiving pa	vment		· ·	articipants 0		Target	Target 0
	_		ipants				0		0	0
		•					4		1543092	1553179
							4		1543092	1553179
4			heck the box and comple			1				
			prescribed at-risk assum					4a		
			sk assumptions, but disr							
5			secutive years and disre	garding load	ing factor					6.02.0/
6		interest rate						. 6		6.02 % 132619
	- J	Enrolled Actuary								102010
	To the best of accordance w	my knowledge, the informatio	n supplied in this schedule and a ons. In my opinion, each other as ipated experience under the plan	ssumption is reas						
	SIGN									
	HERE								06/07/201	7
			Signature of actuary						Date	
	HAI TAN TU		pe or print name of actu	20/				Most	17-03857 recent enrollme	
	HENDERSO	N RETIREMENT SEF		ary				IVIUST	602-312-04	
	HENDEROC		Firm name				Te	ephone	number (includ	
	3877 E. TAU CHANDLER	JRUS PLACE 8, AZ 85249							,	с ,
			Address of the firm							
	ne actuary hat	as not fully reflected ar	ny regulation or ruling pro	omulgated un	nder the statute in	n comple	ting this schedule	, check	the box and see	e 🗌
-		rk Reduction Act Not	ice, see the Instruction	s for Form 5	5500 or 5500-SF.				Schedule S	B (Form 5500) 2016 v. 160205

P	art II	Begir	nning of Year	Carryov	er and Prefunding Ba	lances							
_							(a) C	arryover balance)	(b) P	refundi	ng bala	nce
7					able adjustments (line 13 from				0				0
8			•	5	nding requirement (line 35 fro				0				0
9	Amount	remainin	g (line 7 minus line	ə 8)					0				0
10	Interest	on line 9	using prior year's	actual retur	rn of <u>0.00</u> %				0				0
11	Prior yea	ar's exces	ss contributions to	be added t	to prefunding balance:								
	a Prese	nt value o	of excess contribut	ions (line 3	38a from prior year)							290	126
					a over line 38b from prior year interest rate of6.23 %								0
	• •		•		dule SB, using prior year's a	ctual					0		
					ar to add to prefunding balance							290	126
	d Portio	n of (c) to	be added to prefi	unding bala	ance								
12	Othor ro	ductions	in halancas dua to	oloctions	or deemed elections					ļ			
					line 10 + line 11d – line 12)				0				0
	Part III		ding Percenta		$\frac{1}{1} = \frac{1}{1} = \frac{1}$				•	<u>. </u>			
											14	1/	40.00%
)						15		40.00%
-					of determining whether carryc				o reduce	ecurrent			
	year's fu	inding rea	quirement				-	-			16	12	26.86%
17	If the cu	rrent valu	e of the assets of	the plan is	less than 70 percent of the fu	unding target	, enter suc	h percentage			17		%
P	Part IV	Cor	ntributions and	d Liquid	ity Shortfalls								
18					ar by employer(s) and emplo								
((a) Dat MM-DD-Y		(b) Amount p employer	-	(c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount p employe		(c)		nt paid oyees	by
()5/24/201	7		180000	0								
						Totals ►	18(b)		400000) 18(c)	<u> </u>		
10	Discours	4 a al a ma m la		i	untions for small plan with a s		.,	he align in a state a	180000) 10(0)			0
19			-		uctions for small plan with a v num required contributions fro			т т т	19a				0
				•	•			_	19b				0
 b Contributions made to avoid restrictions adjusted to valuation date									17	5862			
20					rea contribution for current yea				130			173	5002
 20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?							Yes	× No					
		•	0		installments for the current ye						느	Yes	
					nplete the following table as a				Γ		······	1 53	
		20013 1			Liquidity shortfall as of end		this plan v	rear					
·		(1) 1s	t		(2) 2nd			3rd		((4) 4th	1	
				1		1			1				

Page 3

P	Part V	Assumpti	ons Used to Determir	he Funding Target and	Target Normal Cost			
21	Discount	rate:						
	a Segm	ent rates:	1st segment: 4.43%	2nd segment: 5.91 %	3rd segment 6.65 %		N/A, full yield curve used	
	b Applic	able month (er	nter code)			. 21b	0	
22	Weightee	d average retire	ement age			. 22	62	
23	Mortality	table(s) (see	instructions) X Pre	escribed - combined	Prescribed - separate	Substitu	ute	
Ра	art VI	Miscellane	ous Items					
24		-		uarial assumptions for the curr				
25	Has a me	ethod change l	been made for the current pla	an year? If "Yes," see instructi	ons regarding required attac	hment	Yes 🛛 No	
26	Is the pla	an required to p	provide a Schedule of Active	Participants? If "Yes," see ins	tructions regarding required	attachmen	it Yes 🛛 No	
27	If the pla attachme	•	alternative funding rules, ent	er applicable code and see ins	tructions regarding	27		
P	art VII	Reconcilia	ation of Unpaid Minim	num Required Contribu	tions For Prior Years			
28	Unpaid n	ninimum requir	red contributions for all prior	years		. 28	0	
29				unpaid minimum required cor		29	0	
30	Remainir	ng amount of u	inpaid minimum required con	tributions (line 28 minus line 2	9)	. 30	0	
Pa	art VIII	Minimum	Required Contributio	n For Current Year				
31	Target n	ormal cost and	d excess assets (see instruct	ions):				
	a Target	normal cost (li	ne 6)			. 31a	132619	
			-	line 31a		. 31b	132619	
32		tion installmen			Outstanding Bala		Installment	
						0	0	
						0	0	
33	<i></i>			ter the date of the ruling letter () and the waived amount		. 33	0	
34	Total fun	ding requireme	ent before reflecting carryove	r/prefunding balances (lines 3	1a - 31b + 32a + 32b - 33)	. 34	0	
				Carryover balance	Prefunding bala	nce	Total balance	
35			se to offset funding)	0	0	
36	Additiona	al cash require	ment (line 34 minus line 35)			. 36	0	
37				ontribution for current year adju		. 37	175862	
38	Present	value of excess	s contributions for current ye	ar (see instructions)				
	a Total (excess, if any,	of line 37 over line 36)			38a	175862	
	b Portior	n included in lir	ne 38a attributable to use of p	prefunding and funding standa	rd carryover balances	. 38b	0	
39	Unpaid n	ninimum requir	red contribution for current ye	ear (excess, if any, of line 36 o	ver line 37)	. 39	0	
40						. 40	0	
Pa	rt IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)							
41	If an elec	tion was made	e to use PRA 2010 funding re	lief for this plan:				
	a Schedu	ule elected					2 plus 7 years 15 years	
	b Eligible	e plan year(s) f	for which the election in line	11a was made		20	08 2009 2010 2011	
						. 42		
43	Excess ir	nstallment acce	eleration amount to be carried	d over to future plan years		. 43		

Northwest Surgical Group, P.C. Employee Pension Plan

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

		For Fu <u>Min</u>	nding <u>Max</u>	For Act	uarial Equivalence				
Interest Rates	Seg 1:	4.43%	1.55%	Seg 1:	1.79%				
	Seg 2:	5.91%	3.76%	Seg 2:	3.80%				
	Seg 3:	6.65%	4.73%	Seg 3:	4.71%				
Pre-Retirement									
Turnover	None			None					
Mortality	None			None					
Assumed Ret Age	Normal particip		t age 62 and 5 years of	Normal a participa	retirement age 62 and 5 years of tion				
Post-Retirement									
Mortality	male pr Female	ojected 31 -modified	P2000 combined healthy & 23 years RP2000 combined ojected 31 & 23 years	2016 Ap Notice 2	plicable Mortality Table from 015-53				
Assumed Benefit Form Fo	r Fundin	g		Lump Su	ım				
Calculated Effective Inter	est Rate			6.02%					
Actuarial Cost Method				by the Pe funding benefits,	t Credit funding method was used as prescribed ension Protection Act. This method sets the target equal to the present value of accrued and sets the normal cost equal to the present the benefit accrued in the current year.				

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

For	m 5500-SF	Short Form Annua		of Small Employ	yee	OMB Nos. 1210-0110 1210-0089			
	ment of the Treasury al Revenue Service	This form is required to be file	Benefit Plan	65 of the Employee Reti	rement	2016			
	partment of Lebor nefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6057 Revenue Code (the Code).	(b) and 6058(a) of the In	temal	This Form is Open to Public Inspection			
Pension Be	nefit Guaranty Corporation		accordance with the instru	ctions to the Form 5500	D-SF.				
Part I		dentification Information	01/01/2016	and ending	12/	31/2016			
For calenda	r plan year 2016 or fisc	xi plan year begrinning Xi a single-employer plan	a multiple-employer plan	····					
A This retu	urn/report is for:	a one-participant plan	list of participating emp	ployer information in acco	ordance w	vith the form instructions.)			
B This retu	m/report in	the first return/report	the final return/report						
D mis retu	m/report is	an amended return/report	a short plan year return/	report (less than 12 mor	iths)				
C Check b	ox if filing under:	Form 5558	automatic extension		DFVC p	rogram			
	· · · · · · · · · · · · · · · · · · ·	special extension (enter descr							
Part II		mationenter all requested int	formation		4b TL .				
1a Name on NORTHWES		OUP, P.C. EMPLOYEE F	PENSION PLAN		(PN) 1c Effe	number 003 ▶ Ctive date of plan			
Mailing	address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.C , country, and ZIP or foreign post). Box) al code (if foreign, see instru	uctions)	2b Emp (EIN	01/2009 loyer Identification Number)86-0575860			
	ST SURGICAL G				360-	nsor's telephone number -754-1029			
3920 CA	PITAL MALL DR	SW STE 201			20 Busi 6211	ness code (see instructions) .11			
OLYMPIA	.	WA 98502-870	2						
					3c Adrr	inistrator's telephone riumber			
		plan sponsor has changed since ber from the last retum/report.	the last return/report filed fo	r this plan, enter the	4b Ein	· · · · · · · · · · · · · · · · · · ·			
a Sponse					4c PN				
5a Total r	number of participants a	at the beginning of the plan year.			5a				
		at the end of the plan year			5b				
c Numb	er of participants with a	eccount balarices as of the end of	the plan year (only defined of	contribution plans	5c				
d(1) Tota	al number of active part	ticipants at the beginning of the p	lan year	—	5d(1)				
		ticipants at the end of the plan ye			5d(2)				
e Numt	er of participants that t	erminated employment during the	e plan year with accrued ber	lefits that were less	5e				
Under pena SB or Sche	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.								
SIGN		llean	6/8/17	William Willia	rd, M.	D.			
HERE	Signature of plan as		Date	Enter name of individua					
		allart		William William					
SIGN HERE			Date			as employer or plan sponsor			
Don Hen Henders	derson	yer/plan sponsor ame, if applicable) and address (i Services, Inc.			Preparer	s telephone number			
Chandle		AZ 85249							

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

	Were all of the plan's assets during the plan year invested in eligib		,						Х	Yes No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								Х	Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pi	ogram (see ERISA se	ection 4	021)?		Yes	X No	Not	determined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a	2,	004,	309				2	,354,463
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	2,	004,	309				2	,354,463
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) 1	Fotal	
а	Contributions received or receivable from: (1) Employers	8a(1)		180,	000					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		187,	826					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								367,826
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
e	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g		17,	672					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								17,672
i	Net income (loss) (subtract line 8h from line 8c)	8i								350,154
j	Transfers to (from) the plan (see instructions)	8j								
Ра	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1A $$ 3D	feature coo	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	tructions	:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acteris	tic Coo	des in t	the instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amo	unt
а	Was there a failure to transmit to the plan any participant contribu	utions withir	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	,	,	100		х				
b	Program) Were there any nonexempt transactions with any party-in-interest			10a						
	reported on line 10a.)			10b		Х				
C				10c	Х					250,000
c	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
e	 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.) 	ne or all of t	he benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g		Х				
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	•		10i						

Page	3-	

	Form 5500-SF 2016 Page 3-						
Part							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below)			dule SE	3	. X `	Yes 🗌 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		0	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?					`	Yes X No
	(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 instrugranting the waiver.		, and e	enter th Day		of the lette Year	er ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Duy			
b	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			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative 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 X N	10
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		1	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?					Yes 2	K No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):	13	3 c(2) E	IN(s)		13c(3	3) PN(s)
Part				4.41			
14a	Name of trust			140	rust's E	IIN	
14c	Name of trustee or custodian					s or custod	
				Ľ	elepiloi	ne number	
Par	IX IRS Compliance Questions						
150	1_{0} the plane $4.04/(k)$ plane $1f''(k) = \frac{1}{2}$ also be	ΠY	/es		Γ	No	
IJa	Is the plan a 401(k) plan? If "No," skip b		esign-	hased		- "Prior v	ear" ADP
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	L sa	afe ha	rbor	L	test	
			Curren DP tes	,		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:	F	Ratio percent test	tage		verage enefit test	N/A
16b	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?	Ŷ	/es			No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op the letter and the serial number						
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter letter	er the c	date of	the m	ost rece	ent determ	ination
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 separa service?	ated fro	om [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	

SCHEDULE SB	Single-Employer Define		OMB No. 1210-0110			
(Form 5500)	Actuarial Inform		2016			
Department of the Treasury Internal Revenue Service					4	2010
Department of Labor	This schedule is required to be filed under s Retirement Income Security Act of 1974 (ER				This Form is Open to Public	
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Internal Revenue Code (t					spection
	File as an attachment to Forn	n 5500 or	5500-SF.			<u> </u>
For calendar plan year 2016 or fiscal pla			and ending]	12/31/20	016
 Round off amounts to nearest doll Caution: A populty of \$1,000 will be 	ar. assessed for late filing of this report unless reaso		so is ostablished			
A Name of plan	assessed for fate ming of this report driess reaso		B Three-dia			
	OUP, P.C. EMPLOYEE PENSION PL	AN	plan num	-		003
				<u>,</u>		
	- 20 of Form FEOD on FEOD SF		D Employeed	dentific	ation Number (F	
C Plan sponsor's name as shown on line	e 2a of Form 5500 or 5500-SF		D Employer I	dentific	ation Number (E	=11%)
NORTHWEST SURGICAL GRO	OUP, P.C.		86-057586	0		
E Type of plan: X Single Multiple-	A 🗍 Multiple-B 🛛 🖡 Prior year p	lan size: 🔉	100 or fewer	101-	500 🗍 More th	nan 500
Part I Basic Information			at			
1 Enter the valuation date:	Month 12 Day 31 Year	2016				
2 Assets:						
a Market value				2a		2,174,463
b Actuarial value				2b		2,174,463
3 Funding target/participant count bre	eakdown	1	Number of		sted Funding	(3) Total Funding
• For stind participants and base	foisies realizing normant		rticipants 0		Target 0	Target
· ·	ficiaries receiving payment		0		0	(
	ts					
			4		1,543,092	1,553,179
					1,543,092	1,553,179
	the box and complete lines (a) and (b)					
	cribed at-risk assumptions					
	assumptions, but disregarding transition rule for pl utive years and disregarding loading factor					
				. 5		6.02%
6 Target normal cost				6		132,619
Statement by Enrolled Actuary To the best of my knowledge, the information sup	pplied in this schedule and accompanying schedules, statements a n my opinion, each other assumption is reasonable (taking into ar	and attachme	nts, if any, is complete	and accu	rate. Each prescribed able expectations) an	d assumption was applied in Id such other assumptions, in
SIGN	77			1	1.1	
HERE //~	lan h			6/	7/17	
S	ignature of actuary				Date	
Hai Tan Tu					170385	7
•••	or print name of actuary			Most	recent enrollme	
Henderson Retirement Ser	vices, Inc.				602-312-0	
	Firm name		Те	lephone	e number (includ	ting area code)
3877 E. Taurus Place						
	5249					
	Address of the firm					
	egulation or ruling promulgated under the statute	in complet	ting this schedule	e, check	the box and se	e 🗌
instructions	see the Instructions for Form 5500 or 5500-Si	F			Schedule	SB (Form 5500) 2016

v. 160205

Schedule SB (Form 5500) 2016

Page **2 -**

P	art II	Begir	nning of Year	Carryov	er and Prefunding B	alances					-		
-								(a) C	arryover balance	е	(b)	Prefund	ing balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)0					0		0					
8													
			•	,		•					0		0
9	Amount	remaining	g (line 7 minus line	8)							0		0
10	Interest	on line 9	using prior year's a	actual retu	rn of <u>0.00</u> %						0		0
11	Prior yea	ar's exces	ss contributions to	be added	to prefunding balance:								
				`	38a from prior year)						-		290,126
					a over line 38b from prior ye interest rate of6.23								
			••••		edule SB, using prior year's								0
							-						
	C Total a	vailable a	t beginning of curre	nt plan yea	ar to add to prefunding balanc	æ	-						290,126
	d Portio	n of (c) to	be added to prefu	unding bala	ance								
12	Other re	ductions	in balances due to	elections	or deemed elections								
13	Balance	at beginr	ning of current yea	r (line 9 +	line 10 + line 11d – line 12).						0		0
F	Part III	Fun	ding Percenta	iges									
14	Funding	target att	tainment percentag	ge								14	140.00%
15	Adjusted	I funding	target attainment p	percentage	9							15	140.00%
16					of determining whether carry								126.86%
17	-	-			less than 70 percent of the							17	×
-	Part IV		tributions and		•	Turiung tur	901, 0		in percentage				70
					ar by employer(s) and empl	0/005.							
10	(a) Dat		(b) Amount pa		(c) Amount paid by	-	Date)	(b) Amount	paid by	,	(c) Amo	unt paid by
<u> </u>	MM-DD-Y		employer(employees	(MM-D	D-YY	YY)	employe	r(s)		employees	
0	5/24/2	2017	1	80,000	0								
	Totals ► 18(b) 180,00						000 18(c	;)	0				
19	Discoun	ted emplo	oyer contributions -	- see instr	uctions for small plan with a	valuation c	date a	after the	beginning of the	e year:			
	a Contributions allocated toward unpaid minimum required contributions from prior years								0				
	b Contributions made to avoid restrictions adjusted to valuation date								0				
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c								175,862				
20			utions and liquidity										1
						Yes X No							
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?								Yes No					
	C If line	20a is "Y	es," see instruction	ns and con	nplete the following table as			nio plan :	(00r				
		(1) 1s	t		Liquidity shortfall as of en (2) 2nd	u or quarter	orth		year 3rd			(4) 4t	h
		., -			.,			、 /					

Page 3

F	Part V	Assumpti	ons Used to Determine	e Funding Target and Ta	rget Normal Cost		
21	Discount	rate:					
	a Segmo	ent rates:	1st segment: 2nd segment: 3rd segment 4.43 % 5.91 % 6.65 %			N/A, full yield curve used	
	b Applica	able month (er	nter code)			21b	0
22	Weighted	d average retire	ement age			22	62
23	Mortality	table(s) (see	instructions) X Pres	scribed - combined	scribed - separate	Substitu	ute
Pa	art VI	Miscellane	ous Items				
24		-		arial assumptions for the current			s regarding required
25	Has a me	ethod change l	been made for the current pla	n year? If "Yes," see instructions	regarding required attack	nment	Yes 🛛 No
26	Is the pla	n required to p	provide a Schedule of Active F	Participants? If "Yes," see instruc	tions regarding required a	attachmen	t Yes 🛛 No
27	If the plai attachme	•	alternative funding rules, ente	r applicable code and see instru	ctions regarding	27	
Ρ	art VII	Reconcilia	ation of Unpaid Minim	um Required Contributio	ns For Prior Years		
28	Unpaid m	ninimum requir	ed contributions for all prior y	ears		28	0
29				unpaid minimum required contrib		29	0
30	Remainir	ng amount of u	npaid minimum required cont	ributions (line 28 minus line 29) .		30	0
Pa	art VIII	Minimum	Required Contribution	For Current Year			
31	Target n	ormal cost and	excess assets (see instruction	ons):			
	a Target	normal cost (lii	ne 6)			31a	132,619
	b Excess	assets, if app	licable, but not greater than li	ne 31a		31b	132,619
32	Amortiza	tion installmen	ts:		Outstanding Bala	nce	Installment
	a Net sho	ortfall amortiza	tion installment			0	0
	b Waiver	· amortization i	installment			0	0
33				er the date of the ruling letter gra) and the waived amount		33	0
34	Total fun	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a ·	31b + 32a + 32b - 33)	34	0
				Carryover balance	Prefunding balar	nce	Total balance
35			e to offset funding		0	0	0
36	Additiona	al cash require	ment (line 34 minus line 35)			36	0
37							175,862
38	Present v	alue of excess	s contributions for current yea	r (see instructions)			
	a Total (e	excess, if any,	of line 37 over line 36)			38a	175,862
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances						
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						0
40	Unpaid m	ninimum requir	ed contributions for all years.			40	0
Ра	rt IX	Pension	Funding Relief Under	Pension Relief Act of 20 ²	0 (See Instructions	5)	
41	If an elec	tion was made	to use PRA 2010 funding reli	ef for this plan:			
	a Schedu	le elected					2 plus 7 years 15 years
	b Eligible	e plan year(s) f	or which the election in line 4	1a was made		20	08 2009 2010 2011
42	Amount o	f acceleration	adjustment			42	
_			eleration amount to be carried			43	

Northwest Surgical Group, P.C. Employee Pension Plan

Summary of Plan Provisions Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

Plan Effective Date	January 1, 2009
Plan Year	From January 1, 2016 to December 31, 2016
Eligibility	All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or preceding the completion of the following requirements:
	6 months of service Minimum age 21
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following:
	Attainment of age 62 Completion of 5 years of participation from entry date
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:
	Group 1: 6.5% for Owner Employees
	Group 2: 0.5% of Compensation for Group
	Group 3: 4.5% times Compensation for Office Asst.
	Group 4: 2% of Compensation for Nurses/Receptionists
	The maximum monthly benefit is the lesser of \$17,500 and 100% of the highest 3-year average salary, subject to service requirements.
	The benefit is based on average salary during the highest 3 consecutive years of service from date of hire.
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.
	Credited years are plan years from the first day of the plan year containing date of entry excluding the following:
	Years with less than 500 hours
Termination Benefit	Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of

]	Northwest Surgical Group, P.C. Employee Pension Plan					
	Summary of Plan Provisions Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016					
	his accrued benefit in accordance with the following vesting schedule:					
	<u>Credited Years</u> 1	<u>Vested Percent</u> 0				
	2	20				
	3	40				
	4	60				
	5	80				
	6	100				
	Credited years are plan years from date of following:	hire excluding the				
	Years with less than 1,000 hours					
Top-Heavy Minimum Benefit	Each participant will be entitled to a minimum accrued benefit equa to the following:					
	2% of average compensation times cr	redited years				
	Credited years are plan years from the first containing date of entry excluding the foll					
	Years with less than 1,000 hours Years plan is not top-heavy					
	with a maximum of 10 years					
	Benefit is based on average salary during years of employment	the highest 5 consecutive				
Top-Heavy Normal Form	A benefit payable for the life of the partic	ipant				
Top-Heavy Status	A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.					
Death Benefit	Actuarial Equivalent of the accrued benef	it earned to date of death				