-	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	0	MB 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 Be	partment of Labor mefits Security Administration	Income Security Act of 1974 (7(b) and 6058(a) of the		orm is Open to c Inspection					
	nefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	500-SF.	T UDIT	cinspection				
Part I		dentification Information cal plan year beginning 01/01/20	016	and ending 12	2/31/2016						
	a plan year 2010 of list	a single-employer plan	a multiple-employer pla	<u> </u>		ring this how	must attach a				
A This ret	urn/report is for:	a one-participant plan		ployer information in ac		-					
B This retu	rn/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 b	oox if filing under:	Form 5558	automatic extension		DFVC p	rogram					
		special extension (enter descri	ption)			-					
Part II	Basic Plan Infor	mation—enter all requested info	ormation								
1a Name NORTHWES		P.C. EMPLOYEE PROFIT SHAR	RING PLAN		1b Three plan (PN)	number	004				
					, ,	tive date of					
Mailing	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)						cation Number 75860				
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NORTHWEST SURGICAL GROUP, P.C.					(EIN) 86-0575860 2c Sponsor's telephone number 360-754-1029					
					2d Business code (see instructions)						
	L MALL DR. SW SUIT A 98502-8702	E 201				62111	,				
3a Plan ad	dministrator's name and	d address X Same as Plan Spon	sor.		3b Admi	nistrator's E	IN				
					3c Admi	nistrator's te	elephone number				
		plan sponsor has changed since t ber from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN						
a Sponso	or's name				4c PN						
5a Total r	umber of participants a	at the beginning of the plan year			5a		5				
		at the end of the plan year			5b		4				
		ccount balances as of the end of t		-	5c		4				
d(1) Tota	al number of active part	icipants at the beginning of the pla	an year		5d(1)		4				
• •		icipants at the end of the plan yea			5d(2)		4				
		erminated employment during the			5e		C				
		r incomplete filing of this return			use is estat	olished.					
SB or Sche	Ities of perjury and othe dule MB completed and rue, correct, and compl	er penalties set forth in the instruc d signed by an enrolled actuary, as ete.	tions, I declare that I have s well as the electronic ver	examined this return/re sion of this return/report	port, includi t, and to the	ng, if applicates best of my	able, a Schedule knowledge and				
SIGN	Filed with authorized/v	alid electronic signature.	06/08/2017	WILLIAM WILLIARD, M	M.D.						
HERE	Signature of plan ad	ministrator	Date	Enter name of individe	ual signing a	as plan adm	ninistrator				
SIGN HERE											
	Signature of employ		Date	Enter name of individ							
DON HEND HENDERSC		me, if applicable) and address (inv	clude room or suite numbe	іг)	Preparer's	telephone 602-312-					
CHANDLER											

6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a			
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		• • •	
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use For	rm 5500-SF and must instead use	Form 5500.
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 4021)? .	Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	63086	75587
b	Total plan liabilities	7b	0	0
C	Net plan assets (subtract line 7b from line 7a)	7c	63086	75587
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	8847	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	4136	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80		12983

C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		12983					
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	482						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		482					
i Net income (loss) (subtract line 8h from line 8c)	8i		12501					
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 codes from the List of Plan Characteristic Codes in the instructions:								

Plan Characteristics

9a	If the	plan	provide	es pension	benefits,	enter the a	pplicable pe	ension feature	e codes from th	e List of Plar	Characteristic	Codes in th	ne instructio	ns:
	2A	2E	3D											

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

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		x		
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				

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)					י 🗌 א	′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					. П Y	′es 🗙	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	uction	is, and	enter t	he date	of the lette	r 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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive 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 XN	0		
		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 🛛	No		
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to					
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3	13c(3) PN(s)		
	. ,			. ,						
Part	VIII	Trust Information								
14a	Name	of trust			14b ⊺	Trust's E	EIN			
14c	Name	e of trustee or custodian					s or custod ne number	an's		
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:		Desigi safe h	n-basec arbor	[Prior ye test	ar" ADP		
				"Curre ADP t	nt year' est	,	N/A			
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	ntage		verage enefit test	N/	A	
16b		ne 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		-			-			ł	
17b	10 11 -	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation		
	letter	//								
18	letter Defin Were		rated f	rom	Yes	6 [No			

For	Form 5500-SF Short Form Annual Return/Report of Small Employe						OMB Nos. 1210-0110 1210-0089
	ment of the Treasury al Revenue Service	This form is required to be file	Benefit Plan	SE of the Employee Br	tiromont		2016
De	pertment of Labor nefits Security Administration	I his form is required to be file Income Security Act of 1974	(ERISA), and sections 104 and 40 (ERISA), and sections 6057 Revenue Code (the Code).	(b) and 6058(a) of the	Internal		form is Open to lic Inspection
Pension Be	nefit Guaranty Corporation	00-SF.					
Part I	Annual Report I r plan year 2016 or fisc	dentification Information	01/01/2016	and ending	12/3	31/2016	
For calerida		X a single-employer plan	a multiple-employer pla				
A This ret	urn/report is for:	a one-participant plan	list of participating emp	oloyer information in ac	cordance v	vith the forr	n instructions.)
B This retu	m/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year return	report (less than 12 m	onths)		
C Check b	ox if filing under:	Form 5558	automatic extension			orogram	
		special extension (enter desc	nption)				
Part II	Basic Plan Infor	mation-enter all requested in	formation				
1a Name o	•				1b Thre		004
Northwes	t Surgical Gr	oup, P.C. Employee	Profit Sharing Pl	an	(PN)	number	004
						ctive date o	J
)1/2009	•
2a Plan sp	onsor's name (employ	er, if for a single-employer plan)		**////·*	2b Emp	loyer Ident	ification Number
Mailing	address (include room	, apt., suite no. and street, or P.0	O. Box) tal ando <i>lit faccian, con instru</i>	(ationa)	(EIN)86-057	5860
-	town, state or province st Surgical G	, country, and ZIP or foreign pos	tal code (il toreign, see instru	icions)	-	•	ohone number
NOTCHWE	St Burgicar G.	10up, 1.0.				-754-10	
3920 Ca	pital Mall Dr	. SW Suite 201			2 0 Busi 6211		(see instructions)
Olympia		WA 98502-870	2				
		d address 🔀 Same as Plan Spo	onsor.		3b Adm	inistrator's	EIN
					3c Adm	inistrator's	telephone number
		plan sponsor has changed since ber from the last return/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		c.
	· ·	at the end of the plan year			5b		4
C Numb	er of participants with a	ccount balances as of the end of	f the plan year (only defined	contribution plans	5c		<u> </u>
•	,	ticipants at the beginning of the p			5d(1)		
• •	-	ticipants at the end of the plan ye			5d(2)	1	
e Numb	er of participanis that t	erminated employment during th	e plan year with accrued ber	efits that were less	5e		(
Caution: A	penalty for the late o	r incomplete filing of this retu	m/report will be assessed	unless reasonable ca	use is esta	blished.	
SB or Sche	alties of perjury and oth dule MB completed an rue, correct, and comp	er penalties set forth in the instru d signed by an enrolled actuary, lete.	actions, I declare that I have a as well as the electronic very	examined this return/repoi sion of this return/repoi	port, includ rt, and to th	ling, if applie best of m	cable, a Schedule ly knowledge and
SIGN	2	llean	618117	William Willi	ard, M.	.D.	
HERE	Signature of plan ad	dministrator	Daie	Enter name of individ	lual signing	as plan ac	Iministrator
SIGN		liar)	618117	William Willi	ard, M.	D.	
HERE	Signature of employ		Date	Enter name of individ			er or plan sponsor
Don Hend Henders	name (including firm n derson on Retirement	Services, Inc.			Preparer	's telephon 602-312	e number
Chandle:	Taurus Place	AZ 85249					

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

60		1 0						
-	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		,					X Yes No
D	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	ot use Fo	orm 5500-SF and mus	t instea	ad use	Form	5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	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		63,	086			75,587
b	Total plan liabilities	7b			0			0
С	Net plan assets (subtract line 7b from line 7a)	7c		63,	086			75,587
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) Total
а	Contributions received or receivable from:			8	847			
	(1) Employers	8a(1)		ο,	-			
	(2) Participants	8a(2)			0			
	(3) Others (including rollovers)	8a(3)			0			
b	Other income (loss)	8b		4,	136			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						12,983
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			
-	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f		0				
	Other expenses	8g		482				
<u> </u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						482
	Net income (loss) (subtract line 8h from line 8c)							12,501
÷	Transfers to (from) the plan (see instructions)							
		8j						
9a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	footuro co	dos from the List of Pl	an Cha	ractori	etic Co	odos in	the instructions:
34	2A 2E 3D	leature co			acteri			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Pla	n Chara	acterist	tic Coo	des in t	the instructions:
-								
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 V Program) 	/oluntary F	iduciary Correction	10a		х		
b	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	t? (Do not	include transactions	10a		Х		
c	Was the plan covered by a fidelity bond?			10c	Х			250,000
c	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused					Х		
e		her person ne or all of	s by an insurance the benefits under	10d 10e		x		
f				10f		Х		
g				10g		х		

Х

10h

10i

 ${f h}$ If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i If 10h was answered "Yes," check the box if you either provided the required notice or one of the

2520.101-3.)

exceptions to providing the notice applied under 29 CFR 2520.101-3

Page	3-	
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		Form 5500-SF 2016 Page 3 -								
Part	VI	Pension Funding Compliance								
11	ls thi	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an m 5500) and line 11a below)				В		Yes	No	
11a	1	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		1						
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the SA?	Code or	section	n 302 of	:		Yes	X No	
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ting the waiver.		ns, and	l enter t _ Day		e of the le Yea		lling	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ie 13.	-						
b	Enter	the minimum required contribution for this plan year			12b					
C	Enter	the amount contributed by the employer to the plan for this plan year			12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to th tive amount)			12d					
е	Will t	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?				Ye	s X	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 bro rol of the PBGC?	ought und	der the			Yes	X I	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide h assets or liabilities were transferred. (See instructions.)				<u> </u>				
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		130	13c(3) PN(s)		
Part	VIII	Trust Information								
		of trust			1/h 1	Trust's				
14a	Name				140	iiusi s				
14c	Name	e of trustee or custodian					's or cust ne numb		'S	
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 test	year'	' ADP	
	401(K			"Curre ADP t	ent year est	33	N/A			
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plar ? Check all that apply:		Ratio perce test	entage		verage enefit tes	t [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			
	If the the le	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IF etter and the serial number	RS opinio							
	letter		, enter th	e date	of the m	nost rec	ent deter	minat	ion	
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 so ce?		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			