## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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	Annual Report	Identification Information						
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/20	017	and ending 05	5/31/2017			
A This ret	urn/report is for:	a single-employer plan  a one-participant plan	a multiple-employer pla list of participating em a foreign plan	an (not multiemployer) ( ployer information in ac				
<b>B</b> This retu	urn/report is	the first return/report	the final return/report	/roport /loss than 12 m	oontho)			
		an amended return/report	a short plan year return	rreport (less than 12 m	ionins)			
C Check h	oox if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC program			
Part II	Basic Plan Info	prmation—enter all requested info	<u> </u>					
1a Name			omaion		<b>1b</b> Three-digit plan number (PN) ▶	001		
					1c Effective date 01/0	of plan 01/2004		
Mailing	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)	(=::+)	0639185		
,	NS OB/GYN, PLLC			,	2c Sponsor's telephone number 509-248-3440			
3003 TIETON YAKIMA, WA	N DRIVE, SUITE 230 1 98902				2d Business code 621	(see instructions)		
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spon	sor.		<b>3b</b> Administrator's	s EIN		
		e plan sponsor has changed since t mber from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN			
<b>a</b> Spons	•	inber nom me last retum/report.			4c PN			
		at the beginning of the plan year			5a	16		
_		at the end of the plan year			5b	0		
C Numb		account balances as of the end of t			5c			
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	14		
		irticipants at the end of the plan yea	-		5d(2)	0		
<b>e</b> Numb	er of participants that	terminated employment during the	plan year with accrued ber	nefits that were less	5e	0		
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable car				
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.						
SIGN HERE		valid electronic signature.	07/05/2017	KEVIN HARRINGTON	,			
	Signature of plan a	ndministrator	Date	Enter name of individ	lual signing as plan a	dministrator		
SIGN HERE								
	Signature of emplo		Date	Enter name of individ				
Preparer's	name (including firm r	name, if applicable) and address (in	clude room or suite numbe	r)	Preparer's telephon	e number		

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	Were all of the plan's assets during the plan year invested in eligib		` ,						X Ye	es 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 If you answered "No" to either line 6a or line 6b, the plan cann	and condi	tions.)						X Ye	es 🗌 No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-		□ Not de	etermined
	rt III Financial Information	<u> </u>	<u> </u>				ı			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a		981526			'	(b) Liid	or rear	0
_	Total plan liabilities	7b		0	)					0
	Net plan assets (subtract line 7b from line 7a)	7c	6	981526	5					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b)	Γotal	
а	Contributions received or receivable from:		(17					(-,		
	(1) Employers	8a(1)		5296						
	(2) Participants	8a(2)		9551	_					
	(3) Others (including rollovers)	8a(3)		0						
<u>b</u>	Other income (loss)	8b		558475						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							5733	22
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7	553532						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0	)					
f	Administrative service providers (salaries, fees, commissions)	8f		C	)					
q	Other expenses	8g		1316	5					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				7554848			48	
i	Net income (loss) (subtract line 8h from line 8c)	8i				-698152			26	
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	rt IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	ıt
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b	,	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	•	10d		X				
е		her persor ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			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 c n 5500) and line 11a below)						Yes No
		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.  A?						Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	-
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
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 live amount)			12d			
		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		1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [] I	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(	<b>3)</b> PN(s)
<b>-</b>								
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
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:			n-based arbor	d [	erior y test	/ear" ADP
			IП '	"Curre	ent year est	<u>"</u>	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	entage		verage enefit test	□ N/A
	for the	be 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		-					
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the m	nost rece	ent determ	nination
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 e?		rom	Ye	s [	No	
19	Was a	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

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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Info		raditor with the me	structions to the Follin	3300-3F.	
	ar plan year 2016 or	fiscal plan year beginning		/01/2017	and ending	05/21/2	017
		X a single-employer			plan (not multiemployer)	05/31/2	
A This ref	turn/report is for:	a dingle employer	Sidii []	list of participating e	employer information in a	(Filers checking tr	of form instructions
	•	a one-participant p	lan 🗍	a foreign plan	mpley of information in t	accordance with the	e form instructions.)
				<b>3</b> P			
B This retu	urn/report is	the first return/repo	rt 🛭 🛣 t	the final return/report	t		
		an amended return	=	a - Caracado - Socieda Caracado Aconocida e Santa Aco	urn/report (less than 12 i	monthe)	
C Charles	have the transport			, , , , , , , , , , , , , , , , , , ,	and the state of t	Horiarsy	
C Check i	box if filing under:	Form 5558	Ц	automatic extension		DFVC program	n
		special extension (	enter descriptior	ገ)			
Part II	Basic Plan Inf	ormation—enter all re	quested informa	ation			
1a Name				2 2330		1b Three-digit	
Generati	ions Ob/Gyn,	PLLC 401(k) Pla	an			plan numb	
						(PN) ▶	
						1c Effective da	
2a Plan sr	nonsor's name (empl	oyer, if for a single-emplo	war alam)			01/01/20	
Mailing	address (include ro	om, apt., suite no. and str	eet or P.O. Box	()			dentification Number
City or	town, state or provin	ce, country, and ZIP or fo	oreign postal coo	de (if foreign, see ins	structions)	(EIN) 27 - (	
Generat	cions Ob/Gyn,	PLLC			5 (2)		telephone number
						509-248-	
3003 Ti	eton Drive,	Suite 230				621111	ode (see instructions)
						621111	
Yakima		WA	98902				
3a Plan ad	dministrator's name a	ind address X Same as	Plan Sponsor.			3b Administrat	or's FIN
						3c Administrat	or's telephone number
4 If the n	name and/or EIN of th	e plan sponsor has chan	ged since the la	st return/report filed	for this plan, enter the	4b EIN	
		imber from the last return	/report.				
a Sponso						4c PN	
<b>5a</b> Total n	number of participants	at the beginning of the p	olan year	•••••		. 5a	16
<b>b</b> Total n	number of participants	at the end of the plan ye	ear			. 5b	C
C Number	er of participants with	account balances as of t	he end of the pl	an vear (only define	d contribution plans	50	
						5c	
d(1) Tota	al number of active pa	articipants at the beginnin	g of the plan ye	ar		5d(1)	14
d(2) Tota	al number of active pa	articipants at the end of th	e plan year			5d(2)	
e Number	er of participants that	terminated employment	during the plan	vear with accrued be	enefits that were less		
than 1	100% vested			·		5e	0
Under nena	penalty for the late	or incomplete filing of ther penalties set forth in	this return/repo	ort will be assessed	l unless reasonable ca	use is established	l
SB or Sched	dule MB completed a	her penalties set forth in nd signed by an enrolled	actuary, as wel	, i deciare that i have I as the electronic ve	e examined this return/re	port, including, if a	pplicable, a Schedule
belief, it is tr	rue, correct, and com	piere.				t, and to the best c	riny knowledge and
SIGN	Jewi	Hannyton	411)		Kevin Harring	ton, MD	
HERE	Signature of plan a			Date 6/23/201	Enter name of individ	uol sienina aa alaa	
SIGN				Date ( / a c / a c /	/ Litter hame of individ	uai signing as pian	administrator
HERE							
	Signature of emplo	yer/plan sponsor		Date	Enter name of individ		loyer or plan sponsor
riepaiers n	ianie (including firm r	name, if applicable) and a	iaaress (include	room or suite numb	er)	Preparer's teleph	

	Form 5500-SF 2016		Page <b>2</b>				
c	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 indepen- and condition ot use For	dent qualified public accour ons.) m 5500-SF and must inst	ntant (Id	QPA) e Fori	n 5500.	X Yes No
	t III   Financial Information						
W	Plan Assets and Liabilities		(a) Beginning of Yea	_		(t	) End of Year
	Total plan assets	7a	6,981	,526			0
	Total plan liabilities	7b		0			0
_	Net plan assets (subtract line 7b from line 7a)	7c	6,981	,526			0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)	5	, 296		1	
	(2) Participants	8a(2)	9	, 551			
	(3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	558	, 475			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					573,322
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7,553	,532			
e	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f_	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g	1,	316			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					7,554,848
	Net income (loss) (subtract line 8h from line 8c)	8i		*			-6,981,526
j	Transfers to (from) the plan (see instructions)	8j		0	16	*	
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension $2E\ 2F\ 2G\ 2J\ 2K\ 2T\ 3D$	feature cod	es from the List of Plan Cha	aracteri	stic C	odes in th	ne instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Cha	acterist	tic Co	des in the	e instructions:
Part	V Compliance Questions						
10	During the plan year:			Yes	No	N/A	Amount
- h	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Were there any nonexempt transactions with any party-in-interest?	oluntary Fid	uciary Correction 10a		х		Allowing

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)		Х		/ illount	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			500,000
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				

- 3.5	~~~	5500	CIT	201	-

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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				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of ERISA?	r section	n 302 of	f	Yes X No
a	(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			e letter ruling
	granting the waiver		Day		Year
	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		
d	Enter the amount contributed by the employer to the plan for this plan year	а	12d		
	negative amount)			Yes 1	No N/A
Part '				165   1	NO IN/A
V				D	
	Has a resolution to terminate the plan been adopted in any plan year?		-	X Yes	∐ No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	3	0
0	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un control of the PBGC?			ΧY	es No
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)		<b>13c(3)</b> PN(s)
Part	VIII Trust Information				
	lame of trust		441. ~		
1441	value of trust		140	rust's EIN	
14c	Name of trustee or custodian			rustee's or co elephone nur	
Part	IX IRS Compliance Questions				
15a	s 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   01(k)(3) for the plan year? Check all that apply:	safe h	nt year"	☐ tes	
8	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	ntage	Average benefit t	
	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	
17a	f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinio the letter and the serial number				
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the etter	e date o	of the mo	ost recent det	termination
١	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	
	Nas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes	☐ No	