-	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan				oyee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R				2016			
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Employee Benefits Security Administration Revenue Code (the Code).						This Form is Open to Public Inspection			
	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.	r ubic inspection			
Part I		dentification Information	016	and and a 10	1/24/2016				
For calenda	ar plan year 2016 or fisc I	X a single-employer plan		J	2/31/2016 Filors chock	ring this hav must attach a			
A This ret	urn/report is for:	a single-employer plan				ing this box must attach a ith the form instructions.)			
R This retu	urn/report is	the first return/report	X the final return/report						
		an amended return/report	a short plan year return						
C Check b	box if filing under:	 Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descri				0			
Part II	Basic Plan Infor	mation—enter all requested info	ormation						
1a Name of plan WESTSOUND ORTHOPAEDICS, P.S. 401(K)/PROFIT SHARING PLAN					1b Three plan (PN)	number			
					1c Effect	tive date of plan 01/01/1989			
Mailing	address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O.		<i></i>	2b Employer Identification Number (EIN) 20-2800978				
	D ORTHOPAEDICS, P.	, country, and ZIP or foreign posta <mark>S</mark> .	il code (if foreign, see instr	uctions)	2c Sponsor's telephone number 360-698-6630				
				·	2d Busir	ness code (see instructions)			
4409 NW AN SILVERDALE	DERSON HILL ROAD E, WA 98383					621111			
	dministrator's name and D ORTHOPAEDICS, P.	S. 4409 NW A	sor. ANDERSON HILL ROAD I.LE, WA 98383			nistrator's EIN 20-2800978 nistrator's telephone number 360-698-6630			
		plan sponsor has changed since the form the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN				
a Sponse	or's name				4c PN				
5a Total r	number of participants a	t the beginning of the plan year			5a	88			
		t the end of the plan year			5b	(
		ccount balances as of the end of the			5c	C			
d(1) Tota	al number of active parti	cipants at the beginning of the pla	n year		5d(1)	49			
		icipants at the end of the plan yea			5d(2)	(
		erminated employment during the			5e	C			
Caution: A	penalty for the late or	r incomplete filing of this return	/report will be assessed	unless reasonable cau					
SB or Sche		er penalties set forth in the instruct d signed by an enrolled actuary, as ete.							
SIGN	Filed with authorized/va	alid electronic signature.	07/06/2017	GREG DUFF					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing a	as plan administrator			
SIGN HERE									
	Signature of employ	er/plan sponsor me, if applicable) and address (ind	Date			as employer or plan sponsor stelephone number			
Fiepaiei S				, <i>,</i>					

60		la ana ta 0 (X Yes No			
ba b	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						
	If you answered "No" to either line 6a or line 6b, the plan cann						
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (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			
а	Total plan assets	7a	3278975	0			
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	3278975	0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)	101106				
	(3) Others (including rollovers)	8a(3)					
b		8b	168772				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		269878			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3541148				
e	Certain deemed and/or corrective distributions (see instructions).	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	7705				
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3548853			
i	Net income (loss) (subtract line 8h from line 8c)	8i		-3278975			
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2H$ $2J$ $2R$ $3D$	feature cod	es from the List of Plan Characteris	tic Codes in the instructions:			

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:				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	X			2000000
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			0
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		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					П Ү	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					ΓY	es 🗙 No	
		A? 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 insi	tructio	ns, and	l enter t	he date	of the letter	ruling	
	<u> </u>	ting the waiver			_ 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 Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) 									
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 resolution to terminate the plan been adopted in any plan year?				X Ye	s No)	
	lf "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 broug rol of the PBGC?					X Yes	No	
C		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi 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 EIN				
14c	Name	of trustee or custodian			14d Trustee's or custodian's				
					telephone number				
Par	+ I Y	IRS Compliance Questions							
Fai				Vee					
15a	Is the	plan a 401(k) plan? If "No," skip b	🗆	Yes			No		
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:									
				"Curre ADP t	ent 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	entage		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		-						
	letter		nter the	e date	of the m	iost rec	ent determir	ation	
18		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	arated	from	Yes	s [No		
		xe?							