Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		Identification Information										
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	016		and ending 12/31/2016							
A This ret	urn/report is for:	a single-employer plan	lis		ployer plan (not multiemployer) (Filers checking this box must attach pating employer information in accordance with the form instructions.)							
B This retu	urn/report is	the first return/report an amended return/report	=	final return/report hort plan year return	nal return/report ort plan year return/report (less than 12 months)							
C Check I	oox if filing under:	Form 5558 special extension (enter descri	automatic extension DFVC program									
Part II Basic Plan Information—enter all requested information												
1a Name QUEEN ANN	of plan NE CHIROPRACTIC (CENTER 401(K) PLAN & TRUST				1b	Three-digit plan number (PN) ▶	001				
			1c	Effective date of	f plan 1/2008							
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) QUEEN ANNE CHIROPRACTIC, P.S.						2b Employer Identification Number (EIN) 20-4496294						
						2c Sponsor's telephone number 206-282-8275						
1905 QUEEN ANNE AVE. N. SEATTLE, WA 98109						2d Business code (see instructions) 621310						
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spon	isor.			3b Administrator's EIN						
						3c	Administrator's t	elephone number				
		e plan sponsor has changed since t mber from the last return/report.	the last	return/report filed fo	or this plan, enter the	4b	EIN					
a Spons	or's name					4c PN						
5a Total	number of participants	at the beginning of the plan year				5	a					
		s at the end of the plan year				5	b					
	er of participants with ete this item)	account balances as of the end of t	the plar	year (only defined	contribution plans	5c						
d(1) Total number of active participants at the beginning of the plan year						5d(1)						
d(2) Total number of active participants at the end of the plan year					5d	(2)						
Pumber of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested												
Under pena SB or Sche	alties of perjury and ot	ther penalties set forth in the instruc nd signed by an enrolled actuary, a	tions, I	declare that I have	examined this return/re	port, i	ncluding, if applic					
SIGN	Filed with authorized	/valid electronic signature.		06/29/2017	DARRELL GIBSON							
HERE Signature of plan administrator Date Enter name of individual signing a					ning as plan adr	ninistrator						

Date

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

SIGN HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s No		
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.)									s No		
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-		_			
c	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined		
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning	of Year 690172			((b) End o				
<u>a</u>	Total plan assets					707584						
	Total plan liabilities	7b		0								
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		690172					70758	4		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt	_			(b) To	otal			
а	Contributions received or receivable from:	90/1)		6969								
	(1) Employers	8a(1)		25317								
	(2) Others (including relleves)	8a(2)		20011								
	(3) Others (including rollovers) Other income (loss)	8a(3)		46478								
	· /	8b			_				7876	4		
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7070	<u>. </u>		
	to provide benefits)	8d	61302									
е	Certain deemed and/or corrective distributions (see instructions).	8e										
f	Administrative service providers (salaries, fees, commissions)	8f		50								
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							61352			
i	Net income (loss) (subtract line 8h from line 8c)	8i				17412				2		
j	Transfers to (from) the plan (see instructions)	nstructions)										
Pa	rt IV Plan Characteristics		•									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:			
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Coc	des in t	he instru	ctions:			
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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's VProgram)	oluntary F	iduciary Correction	10a	X					15934		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X						
С	Was the plan covered by a fidelity bond?			10c	X					40000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X						
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	f Has the plan failed to provide any benefit when due under the plan?			10f		X						
9	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 to 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 X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	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	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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 l tive 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?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			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(3) PN(s)	
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian'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:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	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:				— Average —			□ 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?							No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
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	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

	Port Identification Information 8 or fiscal plan year beginning	01/01/2016	and ending	19/91/001/	e
or calcidar plant year 2010	x a single-employer plan		and ending	12/31/2010	
A This return/report is for:	a one-participant plan	a multiple-employer pl a list of participating en a foreign plan	an (not multiemployer nployer information Ir	r) (Filers checking this naccordance with the	form Instructions.)
B This return/report is:	the first return/report	the final return/report			
	an amended return/report	a short plan year return	nkopost (long than 17	on author)	
	T an amended terminiebout	Li a short plan year retur	vieport (less than 12	monurs)	
C Check box if filing under	r. Form 5558 special extension (enter desc	automatic extension		DFVC pro	y gram
Part II Basic Plan	n Information enter all requested				
1a Name of plan	I IIIIOI III atioii enter an requestec	Intomiation	·····	1b Three-digit	
·	ROPRACTIC CENTER 401(K) PL	AN & TRHST		plan number	
g-mail tallar +444	torraiorro omitalit worldly im	W W INODI		(PN) ►	001
				1c Effective dat 01/01/20	
2a Plan sponsor's name ((employer, if for a single-employer plan)				entification Number
Mailing Address (inclu	de room, apt., suite no. and street, or P. province, country, and ZIP or foreign pos	O. Box)	,_#;1	(EIN) 20-	
QUEEN ANNE CHIE		aai code (ii toreign, see instr	ictions)	<u> </u>	elephone number
South Willia Cult	WHACITE, F.S.		-	(206) 28	,
1005 00000 1100					de (see instructions)
1905 QUEEN ANNI	AVE. N.			621310	
US SEATTLE WA 98109					
3a Plan administrator's na	ame and address 🗵 Same as Plan Sp	onsor		3b Administrate	ಗs EIN
				3C Administrato	or's telephone number
4 If the name and/or EIN	l of the plan sponsor has changed since	the last return/report filed for	this size optorthe	4b EIN	
	an number from the last return/report.	the last return report filed to	uns plan, enter me	4D EIN	
a Sponsor's name				4c PN	
5a Total number of partic	pants at the beginning of the plan year		***************************************	. 5a	8
	ipants at the end of the plan year				8
	s with account balances as of the end of			. 5c	8
d(1) Total number of activ	ve participants at the beginning of the pl	an year	*************************	. 5d(1)	6
d(2) Total number of activ	ve participants at the end of the plan yea	ar		5d(2)	5
	s that terminated employment during the			<u> </u>	
less than 100% vested				_ 5e	0
Caution: A penalty for th	e late or incomplete filing of this retu	rn/report will be assessed	uniess reasonable c	ause is established.	
Under penalties of perjury	and other penalties set forth in the instri	uctions, I declare that I have	examined this return/	report, including, if ap	plicable, a Schedule
SB or Schedule MB complibelief, it is true, correct, an	eted and signed by an enrolled actuary,	as well as the electronic ven	sion of this return/repr	ort, and to the best of	my knowledge and
Delet, it is tide, caster, air	<u> </u>	- 17 /20 / A	<u> </u>		
SIGN L		6/21/1	Darrell Gibson	<u>.</u>	
HERE Signature of pla		Date,	Enter name of Individ	lual signing as plan ac	Iministrator
SIGN L COL	as 6,6 DC	6/29/17	Darrell	61650n	
HERE Signature of em	ployer/plan sponsor	Date	Enter name of individ	ual signing as employ	er or plan sponsor
	firm name, if applicable) and address (Preparer's telepho	ne number
Skip this question				Skip this que	stion

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	Were all of the plan's assets during the plan year invested in eligible							X Yes	No	
b /	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.)									
	inder 29 CFR 2520.104-46? (See instructions on waiver enginency a f you answered "No" to either line 6a or line 6b, the plan canno							<u>X</u> Yes		
	f the plan is a defined benefit plan, is it covered under the PBGC in							□ No □ Not de	termined	
	t III Financial Information									
	Plan Assets and Liabilities	la di Marine	(a) Beginning of	f Year		Τ		(b) End of Year		
	Total plan assets	. 7a		0.1				707,	584	
_	Fotal plan liabilities	. 7b			0	1	***************************************			
	Net plan assets (subtract line 7b from line 7a)	. 7c	69	0,1	72			707,	584	
***************************************	ncome, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total		
200	Contributions received or receivable from:			<i>c</i> •						
!	1) Employers	. Ba(1)		6,9		1 (14) A	jang salah). Perimenja		ila agjadera a. Slota ateka y	
	2) Participants	. 8a(2)		25,3	1.7	100				
	3) Others (including rollovers)				70	-		ik pilon 1,5 p. n. 2 p. 13/yea 3.,650-ceke 3 On ceke pilongan negati bilangan negati k		
	Other income (loss)		4	16,4	/8	1000			sanga Mang	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				1.732.70	Augusta (78,	764	
	o provide benefits)	. 8d	6	51,3	02					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		55.						
f	Administrative service providers (salaries, fees, commissions)	. 8f		50						
g	Other expenses	. 8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)					61,352			352	
1	Net income (loss) (subtract line 8h from line 8c)	. 8i				17,412			412	
	Transfers to (from) the plan (see instructions)						rikie Gieveljok,			
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension f	eature cod	es from the List of Plan Ch	naract	eristic	Code	es in the	instructions:		
	2E 2F 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Cha	aracte	ristic	Codes	s in the	instructions:		
-	in the plant provided in which a sure with the provided in the plant plant plan									
Pa	rt 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	itions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vi	oluntary Fi	duciary Correction							
	Program)			10a	X				15,934	
b	Were there any nonexempt transactions with any party-in-interest			10Ь		x				
	reported on line 10a.)			10c		+			40,000	
	Was the plan covered by a fidelity bond?			100		-	12.55		20,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
е							25.5			
	carrier, insurance service, or other organization that provides son the plan? (See instructions.)			10e		x				
f	f Has the plan failed to provide any benefit when due under the plan?					х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		х				
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 to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10ì						

	Form 5500-SF 2016 Page 3 -					
Part	VI Pension Funding Compliance					
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	nlata S	Schedule	ep		
	(Form 5500 and line 11a below)	biere c			Yes	X No
		*******	11a	<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?	orsec	tion 302	of	. Tes	X No
	(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 granting the waiver		and enter Da		e of the lette Year _	r ruling
If yo	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year.	**********	12b			
С	Enter the amount contributed by the employer to the plan for the 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)	ofa	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	X No)
	if "Yes," enter the amount of any plan assets that reverted to the employer this year	*******	13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?				Yes X	No
C	lf, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify tl which assets or liabilities were transferred. (See instructions.)	ne plan	(s) to			
13	c(1) Name of plan(s):	13c(2)	EIN(s) 13c(3)			PN(s)
Nesision						
Part	VIII Trust Information - Skip These Questions					
14a	Name of trust		14b	Trust's E	EIN	1 00 mm
14c	Name of trustee or custodian		1		or custodian ne number	's
Part	IX IRS Compliance Questions - Skip These Questions					
15a	s 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:		Design-base safe harb	or	"Prio	or year" ADP
			'Current y ADP test	/ear"	N/A	4
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio Dercentaç est	je 🔲	Average benefit tes	t N/A
16b	Old 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	
	f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinhe letter					
17b	f the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	the da	te of the	most red	ent determi	nation

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 from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

Yes No

Yes No