## 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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I		Identification Information									
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	016	and ending 1	2/31/2016						
Δ This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) of the ployer information in according to the ployer information in accor							
A THISTOC	uni/report is for.	a one-participant plan	a foreign plan	proyer information in a	oodiaanoo warano k	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
<b>B</b> This retu	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	nonths)						
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program						
		special extension (enter descri	iption)								
Part II	Basic Plan Info	ormation—enter all requested info	ormation								
1a Name NEUROPSY	of plan	ICES OF THE SOUTH SOUND PL			<b>1b</b> Three-digit plan number (PN) ▶	001					
					1c Effective date	e of plan					
		yer, if for a single-employer plan)			2b Employer Ide	/01/2004 ntification Number					
		m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		uctions)	(EIN) 91	-1675896					
NEUROPSYCHOLOGICAL SERVICES OF THE SOUTH SOUND, PLLC					2c Sponsor's tel 360-7	rog-0601					
2620 R.W. JO	OHNSON BLVD.					le (see instructions)					
SUITE 204 TUMWATER					02	21330					
3a Plan a	dministrator's name ar	nd address X Same as Plan Spon	isor.		<b>3b</b> Administrator	's EIN					
		ь .									
					<b>3c</b> Administrator	's telephone number					
4 If the r	name and/or EIN of the	e plan sponsor has changed since t	the last return/report filed for	or this plan, enter the	<b>4b</b> EIN						
	EIN, and the plan nu	mber from the last return/report.	·	, ,	4c PN						
		at the beginning of the plan year									
_		at the end of the plan year			F1.						
		account balances as of the end of t				3					
		rticipants at the beginning of the plants			5d(1) 5d(2)	1					
		articipants at the end of the plan year terminated employment during the				0					
than '	100% vested				5e						
		or incomplete filing of this return				nliachta a Cahaduta					
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.									
SIGN		/valid electronic signature.	09/08/2017	LAURA DAHMER-WH	HITE						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	r name of individual signing as plan administrator						
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 telepho	ne number					

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Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  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.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No								
Part III Financial Information	m (see ERISA section 4	021)?		res	□ INO	Not dete	erminea	
7 Plan Assets and Liabilities	(a) Beginning of Year				(b) End o	of Year		
a Total plan assets	499703			'	(b) Liid C	546890	)	
b Total plan liabilities	0		(				)	
C Net plan assets (subtract line 7b from line 7a)	499703					546890	)	
8 Income, Expenses, and Transfers for this Plan Year	(a) Amount		(b) Total					
a Contributions received or receivable from:	547							
(1) Employers	1)							
(2) Participants	Oa(Z)							
(3) Others (including rollovers)	38795							
b Other income (loss)	30793					53342	)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				33342			-	
to provide benefits)	0							
e Certain deemed and/or corrective distributions (see instructions).	0							
f Administrative service providers (salaries, fees, commissions) 8f	6155	6155						
g Other expenses	0							
h Total expenses (add lines 8d, 8e, 8f, and 8g)						6155	5	
i Net income (loss) (subtract line 8h from line 8c)						47187	7	
j Transfers to (from) the plan (see instructions)	Transfers to (from) the plan (see instructions)							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension feature codes fr 2E 2F 2G 2J 2K 2R 3B 3D	om the List of Plan Cha	racteri	stic Co	des in	the instru	uctions:		
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes fro	m the List of Plan Chara	acterist	tic Cod	les in t	he instruc	ctions:		
Part V Compliance Questions								
10 During the plan year:		Yes	No	N/A		Amount		
Was there a failure to transmit to the plan any participant contributions within the state of the plan and participant contributions.	time period		110	1471		Amount		
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction		X					
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not includ reported on line 10a.)	e transactions		X					
C Was the plan covered by a fidelity bond?		X					75000	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, the by fraud or dishonesty?	at was caused		X					
Were any fees or commissions paid to any brokers, agents, or other persons by a carrier, insurance service, or other organization that provides some or all of the bethe plan? (See instructions.)	n insurance enefits under		X					
f Has the plan failed to provide any benefit when due under the plan?	10f		X					
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .	_		X					
h If this is an individual account plan, was there a blackout period? (See instructions 2520.101-3.)			X					
i If 10h was answered "Yes," check the box if you either provided the required notice exceptions to providing the notice applied under 29 CFR 2520.101-3	ce or one of the							

ı	Form	550	0-SF	201	16

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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 con 5500) and line 11a below)				Y	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			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
lf	you co	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	e 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	)
	If "Y€	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 broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(	<b>2)</b> EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne 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		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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		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?			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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	Complete all entries in		tructions to the Form 55	i00-SF.					
	rt Identification Information								
For calendar plan year 2016 o	· · · · · · · · · · · · · · · · · · ·	01/01/2016	and ending	12/31/					
<b>A</b> This return/report is for:	X a single-employer plan     ☐ a one-participant plan		olan (not multiemployer) (i employer information in ac						
B This return/report is	the first return/report	the final return/report							
This returnineport is	an amended return/report		urn/report (less than 12 mo	onths)					
C Check box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC progr	ram				
Part II Basic Plan In	formation—enter all requested in								
1a Name of plan			······	1b Three-di	ait				
·	Services of the South	Sound PLLC 401	(K) Plan	plan num (PN) ▶	nber 001				
				<b>1c</b> Effective 01/01/					
Mailing address (include re	ployer, if for a single-employer plan) oom, apt., suite no. and street, or Pa noe, country, and ZIP or foreign pos		structions)	2b Employer Identification Number (EIN) 91-1675896					
Neuropsychological Services of the South Sound, PLLC				360-70					
2620 R.W. JOHNSON : SUITE 204	BLVD.			2d Business 621330	s code (see instructions)				
TUMWATER	WA 98512								
				3c Administ	rator's telephone number				
	the plan sponsor has changed since sumber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
a Sponsor's name	·			4c PN					
5a Total number of participar	ts at the beginning of the plan year.			5a	2				
<b>b</b> Total number of participar	ts at the end of the plan year		,,.	5b	3				
	h account balances as of the end of			5c	3				
d(1) Total number of active ;	participants at the beginning of the p	lan year		5d(1)	1				
d(2) Total number of active p	participants at the end of the plan ye	:ar		5d(2)	3				
Number of participants the than 100% vested	at terminated employment during the	e plan year with accrued b	enefits that were less	5e	0				
Caution: A penalty for the lat	e or incomplete filing of this retur	n/report will be assessed	d unless reasonable cau	ise is establis	hed.				
	other penalties set forth in the instru and signed by an enrolled actuary, inplete.								
SIGN		9/8/17	LAURA DAHMER-W	HITE					
HERE Signature of plan	administrator	Date	Enter name of individu	ual signing as r	olan administrator				
SIGN HERE				<del></del>					
Signature of emp	loyer/plan sponsor name, if applicable) and address (i	Date Date numb			employer or plan sponsor ephone number				

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6a Were all of the plan's assets during the plan year invested in eligit b 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 cannot	an indepe and condi not use Fo	endent qualified public a itions.) orm 5500-SF and mus	account t Inste	ant (IC	PA) Forn	n 5500.	X Yes No		
C If the plan is a defined benefit plan, is it covered under the PBGC in Part III Financial Information	nsurance	program (see ERISA s	ection 4	021)?	<u> </u>	Yes [	No Not determined		
7 Plan Assets and Liabilities		(a) Basinning	of Voc	. T		/b)	End of Voor		
a Total plan assets	7-	(a) Beginning	499,			(n)	End of Year 546,890		
b Total plan liabilities	7a 7b		4991	000			340,000		
C Net plan assets (subtract line 7b from line 7a)	7c		499,	703			546,890		
8 Income, Expenses, and Transfers for this Plan Year	1 76	/-> 4		, 03					
a Contributions received or receivable from:	100,000,0000,000	(a) Amour	11				(b) Total		
(1) Employers	8a(1)			547					
(2) Participants	8a(2)		14,	000					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		38,	795					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						53,342		
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	10 AV				
f Administrative service providers (salaries, fees, commissions)	8f		6,	155					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						6,155		
i Net income (loss) (subtract line 8h from line 8c)	18			A. 125	***************************************	•••••••••••••••••	47,187		
j Transfers to (from) the plan (see instructions)	81			0					
Part IV Plan Characteristics	1 01			· · ·			25.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4		
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3B 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the	e instructions:		
b If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in the	instructions:		
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A	Amount		
a Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	oluntary f	Fiduciary Correction	10a		Х				
b Were there any nonexempt transactions with any party-in-interest	l? (Do not	include transactions	105		Х	32.5			

10	During the plan year:	ring the plan year:				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		
С	Was the plan covered by a fidelity bond?	10c	Х		180356 83035	75,000
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	33 A A A A A A A A A A A A A A A A A A	
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				

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Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding require (Form 5500) and line 11a below)					В		es 🗌 No	
11a Enter the unpaid minimum required contributions for all years fro 12 Is this a defined contribution plan subject to the minimum funding ERISA?	om Schedule SB (Fo	rm 5500) line 40 ection 412 of the Co	de or sectio	11a on 302 of	f	'	es 🗓 No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belt  a If a waiver of the minimum funding standard for a prior year is begranting the waiver.	eing amortized in this			d enter t Day		of the letter Year	ruling	
If you completed line 12a, complete lines 3, 9, and 10 of Sched	ule MB (Form 5500)	and skip to line 1	3.	·				
<b>b</b> Enter the minimum required contribution for this plan year				12b		<u> </u>		
C Enter the amount contributed by the employer to the plan for this plan year								
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)								
e Will the minimum funding amount reported on line 12d be met by the funding deadline?						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	r?				Yes	X N	0	
If "Yes," enter the amount of any plan assets that reverted to the	e employer this year .			13a				
b Were all the plan assets distributed to participants or beneficiari control of the PBGC?					[	Yes X	No	
c If, during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)								
13c(1) Name of plan(s):			13c(2	) EIN(s)		<b>13c(3)</b> PN(s)		
Part VIII Trust Information								
14a Name of trust				14b	Trust's E	ÎN		
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
Part IX IRS Compliance Questions				-l				
<b>15a</b> is the plan a 401(k) plan? If "No," skip b			Yes			No		
15b How did the plan satisfy the nondiscrimination requirements for 6 401(k)(3) for the plan year? Check all that apply:	, ,		∐ safe	gn-base harbor rent year test	L	"Prior ye test	ar" ADP	
16a What testing method was used to satisfy the coverage requirement year? Check all that apply:			Rati	entage		/erage enefit test	∏ N/A	
16b Did the plan satisfy the coverage and nondiscrimination requirer for the plan year by combining this plan with any other plan under			Yes		(	] No		
17a If the plan is a master and prototype plan (M&P) or volume subm the letter and the serial number	nitter plan that receive	ed a favorable IRS	opinion lette	er or adv	isory lett	er, enter th	e date of	

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

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? ......

☐ No

No

Yes

Yes

18 Defined Benefit Plan or Money Purchase Pension Plan Only: