#### 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).

▶ 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** 

| Part I                     |                                  | <b>Identification Information</b>  |   |  |                                     |                                  |  |  |  |
|----------------------------|----------------------------------|--|---|--|-------------------------------------|----------------------------------|--|--|--|
| For calenda                | ar plan year 2016 or fis         | scal plan year beginning 01/01/2   |   |  | 2/31/2016                           |                                  |  |  |  |
| A This ret                 | urn/report is for:               | a single-employer plan   | a multiple-employer pla<br>list of participating em | an (not multiemployer) (<br>aployer information in a |                                     |                                  |  |  |  |
|                            | ·                                | a one-participant plan   | a foreign plan                                      |  |                                     |                                  |  |  |  |
| <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:             | Form 5558  | automatic extension                                 |  | DFVC progra                         | .m                               |  |  |  |
| Dort II                    | Decia Dian Info                  | special extension (enter descr   |   |  |                                     |                                  |  |  |  |
| Part II  1a Name           |                                  | ermation—enter all requested inf   | ormation  |  | <b>1b</b> Three-dig                 | i+ I                             |  |  |  |
|                            |                                  | TS, P.S. CASH BALANCE PLAN   |   |  | plan numb                           |                                  |  |  |  |
|                            |                                  |  |   |  | 1c Effective of                     | L<br>date of plan<br>01/01/2010  |  |  |  |
|                            | ` '                              | yer, if for a single-employer plan)<br>m, apt., suite no. and street, or P.O           | ) Box)  |  | ' '                                 | Identification Number 91-0880426 |  |  |  |
| City or                    |                                  | e, country, and ZIP or foreign posta   |   | ructions)  |                                     | s telephone number               |  |  |  |
|                            |                                  |  |   |  |                                     | code (see instructions)          |  |  |  |
| 3209 S. 23RI<br>TACOMA, W. | O ST., SUITE 340<br>A 98405-1602 |  |   |  |                                     | 621111                           |  |  |  |
| 3a Plan a                  | dministrator's name ar           | nd address X Same as Plan Spor   | nsor.   |  | <b>3b</b> Administra                | ator's EIN                       |  |  |  |
|                            |                                  |  |   |  | 3c Administrator's telephone number |                                  |  |  |  |
| 4 If the r                 | name and/or EIN of the           | e plan sponsor has changed since   | the last return/report filed for                    | or this plan, enter the                              | <b>4b</b> EIN                       |                                  |  |  |  |
|                            | EIN, and the plan nur            | mber from the last return/report.  |   | , , , , , , , , , , , ,                              | 4c PN                               |                                  |  |  |  |
|                            |                                  | at the beginning of the plan year  |   |  | 5a                                  | 110                              |  |  |  |
|                            | • •                              | at the end of the plan year  |   |  | 5b                                  | 91                               |  |  |  |
| <b>C</b> Number            | er of participants with          | account balances as of the end of  | the plan year (only defined                         | contribution plans                                   | 5c                                  |                                  |  |  |  |
| '                          | ,                                | rticipants at the beginning of the pla   |   |  | 5d(1)                               | 98                               |  |  |  |
|                            |                                  | rticipants at the end of the plan year   | -   |  | 5d(2)                               | 79                               |  |  |  |
| <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 returr  | n/report will be assessed                           | unless reasonable ca                                 |                                     |                                  |  |  |  |
| SB or Sche                 |                                  | her penalties set forth in the instruc<br>nd signed by an enrolled actuary, a<br>plete |   |  |                                     |                                  |  |  |  |
| SIGN                       |                                  | valid electronic signature.  | 06/14/2017  | CINDY FRUGE  |                                     |                                  |  |  |  |
| HERE                       | Signature of plan a              | dministrator   | Date  | Enter name of individ                                | lual signing as pla                 | an administrator                 |  |  |  |
| SIGN                       |                                  |  |   |  |                                     |                                  |  |  |  |
| HERE                       | Signature of emplo               |  | Date  |  |                                     | nployer or plan sponsor          |  |  |  |
| Preparer's                 | name (including firm n           | name, if applicable) and address (in   | iclude room or suite numbe                          | er)  | Preparer's tele                     | ohone number                     |  |  |  |
|                            |                                  |  |   |  |                                     |                                  |  |  |  |

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|          | Were all of the plan's assets during the plan year invested in eligib<br>Are you claiming a waiver of the annual examination and report of<br>under 29 CFR 2520.104-46? (See instructions on waiver eligibility |             |                          | /es ☐ No |               |         |          |          |            |            |  |
|----------|---|-------------|--------------------------|----------|---------------|---------|----------|----------|------------|------------|--|
| С        | If you answered "No" to either line 6a or line 6b, the plan cannot lift the plan is a defined benefit plan, is it covered under the PBGC in   |             |                          |          |               | _       |          | _        | ☐ Not o    | determined |  |
| Pa       | t III Financial Information   |             |                          |          |               |         | •        |          |            |            |  |
| 7        | Plan Assets and Liabilities   |             | (a) Beginning            | of Year  |               |         | (        | (b) End  | of Year    |            |  |
| а        | Total plan assets   | 7a          |                          | 582015   |               |         |          |          | 9545       | 005        |  |
| b        | Total plan liabilities  |             |                          |          |               | 784     |          |          |            |            |  |
| С        | Net plan assets (subtract line 7b from line 7a)   | 582015      |                          |          |               |         | 9544221  |          |            |            |  |
| 8        | Income, Expenses, and Transfers for this Plan Year  |             | (a) Amoun                | nt       |               |         |          | (b)      | (b) Total  |            |  |
| а        | Contributions received or receivable from:  | 0=(4)       | 1                        | 508039   |               |         |          |          |            |            |  |
|          | (1) Employers   | 8a(1)       |                          |          |               |         |          |          |            |            |  |
|          | (2) Participants  | 8a(2)       |                          |          | $\rightarrow$ |         |          |          |            |            |  |
|          | (3) Others (including rollovers)  Other income (loss)   | 8a(3)<br>8b |                          | 487563   |               |         |          |          |            |            |  |
|          | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c          |                          |          |               |         |          |          | 1995       | 602        |  |
|          | Benefits paid (including direct rollovers and insurance premiums  | 00          |                          |          |               |         |          |          |            |            |  |
|          | to provide benefits)  | 8d          |                          | 3921     |               |         |          |          |            |            |  |
| e        | Certain deemed and/or corrective distributions (see instructions).  | 8e          |                          |          |               |         |          |          |            |            |  |
| f        | Administrative service providers (salaries, fees, commissions)  | 8f          |                          | 29475    |               |         |          |          |            |            |  |
| g        | Other expenses  | 8g          |                          |          |               |         |          |          |            |            |  |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h          |                          |          |               |         |          |          |            | 396        |  |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c)   | 8i          |                          |          |               |         |          |          | 1962       | 206        |  |
| j        | Transfers to (from) the plan (see instructions)   | 8j          |                          |          |               |         |          |          |            |            |  |
| Par      | t IV Plan Characteristics   |             |                          |          |               |         |          |          |            |            |  |
| 9a       | If the plan provides pension benefits, enter the applicable pension 1C  | feature co  | des from the List of Pl  | an Cha   | racteri       | stic Co | des in   | the ins  | tructions: |            |  |
| b        | If the plan provides welfare benefits, enter the applicable welfare f   | eature cod  | les from the List of Pla | n Chara  | acterist      | tic Cod | les in t | he instr | uctions:   |            |  |
| Par      | t V Compliance Questions  |             |                          |          |               |         |          |          |            |            |  |
| 10       | During the plan year:   |             |                          |          | Yes           | No      | N/A      |          | Amou       | nt         |  |
| а        | Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)   | oluntary F  | iduciary Correction      | 10a      |               | X       |          |          |            |            |  |
| b        | Were there any nonexempt transactions with any party-in-interest reported on line 10a.)   | 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        | · · · · · · · · · · · · · · · · · · ·   | 10e         |                          | Х        |               |         |          |          |            |            |  |
| f        | Has the plan failed to provide any benefit when due under the pla   | 10f         |                          | X        |               |         |          |          |            |            |  |
| g        | Did the plan have any participant loans? (If "Yes," enter amount a  | ,           | 10g                      |          | X             |         |          |          |            |            |  |
| h        | 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<br>n 5500) and line 11a below)   |           |                        |                  |           | X                        | 'es No         |
|         | Ente    | r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40   |           |                        | 11a              |           |                          | 0              |
| 12      |         | is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co<br>A?  |           |                        |                  |           | Y                        | ′es X No       |
|         | (If "   | es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  |           |                        |                  |           |                          |                |
| a       |         | raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insing the waiver  |           | s, and                 | l enter t<br>Day |           | of the lette<br>Year _   | r ruling       |
| If      | you c   | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1  | 13.       |                        |                  | I         |                          |                |
| 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 l<br>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  |           |                        |                  |           |                          |                |
| 13a     | Has a   | a resolution to terminate the plan been adopted in any plan year?  |           |                        |                  | Yes       | x N                      | 0              |
|         | 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 brougout of the PBGC?  |           |                        |                  |           | Yes X                    | 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.)                            | fy the p  | lan(s)                 | to               |           |                          |                |
|         | 13c(1)  | Name of plan(s):   | 1         | 3c(2)                  | EIN(s)           |           | 13c(3                    | <b>)</b> PN(s) |
|         |         |  |           |                        |                  |           |                          |                |
| Part    | VIII    | Trust Information  |           | ı                      |                  |           |                          |                |
| 14a     | Name    | of trust   |           |                        | 14b <sup>-</sup> | Trust's E | EIN                      |                |
| 14c     | Name    | of trustee or custodian  |           |                        |                  |           | s or custod<br>ne number | ian'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:  | L         |                        | n-based<br>arbor | j [       | ] "Prior ye<br>test      | ear" ADP       |
|         |         |  | -   □ □ □ | Curre<br>ADP t         | ent year<br>est  | "         | N/A                      |                |
| 16a<br> |         | testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:   | 🔲         | Ratio<br>perce<br>test | entage           |           | verage<br>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? | Ш         | Yes                    |                  |           | 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 rece | ent determi              | nation         |
| 18      | Were    | ed Benefit Plan or Money Purchase Pension Plan Only:<br>any distributions made during the plan year to an employee who attained age 62 and had not sepa<br>e?                                    |           | om                     | 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                       |                |

## SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

OMB No. 1210-0110

2016

File as an attachment to Form 5500 or 5500-SF. For calendar plan year 2016 or fiscal plan year beginning and ending 01/01/2016 12/31/2016 Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan Three-digit DIGESTIVE HEALTH SPECIALISTS, P.S. CASH BALANCE PLAN 002 plan number (PN) C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Employer Identification Number (EIN) DIGESTIVE HEALTH SPECIALISTS, P.S. 91-0880426 F Prior year plan size: X 100 or fewer E Type of plan: X Single Multiple-A Multiple-B 101-500 More than 500 Part I **Basic Information** Year <u>20</u>16 Enter the valuation date: 01 Month Day Assets: 2a 7554729 2b **b** Actuarial value..... 7554729 (1) Number of (2) Vested Funding (3) Total Funding Funding target/participant count breakdown participants Target Target 0 0 **a** For retired participants and beneficiaries receiving payment..... **b** For terminated vested participants.... 13877 13877 C For active participants..... 86 7518375 7527663 7532252 7541540 **d** Total If the plan is in at-risk status, check the box and complete lines (a) and (b)..... a Funding target disregarding prescribed at-risk assumptions b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk 4b status for fewer than five consecutive years and disregarding loading factor ...... 5 6.05% 6 Target normal cost..... 1172815 **Statement by Enrolled Actuary** To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN **HERE** 09/11/2017 Signature of actuary Date SARA ARK, FSA, EA, MAAA 17-06142 Type or print name of actuary Most recent enrollment number INDEPENDENT ACTUARIES, INC 503-520-0848 Firm name Telephone number (including area code) 4500 KRUSE WAY SUITE 200 LAKE OSWEGO, OR 97035

instructions

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

| Page             | 2 - | 1 |
|------------------|-----|---|
| <sup>2</sup> age | 2 - | 1 |

| Pa   | art II             | Begin        | ning of Year                               | Carryov        | er and Prefundin               | ng Bal    | ances                  |               |                                |         |              |                |          |       |
|--|--------------------|--------------|--|----------------|--------------------------------|-----------|------------------------|---------------|--------------------------------|---------|--------------|----------------|----------|-------|
|  |                    |              |  |                |                                |           |                        | (a) C         | arryover balance               |         | <b>(b)</b> P | refundir       | ng balar | nce   |
| 7  |                    | -            |  |                | able adjustments (line         |           |                        |               | 0                              |         |              |                |          | 0     |
| 8  |                    |              | •  | -              | nding requirement (line        |           |                        |               | 0                              |         |              |                |          | 0     |
| 9  | Amount             | remaining    | g (line 7 minus line                       | € 8)           |                                |           |                        |               | 0                              |         |              |                |          | 0     |
| 10   | Interest           | on line 9 ı  | using prior year's                         | actual retu    | rn of <u>-3.33</u> %           |           |                        |               | 0                              |         | 0            |                |          | 0     |
| 11   | Prior yea          | ar's exces   | s contributions to                         | be added       | to prefunding balance:         |           |                        |               |                                |         |              |                |          |       |
|  | <b>a</b> Prese     | nt value o   | f excess contribut                         | ions (line 3   | 38a from prior year)           |           |                        |               |                                |         |              |                | 7366     | 625   |
|  | <b>b(1)</b> Int    | erest on t   | the excess, if any,<br>B, using prior year | of line 38a    |                                |           |                        |               |                                | 459     | 065          |                |          |       |
|  | <b>b(2)</b> Int    | erest on I   | ine 38b from prior                         | year Sche      | edule SB, using prior ye       | tual      |                        |               |                                |         |              | 700            |          |       |
|  |                    |              |  |                |                                |           |                        |               |                                |         |              | 0              |          |       |
|  | C Total a          | vailable a   | t beginning of curre                       | ent plan yea   | ar to add to prefunding b      | palance . |                        |               |                                |         |              |                | 7825     | 590   |
|  | <b>d</b> Portio    | n of (c) to  | be added to prefu                          | unding bala    | ance                           |           |                        |               |                                |         |              |                |          | 0     |
| 12   | Other re           | ductions i   | n balances due to                          | elections      | or deemed elections            |           |                        |               | 0                              |         |              |                |          | 0     |
| 13   | Balance            | at beginn    | ning of current yea                        | ır (line 9 + l | line 10 + line 11d – line      | e 12)     |                        |               | 0                              |         |              |                |          | 0     |
| Р  | art III            | Fun          | ding Percenta                              | ages           |                                |           | <u> </u>               |               |                                |         |              |                |          |       |
|  |                    |              | <del>-</del>                               |                |                                |           |                        |               |                                |         |              | 14             | 10       | 0.17% |
|  |                    |              |  |                | ·                              |           |                        |               |                                |         |              | 15             | 10       | 0.17% |
|  | Prior yea          | ar's fundir  | ng percentage for                          | purposes o     | of determining whether         | carryo    | ver/prefund            | ling balance  | es may be used to r            | educe o | e current 16 |                |          | 9.74% |
| 17   |                    |              |  |                | less than 70 percent of        |           |                        |               |                                |         |              | 17             |          | %     |
|  | art IV             |              | tributions an                              | -              | •                              |           |                        |               | <u> </u>                       |         | l            |                |          |       |
| 18   | Contribu           | tions mad    |  |                | ar by employer(s) and          | employ    | ees:                   |               |                                |         |              |                |          |       |
| (1   | (a) Dat<br>MM-DD-Y |              | <b>(b)</b> Amount p<br>employer            | -              | (c) Amount paid b<br>employees | у         | <b>(a)</b> D<br>(MM-DD |               | (b) Amount paid<br>employer(s) |         | (с           | Amoui<br>emplo |          | ру    |
| 0  | 8/26/2016          | 6            |  | 56837          |                                | 0         | 02/27/2                | 017           | 20                             | 00000   | 000          |                |          |       |
| 0  | 9/26/2016          | 6            |  | 200000         |                                | 0         | 03/24/2                | 017           | 20                             | 200000  |              |                |          | 0     |
| 1  | 0/25/2016          | 6            |  | 200000         |                                | 0         | 05/04/2                | 017           | 4                              | 42814   | 14           |                |          | 0     |
| 1  | 1/23/2016          | 6            |  | 200000         |                                | 0         | 08/17/2                | 017           |                                | 8388    |              |                |          | 0     |
| 1  | 2/28/2016          | 5            |  | 200000         |                                | 0         |                        |               |                                |         |              |                |          |       |
| 0  | 1/31/2017          | 7            |  | 200000         |                                | 0         |                        |               |                                |         |              | 1              |          |       |
|  |                    |              |  |                |                                |           | Totals ►               | 18(b)         | 150                            | 08039   | 18(c)        |                |          | 0     |
| 19   | Discount           | ted emplo    | yer contributions                          | – see instr    | uctions for small plan v       | with a v  | aluation da            | ite after the |                                |         |              |                |          |       |
|  | <b>a</b> Contri    | butions a    | llocated toward ur                         | npaid minir    | num required contribut         | tions fro | om prior yea           | ars           |                                |         |              |                |          | 0     |
|  | <b>b</b> Contri    | butions m    | nade to avoid restr                        | rictions adj   | usted to valuation date        | ·         |                        |               |                                | )b      |              |                |          | 0     |
|  | <b>C</b> Contri    | butions all  | ocated toward min                          | imum requi     | red contribution for curre     | ent year  | r adjusted to          | valuation d   | ate 19                         | )c      |              |                | 1423     | 290   |
| 20   |                    |              | tions and liquidity                        |                |                                |           |                        |               |                                |         |              |                |          |       |
| a Did the plan have a "funding shortfall" for the prior year?  |                    |              |  |                |                                |           |                        |               |                                |         |              |                | Yes      | No    |
| $\boldsymbol{b}$ If line 20a is "Yes," were required quarterly installments for the current year made in |                    |              |  |                |                                |           |                        | a timely m    | anner?                         |         |              |                | Yes      | No    |
|  | <b>C</b> If line   | 20a is "Y    | es," see instructio                        | ns and con     | nplete the following tab       |           |                        |               |                                |         |              |                |          |       |
|  |                    | of this plan |  |                |                                | (4) 411   |                        |               |                                |         |              |                |          |       |
|  |                    | (1) 1s       | l  |                | (2) 2nd                        |           | 1                      | (3)           | 3rd                            |         | -            | (4) 4th        |          |       |
|  |                    |              |  |                |                                |           | 1                      |               |                                |         |              |                |          |       |

| P   | art V             | Assumpti         | ons Used to                           | Determine       | Funding Target a                                    | nd Targ      | et Normal Cost           |            |                |              |           |
|-----|-------------------|------------------|---------------------------------------|-----------------|---|--------------|--------------------------|------------|----------------|--------------|-----------|
| 21  | Discount          | rate:            |                                       |                 |   |              |                          |            |                |              |           |
|     | <b>a</b> Segm     | ent rates:       | 1st segr                              | nent:<br>.43%   | 2nd segment:<br>5.91 %                              |              | 3rd segment:<br>6.65 %   |            | □ N/A, fo      | ıll yield cı | urve used |
|     | <b>b</b> Applic   | able month (er   | nter code)                            |                 |   |              |                          | 21b        |                | 4            |           |
| 22  | Weighted          | d average retire | ement age                             |                 |   |              |                          | 22         |                | 62           |           |
| 23  | Mortality         | table(s) (see i  | instructions)                         | X Pres          | cribed - combined                                   | Presc        | ribed - separate         | Substit    | ute            |              |           |
| Pa  | art VI            | Miscellane       | ous Items                             | — Ш             |   |              |                          | <u> </u>   |                |              |           |
| 24  |                   |                  |                                       | scribed actus   | arial assumptions for the                           | current nl   | an year? If "Ves " see i | netruction | ne regarding r | aquired      |           |
|     |                   | -                |                                       |                 | anar assumptions for the                            |              | -                        |            |                |              | 'es X No  |
| 25  | Has a me          | ethod change b   | been made for the                     | e current plar  | n year? If "Yes," see inst                          | ructions re  | egarding required attach | nment      |                | Y            | ′es X No  |
| 26  | Is the pla        | in required to p | provide a Schedu                      | le of Active P  | articipants? If "Yes," see                          | e instructio | ns regarding required a  | attachmer  | nt             | X            | 'es No    |
| 27  |                   |                  |                                       |                 | r applicable code and se                            |              |                          | 27         |                |              |           |
| P   | art VII           |                  |                                       |                 | ım Required Conti                                   |              |                          |            |                |              |           |
| 28  |                   |                  |                                       |                 | ears  |              |                          | 28         |                |              | 0         |
| 29  |                   |                  |                                       |                 | unpaid minimum required                             |              |                          |            |                |              | 0         |
|     | (line 19a         | )                |                                       |                 |   |              |                          | 29         |                |              | 0         |
|     |                   | ř –              | · · · · · · · · · · · · · · · · · · · | •               | ributions (line 28 minus li                         | ne 29)       |                          | 30         |                |              | 0         |
|     | art VIII          |                  | <del>-</del>                          |                 | For Current Year                                    |              |                          |            |                |              |           |
| 31  | Target n          | ormal cost and   | d excess assets (                     | see instructio  | ns):  |              |                          | I          | 1              |              |           |
|     | <b>a</b> Target   | normal cost (lii | ne 6)                                 |                 |   |              |                          | 31a        |                | 1            | 1172815   |
|     |                   |                  |                                       | reater than lir | ne 31a  |              |                          | 31b        |                |              | 13189     |
| 32  | Amortiza          | tion installmen  | its:                                  |                 |   |              | Outstanding Bala         | nce        |                | nstallmer    | nt        |
|     | a Net sh          | ortfall amortiza | tion installment                      |                 |   |              |                          | 0          |                |              | 0         |
|     |                   |                  |                                       |                 |   |              |                          | 0          |                |              | 0         |
| 33  |                   |                  |                                       |                 | er the date of the ruling le<br>) and the waived ar | -            | -                        | 33         |                |              |           |
| 34  | Total fun         | ding requireme   | ent before reflecti                   | ng carryover/   | prefunding balances (lin                            | es 31a - 3   | 1b + 32a + 32b - 33)     | 34         |                | 1            | 1159626   |
|     |                   |                  |                                       |                 | Carryover baland                                    | се           | Prefunding balar         | nce        | To             | otal balan   | ce        |
| 35  |                   |                  | se to offset fundin                   |                 |   | 0            |                          | 0          |                |              | 0         |
| 36  |                   |                  |                                       |                 |   |              |                          | 36         |                |              | 1159626   |
| 37  |                   |                  |                                       |                 | ntribution for current year                         |              |                          |            |                |              | 1100020   |
|     | 19c)              |                  |                                       |                 |   |              |                          | 37         |                | 1            | 1423290   |
| _38 | Present v         | alue of excess   | s contributions fo                    | r current year  | r (see instructions)                                |              |                          | I          | ı              |              |           |
|     | _ `               | •                |                                       |                 |   |              |                          | 38a        |                |              | 263664    |
|     | <b>b</b> Portion  | included in lin  | ne 38a attributabl                    | e to use of pr  | efunding and funding sta                            | indard car   | yover balances           | 38b        |                |              | 0         |
| 39  | Unpaid n          | ninimum requir   | ed contribution for                   | or current yea  | er (excess, if any, of line                         | 36 over lin  | e 37)                    | 39         |                |              | 0         |
| 40  |                   |                  |                                       |                 |   |              |                          | 40         |                |              | 0         |
| Pa  | rt IX             | Pension I        | Funding Reli                          | ef Under F      | Pension Relief Act                                  | of 2010      | (See Instructions        | 5)         |                |              |           |
| 41  |                   |                  | to use PRA 201                        |                 |   |              |                          | =          |                |              |           |
|     |                   |                  |                                       |                 |   |              |                          |            | 2 plus 7 yea   | ars          | 15 years  |
|     | <b>b</b> Eligible | e plan year(s) f | or which the elec                     | tion in line 41 | a was made  |              |                          | 20         | 008 2009       | 2010         | 2011      |
| 42  | Amount o          | of acceleration  | adjustment                            |                 |   |              |                          | 42         |                |              |           |
| 43  | Excess in         | stallment acce   | eleration amount                      | to be carried   | over to future plan years                           |              |                          | 43         |                |              |           |

### DIGESTIVE HEALTH DPESCIALISTS, INC. P.S. CASH BALANCE PLAN

EIN: 91-0880426 PN: 002

#### 2016 Form 5500 Schedule SB, Line 26 – Schedule of Active Participant Data

#### Schedule of Active Participant Data

| Age      | Benefit Service |     |     |       |       |       |       |       |       |         |       |  |  |
|----------|-----------------|-----|-----|-------|-------|-------|-------|-------|-------|---------|-------|--|--|
|          | Under 1         | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & up | Total |  |  |
| Under 25 |                 | 3   |     |       |       |       |       |       |       |         | 3     |  |  |
| 25-29    |                 | 10  | 5   |       |       |       |       |       |       |         | 15    |  |  |
| 30-34    |                 | 4   | 3   |       |       |       |       |       |       |         | 7     |  |  |
| 35-39    |                 | 4   | 3   |       |       |       |       |       |       |         | 7     |  |  |
| 40-44    |                 | 3   | 10  |       |       |       |       |       |       |         | 13    |  |  |
| 45-49    |                 | 3   | 6   |       |       |       |       |       |       |         | 9     |  |  |
| 50-54    |                 | 4   | 7   |       |       |       |       |       |       |         | 11    |  |  |
| 55-59    |                 | 1   | 6   |       |       |       |       |       |       |         | 7     |  |  |
| 60-64    |                 | 2   | 4   |       |       |       |       |       |       |         | 6     |  |  |
| 65-69    |                 |     | 1   |       |       |       |       |       |       |         | 1     |  |  |
| 70 & up  |                 |     |     |       |       |       |       |       |       |         | С     |  |  |
| Total    | 0               | 34  | 45  | 0     | 0     | 0     | 0     | 0     | 0     | 0       | 79    |  |  |

#### DIGESTIVE HEALTH DPESCIALISTS, INC. P.S. CASH BALANCE PLAN

EIN: 91-0880426 PN: 002

#### 2016 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

#### **Actuarial Method for Minimum Required Contribution**

Asset Valuation Method

Fair market value.

Valuation Date

First day of plan year.

Yield Curve Selected

24-month average Segmented Yield Curve, subject to corridor provided by MAP-21 as adjusted by the Highway and Transportation Funding Act of 2014.

**Lookback Month for Determining** 

**Segment Interest Rates** 

4th month prior to valuation date.

#### **Actuarial Assumptions for Minimum Required Contribution**

**Segment Interest Rates** 

First Segment (Under 5 years):

4.43%

Second Segment (5 to 19 years): 5.91%

Third Segment (20 or more years): 6.65%

**Assumed Form of Payment** 

Lump sum.

**Lump Sum Payment Assumptions** 

Greater result of §417(e) applicable mortality and yield curve segments (above) as described in IRS Regulations, and plan factors applying the appropriate yield curve

segment to deferral period.

**Assumed Commencement Date** 

Normal Retirement Date

Average Retirement Age

Age 62.

Mortality

Pre-Retirement

None:

Post-Retirement

See lump sum payment assumptions (above).

Salary Scale

No explicit assumption,

# DIGESTIVE HEALTH DPESCIALISTS, INC. P.S. CASH BALANCE PLAN EIN: 91-0880426 PN: 002

## 2016 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Concluded)

Turnover Rate No explicit assumption.

Expenses None.

Future Compensation Actual compensation for prior year.

Future Annual Hours Worked Actual hours worked in prior year, with annualization for

new hires.

Changes Since Prior Valuation None, other than changes in mandated interest and

mortality as required under the Pension Protection Act of 2006 (PPA), MAP-21 and the Highway and

Transportation Funding Act of 2014.

#### 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** 

|                  | benefit Guaranty Corporation   | ▶ Complete all entries in   | accordance with the inst                | ructions to the Form      | 5500-SF.      | Public Inspection             |  |  |  |  |
|------------------|--------------------------------|---|---|---------------------------|---------------|-------------------------------|--|--|--|--|
| Part I           | Annual Repor                   | t Identification Information  | n                                       |                           |               |                               |  |  |  |  |
| For calen        | idar plan year 2016 or         | fiscal plan year beginning  | 01/01/2016                              | and ending                |               | 31/2016                       |  |  |  |  |
| A                |                                | X a single-employer plan  | a multiple-employer pl                  | an (not multiemployer)    | (Filers chec  | cking this box must attach a  |  |  |  |  |
| A Inist          | eturn/report is for:           | a one-participant plan  | list of participating en a foreign plan | nployer information in a  | ccordance v   | with the form instructions.)  |  |  |  |  |
| _                |                                |   |   |                           |               |                               |  |  |  |  |
| <b>B</b> This re | eturn/report is                | the first return/report   | the final return/report                 |                           |               |                               |  |  |  |  |
| 0                |                                | an amended return/report  | a short plan year retur                 | n/report (less than 12 n  | nonths)       |                               |  |  |  |  |
| C Check          | k box if filing under:         | X Form 5558   | automatic extension                     |                           | DFVC p        | program                       |  |  |  |  |
| D41              | D : D : 6                      | special extension (enter desc   |   |                           |               |                               |  |  |  |  |
| Part II          |                                | ormation—enter all requested in   | nformation                              |                           |               |                               |  |  |  |  |
| 1a Name          | •                              |   |   |                           | 1b Thre       |                               |  |  |  |  |
| DIGESTI          | VE HEALTH SPE                  | CIALISTS, P.S. CASH   | BALANCE PLAN                            |                           | (PN)          | number 002                    |  |  |  |  |
|                  |                                |   |   |                           |               | ctive date of plan            |  |  |  |  |
|                  |                                |   |   |                           |               | 01/2010                       |  |  |  |  |
| 2a Plan          | sponsor's name (emplo          | oyer, if for a single-employer plan)  |   |                           |               | oloyer Identification Number  |  |  |  |  |
| Mailin<br>City o | ng address (include roo        | om, apt., suite no. and street, or P.0<br>ce, country, and ZIP or foreign pos | O. Box)                                 |                           |               | )91-0880426                   |  |  |  |  |
| DIGEST           | 'IVE HEALTH SP                 | ECIALISTS, P.S.   | tal code (if foreign, see instr         | uctions)                  |               | nsor's telephone number       |  |  |  |  |
|                  |                                | 101111111111111111111111111111111111111                                       |   |                           |               | -272-5127                     |  |  |  |  |
| 3209 S           | . 23RD ST., ST                 | JITE 340  |   |                           |               | ness code (see instructions)  |  |  |  |  |
|                  | , ,                            |   |   |                           | 6211          | .11                           |  |  |  |  |
| TACOMA           |                                | WA 98405-160  | 2                                       |                           |               |                               |  |  |  |  |
| 3a Plan a        | administrator's name a         | nd address X Same as Plan Spo   |   |                           | 3h Admi       | inistrator's EIN              |  |  |  |  |
|                  |                                | a contant open  | 110011                                  |                           | JD Aditi      | INSTRUCTS EIN                 |  |  |  |  |
|                  |                                |   |   |                           | 3c Admi       | inistrator's telephone number |  |  |  |  |
|                  |                                |   |   |                           |               | •                             |  |  |  |  |
|                  |                                |   |   |                           |               |                               |  |  |  |  |
|                  |                                |   |   |                           |               |                               |  |  |  |  |
| 4 If the         | name and/or EIN of the         | e plan sponsor has changed since  | the last return/report filed fo         | r this plan, enter the    | 4b EIN        |                               |  |  |  |  |
|                  |                                | mber from the last return/report.   |   |                           |               |                               |  |  |  |  |
|                  | sor's name                     |   |   |                           | 4c PN         |                               |  |  |  |  |
|                  |                                | at the beginning of the plan year   |   |                           | 5a            | 11                            |  |  |  |  |
| <b>b</b> Total   | number of participants         | at the end of the plan year   |   |                           | 5b            | 9                             |  |  |  |  |
| C Numb           | per of participants with       | account balances as of the end of   | the plan year (only defined             | contribution plans        | 5c            |                               |  |  |  |  |
|                  |                                |   |   |                           |               |                               |  |  |  |  |
|                  |                                | rticipants at the beginning of the pl   |   |                           | 5d(1)         | 9                             |  |  |  |  |
| a(2) Tot         | al number of active pa         | rticipants at the end of the plan year  | ar                                      |                           | 5d(2)         | 7                             |  |  |  |  |
| e Numb           | per of participants that       | terminated employment during the  | plan year with accrued ben              | efits that were less      | 5e            |                               |  |  |  |  |
| Gaution: A       | a penalty for the late of      | or incomplete filing of this return   | n/report will be assessed a             | inless reasonable car     | ise is estat  | nlished                       |  |  |  |  |
| Under pena       | alties of perjury and oth      | ner penalties set forth in the instruc  | ctions. I declare that I have e         | evamined this return/rea  | nort includia | no if applicable a Calcadala  |  |  |  |  |
| OD OF SUITE      | true dorrect, and completed ar | id signed by an enrolled actuary, a   | as well as the electronic vers          | sion of this return/repor | t, and to the | best of my knowledge and      |  |  |  |  |
| SIGN             | LINAIA                         | Anune-  | Colletto                                | Cindy Fruge               |               |                               |  |  |  |  |
| HERE             | Si-mature (1)                  | T WILL  |   |                           |               |                               |  |  |  |  |
|                  | Signature of plan a            | aministrator U  | Date                                    | Enter name of individu    | ual signing a | as plan administrator         |  |  |  |  |
| SIGN             |                                |   |   |                           |               |                               |  |  |  |  |
| HERE             | Signature of employ            | yer/plan sponsor  | Date                                    | Enter name of individu    | ual signing a | as employer or plan sponsor   |  |  |  |  |
| Preparer's       | name (including firm n         | ame, if applicable) and address (in   | clude room or suite number              | )                         | Preparer's    | telephone number              |  |  |  |  |
|                  |                                |   |   |                           |               |                               |  |  |  |  |
|                  |                                |   |   |                           |               |                               |  |  |  |  |
|                  |                                |   |   |                           |               |                               |  |  |  |  |
|                  |                                |   |   |                           |               |                               |  |  |  |  |
|                  |                                |   |   | I                         |               |                               |  |  |  |  |

| Þ | а | a | e | 2 |
|---|---|---|---|---|
|   |   |   |   |   |

|     | Were all of the plan's assets during the plan year invested in eligib  |               |                          |         |          |         |             | X Yes [                 | No     |  |
|-----|--|---------------|--------------------------|---------|----------|---------|-------------|-------------------------|--------|--|
| b   | Are you claiming a waiver of the annual examination and report of  | an indepen    | dent qualified public a  | ccounta | ant (IQ  | PA)     |             | X Yes                   | No     |  |
|     | 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 conditi   | ons.)sF and must         | inetos  | d use    | Form    | 5500        | A 163 L                 | ] 140  |  |
| _   | If the plan is a defined benefit plan, is it covered under the PBGC in   |               |                          |         |          |         | _           | □No □ Not determ        | ined   |  |
| _   |  | - Iourunoo pi | ogram (000 E. 110/ 100   |         | JE 171   | 24      |             |                         |        |  |
| Pa  | rt III Financial Information   |               | (a) De simple - a        | f Vaar  | Т        |         | -           | End of Voca             |        |  |
|     | Plan Assets and Liabilities  | 7.            | (a) Beginning o          | 582,    |          |         |             | b) End of Year<br>9,545 | . 0.05 |  |
|     | Total plan assets  | 7a            |                          | 302,    | 0.13     |         |             | 784                     |        |  |
|     | Total plan liabilities   | 7b            | 7                        | 582,    | 015      | _       |             | 9,544                   |        |  |
|     | Net plan assets (subtract line 7b from line 7a)  | 7c            |                          |         | 013      |         |             |                         |        |  |
| 8_  | Income, Expenses, and Transfers for this Plan Year   |               | (a) Amount               |         |          |         |             | (b) Total               |        |  |
| а   | Contributions received or receivable from:  (1) Employers  | 8a(1)         | 1,5                      | 508,0   | 039      |         |             |                         |        |  |
|     | (2) Participants   | 8a(2)         |                          |         |          |         |             |                         |        |  |
|     | (3) Others (including rollovers)   | 8a(3)         |                          |         |          |         |             |                         |        |  |
| b   | Other income (loss)  | 8b            |                          | 487,    | 563      |         |             |                         |        |  |
|     | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c            |                          |         |          |         |             | 1,995                   | ,602   |  |
| d   | Benefits paid (including direct rollovers and insurance premiums   |               |                          | 2       | 001      |         |             |                         |        |  |
|     | to provide benefits)   | 8d            |                          | 3,      | 921      | _       |             |                         |        |  |
| e   | Certain deemed and/or corrective distributions (see instructions)  | 8e            |                          |         |          | -       | -           |                         |        |  |
| f   | Administrative service providers (salaries, fees, commissions)   | 8f            |                          | 29,     | 475      |         | -           |                         |        |  |
| g   | Other expenses   | . 8g          |                          |         | -        |         |             | 2.2                     | 206    |  |
| h   | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h            |                          | _       |          |         |             |                         | ,396   |  |
| i_  | Net income (loss) (subtract line 8h from line 8c)  | . 8i          |                          |         | _        |         |             | 1,962                   | ,206   |  |
| 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  | feature co    | des from the List of Pla | an Cha  | racteri  | stic Co | des in      | the instructions:       |        |  |
|     | IC  If the plan provides welfare benefits, enter the applicable welfare to   | footure cod   | es from the List of Plan | n Chara | ectories | ic Cor  | les in t    | ne instructions:        |        |  |
| b   | if the plan provides welfare benefits, effer the applicable welfare  | leature cou   | es nom the List of Flat  | 1 Ondie | acterio. |         | , co III ti | ic motractions.         |        |  |
| Pai | t V Compliance Questions   |               |                          |         |          |         |             |                         |        |  |
| 10  | During the plan year:  |               |                          |         | Yes      | No      | N/A         | Amount                  |        |  |
| a   |  | utions withi  | n the time period        |         |          |         |             |                         |        |  |
|     | described in 29 CFR 2510.3-102? (See instructions and DOL's '  | Voluntary F   | iduciary Correction      | 4.0     |          | x       |             |                         |        |  |
|     | Program)   |               |                          | 10a     | -        | -       |             |                         | _      |  |
| ľ   | Were there any nonexempt transactions with any party-in-interes reported on line 10a.)   |               |                          | 10b     |          | Х       |             |                         |        |  |
|     |  |               |                          | 10c     | х        |         |             | 50                      | 0,000  |  |
|     | Did the plan have a loss, whether or not reimbursed by the plan's  |               |                          | 100     | $\vdash$ |         |             |                         |        |  |
| C   | by fraud or dishonesty?  |               |                          | 10d     |          | X       |             |                         |        |  |
|     | Were any fees or commissions paid to any brokers, agents, or of  | ther person   | s by an insurance        |         |          |         |             |                         |        |  |
|     | carrier, insurance service, or other organization that provides sor  | me or all of  | the benefits under       | 400     |          | х       |             |                         |        |  |
|     | the plan? (See instructions.)  |               |                          | 10e     | $\vdash$ | 7.5     |             |                         |        |  |
|     |  |               | 10f                      | -       | X        |         |             |                         |        |  |
|     |  | 10g           | _                        | X       |          |         |             |                         |        |  |
| ŀ   | If this is an individual account plan, was there a blackout period?  | 10h           |                          | х       |          |         |             |                         |        |  |
|     | 2520.101-3.)   |               | 10h                      | +       |          |         |             |                         |        |  |
| ŀ   | exceptions to providing the notice applied under 29 CFR 2520.1   |               |                          | 10i     |          |         |             |                         |        |  |
| -   | CONTRACTOR TO PARAGORNIA   | 140000000     |                          |         | -        | ,       |             |                         |        |  |

| Form 5500-SF 2016 Page <b>3</b> - |  |
|-----------------------------------|--|
|-----------------------------------|--|

| Part ' | VI Pension Funding Compliance  |              |                   |           |                           |         |
|--------|--|--------------|-------------------|-----------|---------------------------|---------|
| 11     | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below)  |              |                   |           | X Y                       | es 🗌 No |
|        | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40   |              |                   |           | 0                         |         |
| 12     | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc<br>ERISA?  |              |                   |           | Y                         | es 🛛 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 instrugranting the waiver   | onth         | d enter t<br>Day  |           | of the letter<br>Year     | ruling  |
|        | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  |              | 401               |           |                           |         |
| b      | Enter the minimum required contribution for this plan year   |              | 12b               |           |                           |         |
|        | 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 let negative amount)  |              | 12d               |           |                           |         |
| е      | Will the minimum funding amount reported on line 12d be met by the funding deadline?   |              |                   | Yes       | No L                      | ] 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 X No                    |         |
|        | If "Yes," enter the amount of any plan assets that reverted to the employer this year  |              | 13a               |           |                           |         |
| b      | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?   |              |                   |           | Yes X                     | No      |
| С      | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)                        | y the plan(s | ) to              |           |                           |         |
| 1      | 3c(1) Name of plan(s):   | 13c(2)       | EIN(s)            |           | 13c(3)                    | PN(s)   |
|        | NAME To a section  |              |                   |           |                           |         |
| Part   |  |              | 446               | T () - F  | -181                      |         |
| 14a I  | Name of trust  |              | 140               | Trust's E | =iIN                      |         |
| 14c    | Name of trustee or custodian   |              |                   |           | s or custodi<br>ne number | an's    |
| Part   | IX IRS Compliance Questions  |              |                   |           |                           |         |
| 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   |              | jn-base<br>harbor | d         | Prior ye                  | ar" ADP |
| •      | 401(k)(3) for the plan year? Check all that apply:   | Curr         | ent year<br>test  | ." [      | N/A                       |         |
|        | What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:  | Ratio        | o<br>entage       |           | verage<br>enefit test     | ☐ N/A   |
|        | 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                      |         |
|        | If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number  |              |                   |           |                           |         |
|        | If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enterter   | ter the date | of the n          | nost rec  | ent determir              | ation   |
|        | 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 separ service?                                   |              | 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                        |         |

## Form **5558**

(Rev. August 2012)

Department of the Treasury Internal Revenue Service

Part I Identification

# Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

| DIGESTIVE HEALTH SPECIALISTS, P.S. Number, steet, and room or suite no. (if a P.O. box, see instructions) 3209 S. 23RD ST., SUITE 340 City or town, state, and ZIP code TAGOMA, WA 98405-1602  Plan name  Plan pear ending—  Plan pear ending—  TAGOMA, WA 98405-1602  Tago Name Plan pear ending—  Tago Name Plan pear ending—  Plan pear ending |
|--|
| Social security number (SSN) (9 digits XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |
| City or town, state, and ZIP code TACOMA, WA 98405-1602  Plan name  Plan number  MM DD YY  MMM DD YY  DIGESTIVE HEALTH SPECIALISTS. P.S. CASH BALANCE PLAN  DIGESTIVE HEALTH SPECIALISTS. P.S. CASH BALANCE PLAN    Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan lise in Part 1, C above.    I request an extension of time until   |
| Plan name Plan per ending— NMM DD YY  DIGESTIVE HEALTH SPECIALISTS, P.S. CASH BALANCE PLAN  Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan lis in Part 1, C above.  I request an extension of time until 10 / 15 /2017 to file Form 5500 series (see instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA  The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on land/or line 3 (above) is not later than the 15th day of the third month after the normal due date.  Part III Extension of Time To File Form 5330 (see instructions)  4 I request an extension of time until / / to file Form 5330.  First the Code section(s) imposing the tax  |
| Plan name Plan number MM DD YY  DIGESTIVE HEALTH SPECIALISTS. P.S. CASH BALANCE PLAN  1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan lis in Part 1, C above.  2 I request an extension of time until 10 / 15 /2017 to file Form 5500 series (see instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.  3 I request an extension of time until / / to file Form 8955-SSA (see instructions).  Note, A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.  The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or be the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on land/or line 3 (above) is not later than the 15th day of the third month after the normal due date.  Part III Extension of Time To File Form 5330 (see instructions)  4 I request an extension of time until / / to file Form 5330.  You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.  a Enter the Code section(s) imposing the tax  |
| DIGESTIVE HEALTH SPECIALISTS. P.S. CASH BALANCE PLAN    1  |
| Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA    Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan lis in Part 1, C above.   I request an extension of time until   |
| Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan lis in Part 1, C above.  I request an extension of time until 10 / 15 /2017 to file Form 5500 series (see instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (see instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.  The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or be the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on land/or line 3 (above) is not later than the 15th day of the third month after the normal due date.  Part III Extension of Time To File Form 5330 (see instructions)  I request an extension of time until / / to file Form 5330.  You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.  Enter the Code section(s) imposing the tax  |
| I request an extension of time until 10 / 15 /2017 to file Form 5500 series (see instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.  I request an extension of time until // to file Form 8955-SSA (see instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.  The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or be the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on land/or line 3 (above) is not later than the 15th day of the third month after the normal due date.  Part III Extension of Time To File Form 5330 (see instructions)  I request an extension of time until // to file Form 5330.  You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.  Enter the Code section(s) imposing the tax   |
| Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.  I request an extension of time until/  |
| Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.  The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or be the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.  Part III Extension of Time To File Form 5330 (see instructions)  4 I request an extension of time until/   |
| the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.  Part III Extension of Time To File Form 5330 (see instructions)  I request an extension of time until/ to file Form 5330.  You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.  a Enter the Code section(s) imposing the tax  b Enter the payment amount attached  |
| 4 I request an extension of time until/ to file Form 5330.  You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.  a Enter the Code section(s) imposing the tax   |
| You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.  a Enter the Code section(s) imposing the tax  b Enter the payment amount attached  |
| b Enter the payment amount attached  |
| c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date.  |
|  |
| 5 State in detail why you need the extension:  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am author  |

to prepare this application.

#### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

#### Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

| Pension Benefit Guaranty Corporation  | File as an attachment to   | o Form 5500 or 5500   | -SF.                                  |   |   |   |
|---|--|---|---------------------------------------|---|---|---|
| For calendar plan year 2016 or fiscal pla   |  | 12/31/20  | 16                                    |   |   |   |
| ▶ Round off amounts to nearest doll   |  |   |                                       |   |   |   |
| Caution: A penalty of \$1,000 will be   | assessed for late filing of this report unless   | reasonable cause is   | established                           |   |   |   |
| A Name of plan DIGESTIVE HEALTH SPECTOR   | IALISTS, INC., P.S. CASH F   | BALANCE   | Three-dig<br>plan numl                |   | <b>•</b>                                      | 002   |
| C Plan sponsor's name as shown on lin-  | e 2a of Form 5500 or 5500-SF   | D   | Employer I                            | dentifica   | ition Number (E                               | IN)   |
|   |  |   |                                       |   | ·   | •   |
| Digestive Health Spec   |  |   | -088042                               |   |   |   |
| E Type of plan: X Single Multiple   | -A Multiple-B F Prior  | year plan size: 🛛 10  | 0 or fewer                            | 101-8   | More Ih                                       | an 500  |
| Part I Basic Information  |  |   |                                       |   |   |   |
| 1 Enter the valuation date:   | Month 01 Day 01  | Year <u>2016</u>  |                                       |   |   |   |
| 2 Assets:   |  |   | 20                                    | 0   |   | H FF4 F00   |
| a Market value  |  |   |                                       | 2a  |   | 7,554,729   |
|   |  |   |                                       | 2b  |   | 7,554,729   |
| 3 Funding target/participant count broad  | eakdown  | (1) Num<br>particip   |                                       | (2) Vested Funding (3) Total Fun<br>Target Target |   | (3) Total Funding<br>Target                               |
| a For retired participants and bene   | ficlaries receiving payment  |   | 0                                     |   | 0   | 0   |
| <b>b</b> For terminated vested participan   | ıts  |   | 7                                     |   | 13,877  | 13,877  |
| C For active participants   | =  |   | 86                                    |   | 7,518,375                                     | 7,527,663   |
| d Total   |  |   | 93                                    | F   | 7,532,252                                     | 7,541,540   |
| 4 If the plan is in at-risk status, check   | k the box and complete lines (a) and (b)   |   |                                       |   |   |   |
| a Funding target disregarding pres  | scribed at-risk assumptions  | **************  |                                       | . 4a  |   |   |
| b Funding target reflecting at-risk a<br>status for fewer than five consec  | assumptions, but disregarding transition rule<br>outive years and disregarding loading factor  | e for plans that have                                       | been in at-ri                         | 4b  |   |   |
| 5 Effective Interest rate   |  |   |                                       | . 5   |   | 6.05%   |
| 6 Target normal cost  |  |   |                                       | . 6   |   | 1,172,815   |
| Statement by Enrolled Actuary  To the best of my knowledge, the information sup accordance with applicable law and regulations, combination, offer my best estimate of anticipate | pplied in this schedule and accompanying schedules, stat<br>In my opinion, each other assumption is reasonable (takir<br>id experience under the plan. | tements and attachments, if<br>ng into account the experien | any, is complete<br>ce of the plan ar | and accur<br>d reasonal                           | ate. Each prescribed<br>ble expectations) and | assumption was applied in<br>d such other assumptions, in |
| SIGN<br>HERE Sara Ark   | 8  |   |                                       |   | 09/11/20                                      | 17  |
|   | Signature of actuary   |   |                                       |   | Date<br>1706142                               | )   |
| Sara Ark, FSA, EA, MAAA   | 1. Lanca of advance  |   | 2                                     | Monte   | ecent enrollmer                               |   |
| Independent Actuaries, I  | or print name of actuary   |   |                                       |   | 503-520-0                                     |   |
| independent Accuarios, in   | Firm name  |   | Te                                    | _   | number (includ                                |   |
|   | 7035<br>Address of the firm  | *   |                                       |   | ·   |   |
| If the actuary has not fully reflected any re   | egulation or ruling promulgated under the s  | tatute in completing t                                      | his schedule                          | , check   | the box and se                                | e 🗍   |

| raye 4 - | Page | 2 - |  |
|----------|------|-----|--|
|----------|------|-----|--|

| Schedule SB  | (Form 5500)    | 2016 |
|--------------|----------------|------|
| Ochiedrie OD | (1 01111 0000) | 2010 |

| 7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)   | b) Prefund | 0           |  |  |  |  |  |
|---|------------|-------------|--|--|--|--|--|
| Portion elected for use to offset prior year's funding requirement (line 35 from prior year)      Amount remaining (line 7 minus line 8)      Interest on line 9 using prior year's actual return of3.33%.  0   |            |             |  |  |  |  |  |
| year) 0 9 Amount remaining (line 7 minus line 8) 0 10 Interest on line 9 using prior year's actual return of -3.33% 0   | -          | 0           |  |  |  |  |  |
| 9 Amount remaining (line 7 minus line 8)  |            |             |  |  |  |  |  |
| 10 Interest on line 9 using prior year's actual return of   |            | 0           |  |  |  |  |  |
|   |            | 0           |  |  |  |  |  |
| 11 Prior year's excess contributions to be added to prefunding balance:   |            |             |  |  |  |  |  |
| a Present value of excess contributions (line 38a from prior year)  |            | 736,625     |  |  |  |  |  |
| b(1) Interest on the excess, If any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.24%   |            |             |  |  |  |  |  |
| b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual  |            | 45,965      |  |  |  |  |  |
| return  |            | 0           |  |  |  |  |  |
| C Total available at beginning of current plan year to add to prefunding balance  |            | 782,590     |  |  |  |  |  |
| d Portion of (c) to be added to prefunding balance  | C          |             |  |  |  |  |  |
| 12 Other reductions in balances due to elections or deemed elections  |            | 0           |  |  |  |  |  |
| 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)   |            | 0           |  |  |  |  |  |
| Part III Funding Percentages  |            |             |  |  |  |  |  |
| 14 Funding target attainment percentage   | 14         | 100.17%     |  |  |  |  |  |
| 15 Adjusted funding target attainment percentage  |            | 100.17%     |  |  |  |  |  |
| 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce curre year's funding requirement   |            | 109.74%     |  |  |  |  |  |
| 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.   |            | %           |  |  |  |  |  |
| Part IV Contributions and Liquidity Shortfalls  |            |             |  |  |  |  |  |
| 18 Contributions made to the plan for the plan year by employer(s) and employees:   | 9          |             |  |  |  |  |  |
| (a) Date (b) Amount paid by (c) Amount paid by (a) Date (b) Amount paid by  |            | int paid by |  |  |  |  |  |
| (MM-DD-YYYY)         employer(s)         employees         (MM-DD-YYYY)         employer(s)           08/26/2016         56,837         0   | emp        | loyees      |  |  |  |  |  |
| 09/26/2016 200,000 0  |            |             |  |  |  |  |  |
| 10/25/2016 200,000 0  |            |             |  |  |  |  |  |
| 11/23/2016 200,000 0  |            |             |  |  |  |  |  |
| 12/28/2016 200,000 0  |            |             |  |  |  |  |  |
| 01/31/2017 200,000 0  |            |             |  |  |  |  |  |
| 02/27/2017 200,000 0  |            |             |  |  |  |  |  |
| 03/24/2017 200,000 0  |            |             |  |  |  |  |  |
| 05/04/2017 42,814 0   |            |             |  |  |  |  |  |
| 08/17/2017 8,388 0  |            |             |  |  |  |  |  |
|   |            |             |  |  |  |  |  |
|   |            |             |  |  |  |  |  |
|   |            |             |  |  |  |  |  |
| Totals ▶   18(b)   1,508,039   1  | 0(a)       | 0           |  |  |  |  |  |
|   | o(c)       | 0           |  |  |  |  |  |
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:   |            |             |  |  |  |  |  |
| a Contributions allocated toward unpaid minimum required contributions from prior years   |            | 0           |  |  |  |  |  |
| b Contributions made to avoid restrictions adjusted to valuation date   |            |             |  |  |  |  |  |
| C Contributions allocated toward minimum required contribution for current year adjusted to valuation date  |            | 1,423,290   |  |  |  |  |  |
| Outstanding allocated toward minimum required contribution for current year adjusted to validation accommended  |            | 2024        |  |  |  |  |  |
| 20 Quarterly contributions and liquidity shortfalls:  |            | 1 1/ [2]    |  |  |  |  |  |
| 20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?   | 1742       | Yes X No    |  |  |  |  |  |
| 20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?   | 1742       | Yes X No    |  |  |  |  |  |
| 20 Quarterly contributions and liquidity shortfalls:  a Dld the plan have a "funding shortfall" for the prior year?  b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  c If line 20a is "Yes," see instructions and complete the following table as applicable: | 1742       | : =         |  |  |  |  |  |
| 20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?   | 1742       | Yes No      |  |  |  |  |  |

| P  | Part V Assumptions Used to Determine Funding Target and Target Normal Cost   |                                  |  |                         |           |                            |  |  |
|----|--|----------------------------------|--|-------------------------|-----------|----------------------------|--|--|
| 21 | 21 Discount rate:  |                                  |  |                         |           |                            |  |  |
|    | a Segment rates:         1st segment:         2nd segment:         3rd segment:           4 . 43 %         5 . 91 %         6 . 65 %   |                                  |  |                         |           | N/A, full yield curve used |  |  |
|    | b Applicable month (er   | 21b                              | 4                                      |                         |           |                            |  |  |
| 22 | Weighted average retir   | ement age                        |  |                         | 22        | 62                         |  |  |
| 23 | Mortality table(s) (see  | Instructions)                    | cribed - combined Presc                | ribed - separate        | Substitu  | ite                        |  |  |
|    | rt VI Miscellane   |                                  |  |                         |           |                            |  |  |
|    | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment   |                                  |  |                         |           |                            |  |  |
| 25 | Has a method change  | been made for the current plar   | year? If "Yes," see instructions re    | garding required attach | ment      | Yes X No                   |  |  |
| 26 | Is the plan required to  | provide a Schedule of Active P   | articipants? If "Yes," see Instruction | ns regarding required a | ittachmen | tX Yes No                  |  |  |
| 27 | If the plan is subject to attachment   | alternative funding rules, enter | applicable code and see Instruction    | ons regarding           | 27        |                            |  |  |
| Pa |  |                                  | um Required Contribution               |                         |           |                            |  |  |
| 28 |  |                                  | ears                                   |                         | 28        | 0                          |  |  |
| 29 | (line 19a)   |                                  | unpald minimum required contribut      |                         | 29        | 0                          |  |  |
| 30 | 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                                  |  |                         | 30        | 0                          |  |  |
| Pa | Part VIII Minimum Required Contribution For Current Year   |                                  |  |                         |           |                            |  |  |
| 31 |  |                                  |  |                         |           |                            |  |  |
|    | a Target normal cost ()  | 31a<br>31b                       | 1,172,815                              |                         |           |                            |  |  |
|    | b Excess assets, if applicable, but not greater than line 31a  |                                  |  |                         |           | 13,189                     |  |  |
| 32 | Amortization installmen  |                                  |  | Outstanding Bala        | _         | Installment                |  |  |
|    | a Net shortfall amortize   |                                  | 0                                      | 0                       |           |                            |  |  |
|    | D Waiver amortization installment.   |                                  |  |                         |           |                            |  |  |
|    | 33 If a walver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the walved amount  |                                  |  |                         |           |                            |  |  |
| 34 | 4 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)   |                                  |  | 34                      | 1,159,626 |                            |  |  |
|    | Carryover balance Prefunding bala  |                                  |  |                         | nce       | Total balance              |  |  |
| 35 |  | ise to offset funding            | 0                                      |                         | 0         | 0                          |  |  |
| 36 | Additional cash require  | ement (line 34 minus line 35)    |  |                         | 36        | 1,159,626                  |  |  |
|    | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)  |                                  |  |                         | 37        | 1,423,290                  |  |  |
| 38 | 38 Present value of excess contributions for current year (see instructions)   |                                  |  |                         |           |                            |  |  |
|    | a Total (excess, if any, of line 37 over line 36)  |                                  |  |                         |           | 263,664                    |  |  |
|    | b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances   |                                  |  |                         | 38b       | 0                          |  |  |
| 39 | 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)   |                                  |  |                         | 39        | 0                          |  |  |
| 40 | 40 Unpaid minimum required contributions for all years   |                                  |  |                         | 40        | 0                          |  |  |
| Pa | Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)   |                                  |  |                         |           |                            |  |  |
| 41 |  | le to use PRA 2010 funding rel   |  |                         |           |                            |  |  |
|    | a Schedule elected   |                                  |  |                         | [         | 2 plus 7 years 15 years    |  |  |
| _  | The state of the s |                                  | 1a was made                            |                         | -         | 008 2009 2010 2011         |  |  |
| 42 | Amount of acceleration   | n adjustment                     |  |                         | 42        |                            |  |  |
|    |  |                                  | over to future plan years              |                         | 43        |                            |  |  |

EIN: 91-0880426 PN: 002

#### 2016 Form 5500 Schedule SB, Part V - Summary of Plan Provisions

1. Effective Date January 1, 2010. Last amendment effective January 1, 2013.

2. Plan Year January 1 to December 31.

3. Plan Eligibility

collective bargaining, certain non-resident aliens with no US income, leased employees, and anyone who is not employed as a doctor or

receptionist.

Requirements Later of attainment of age 19 and completion of 1 year of service.

Entry date January 1 or July 1 coinciding with or next following completion of

eligibility requirements.

4. Years of Service

Eligibility 12-Month period commencing on employee's date of hire during which

the employee is credited with at least 1,000 hours; switches to plan year on anniversary of employee's date of hire if employee fails to complete

1,000 hours in first 12-month period.

Vesting Plan year during which employee is credited with at least 1,000 hours of

service.

Benefit Plan year during which the participant is credited with at least 1,000

hours of service.

5. Normal Retirement

Eligibility The first day of the month coincident with or following the later of the

participant's 62<sup>nd</sup> birthday or 5 years of plan participation.

Benefit Hypothetical Account Balance resulting from annual pay credits and

interest credits.

6. Pay Credits As specified in plan document for select doctors.

2% of compensation for receptionists.

0% of compensation for all other participants.

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## 2016 Form 5500 Schedule SB, Part V – Summary of Plan Provisions (Continued)

7. Interest Credits

Lesser of 5.5% or third segment rate applicable to 417(e).

8. Early Retirement

Not provided.

9. Late Retirement

Eligibility

Defer commencement of benefit beyond normal retirement date.

Benefit

Hypothetical Account Balance.

10. Disability Benefit

Not provided.

11. Death Benefit

Eligibility

Death of participant prior to commencement of benefits.

Benefit

Hypothetical Account Balance.

12. Termination Benefit

Eligibility

Termination of employment for reasons other than retirement or death.

Benefit

A percentage of a participant's accrued benefit based on the following

schedule:

Years of Vesting Service

Vested Percent

Less than 3

3 or more

0% 100%

13. Compensation

Limits

\$200,000 as indexed; \$265,000 for plan years beginning in or after 2016.

Plan

W-2 compensation. Compensation includes regular pay and excludes leave cashouts paid within 2½ months of the participant's severance from employment. All other types of post-severance compensation are

excluded from compensation.

14. Accrued Benefit

Life annuity which is the Actuarial Equivalent of the Hypothetical Account

Balance.

# DIGESTIVE HEALTH DPESCIALISTS, INC. P.S. CASH BALANCE PLAN EIN: 91-0880426 PN: 002

## 2016 Form 5500 Schedule SB, Part V – Summary of Plan Provisions (Concluded)

15. Normal Form of Benefit Life annuity which is the Actuarial Equivalent of the Hypothetical Account

Balance.

16. Optional Forms of Benefit Lump sum, joint & survivor annuity (50%, 75%, 100%).

17. Actuarial Equivalent

Interest 5.5% pre- and post-retirement.

Mortality Pre-retirement: None.

Post-retirement: Applicable mortality table.

§417(e) Stability Period is plan year; lookback month is third month preceding

plan year.

18. Top-Heavy Provisions In the event the plan becomes top-heavy, certain provisions will apply.

Generally, a plan is top-heavy if more than 60% of the total present value of accrued benefit and account balances are held for key employees, as

defined in the Internal Revenue Code.

Minimum Accrual Top-heavy minimums are provided by contributions to a companion

profit sharing plan.

Vesting The regular vesting schedule meets the minimum requirements.

Status Plan is top-heavy.

19. Changes Since None.

**Last Report**