Form 5500-SF

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan Internal Revenue Service 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 Department of Labor Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2016

This Form is Open to **Public Inspection**

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

Short Form Annual Return/Report of Small Employee

Part I		Identification Information							
For calenda	For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016								
a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)									
a one-participant plan a foreign plan									
B This return/report is ☐ the first return/report ☐ the final return/report									
	an amended return/report a short plan year return/report (less than 12 months)								
C Check b	Check box if filing under: X Form 5558 automatic extension DFVC program								
Dawt II	Dania Dian Info	special extension (enter descr	· · ·			_			
Part II		prmation—enter all requested inf	ormation		4 h Than 192	·,			
1a Name		DIC SURGEON PS 401(K) PROFIT	SHARING PLAN		1b Three-diging plan numb				
					1c Effective of	date of plan 01/01/1996			
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O			2b Employer (EIN)	Identification Number 91-1684371			
	town, state or provinct WSON ORTHOPAED	ce, country, and ZIP or foreign posta DIC SURGEON PS	al code (if foreign, see instr	ructions)		s telephone number 53-952-4576			
	320TH STREET SUIT AY, WA 98003	TE G			2d Business	code (see instructions) 621399			
3a Plan ad	dministrator's name a	nd address X Same as Plan Spon	nsor.		3b Administra	ator's EIN			
		_			0	ator's telephone number			
						·			
		e plan sponsor has changed since t	the last return/report filed for	or this plan, enter the	4b EIN				
a Sponso	•	mber from the last return/report.			4c PN				
5a Total r	number of participants	at the beginning of the plan year			5a	3			
b Total r	number of participants	at the end of the plan year			5b	3			
		account balances as of the end of t			5c	3			
		urticipants at the beginning of the pla			5d(1)	3			
d(2) Tota	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	3			
than 1	100% vested	terminated employment during the			5e				
		or incomplete filing of this return							
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.							
0.0.0	Filed with authorized	/valid electronic signature.	10/04/2017	DAVID DAWSON MD					
HERE	Signature of plan a	administrator	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 r	name, if applicable) and address (in	clude 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 eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 								Yes No	
_	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
	rt III Financial Information	isurance p	orogram (see ERISA se	ection 4	021)?		res	∐INO [Not determined	
7	Plan Assets and Liabilities		(a) Beginning	of Voor				(b) End o	f Voor	
_ <u>'</u>	Total plan assets	7a		673528				(b) Elia o	740875	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		673528	3	740875				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt		(b) Total			tal	
а	Contributions received or receivable from:		, ,					` ′		
	(1) Employers	8a(1)		5819						
	(2) Participants	8a(2)		12099						
	(3) Others (including rollovers)	8a(3)		49679						
	Other income (loss)	8b		49079					67507	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							67597	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		250)					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						250		
i	Net income (loss) (subtract line 8h from line 8c)	8i					67347			
j	Transfers to (from) the plan (see instructions)	8j	8j ⁰							
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruc	tions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				8200	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X				
f	Has the plan failed to provide any benefit when due under the plan?					X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10g 10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i		X				

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Part	VI F	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500) and line 11a below)					Ye	s X No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0		
12	ERIS	s a defined contribution plan subject to the minimum funding requirements of section 412 of the C 4?es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				Ye	s 🔀 No	
а	If a w	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins		s, and	_			uling
If	_	ng the waiver			_ Day		Year	
		he minimum required contribution for this plan year			12b			
					12c			
		he amount contributed by the employer to the plan for this plan year						
		ive amount)			12d			
		ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets			1			
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Ye	s X No	
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?					Yes X	No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identassets or liabilities were transferred. (See instructions.)	tify the p	lan(s)) to			
	13c(1) l	Name of plan(s):	1	3c(2)	EIN(s)		13c(3)	PN(s)
-								
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's I	EIN	
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		id the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		safe r	gn-based "Prior year" ADP harbor test			
				"Curre	rrent year" N/A P test			
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Ratio percentage percentage test N/							N/A	
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?								
17a	If the p	olan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS ter	opinion	lette	r or advi	sory let	ter, enter the	date of
17b	If the l	olan is an individually-designed plan that received a favorable determination letter from the IRS, e/	nter the	date	of the m	nost rec	ent determina	tion
18	Were	d Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sep e?		rom	Ye	s [No	
19	Was a	ny plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF. Pension Benefit Guaranty Corporation

Part	Annual Report Id	lentification infor					
For cal	endar plan year 2016 or fis	cal plan year beginning	01/01/20	16	and er	$\frac{12}{31/2}$	1016
A Th	s return/report is for:	X a single-employer		, , , ,	-	oloyer) (Filers checking this bo	
		 -	of partic	ipating employer inform	nation in	n accordance with the form ins	tructions.)
		a one-participant	' <u>- </u>	n plan			
B Th	s return/report is	the first return/rep	port the fina	l return/report			
_		an amended retur	m/report a short	plan year return/repo	ort (les		
C Ch	eck box if filing under:	Form 5558	automa	tic extension		☐ DFVC prog	gram
			(enter description)	· · · · · · · · · · · · · · · · · · ·			
37.5.223	II Basic Plan Inform	nation - enter all req	juested information		141		
	me of plan		TOGOGO DO		1b	Three-digit plan number (PN)	001
	D R DAWSON OR		URGEON PS		_		001
401	(K) PROFIT SHA	RING PLAN			1c	Effective date of plan	•
					Ol-	01/01/1996	
2a Pla Ma	n sponsor's name (employe iling address (include room	er, if for a single-employ	yer plan) eet or P.O. Box)		2b	Employer Identification No	
L, Cit	y or town state or province LD R DAWSON OR	country, and ZIP or fo	preign postal code (if fo	oreign, see instr.)			
						Sponsor's telephone num	ber
120	SOUTH 320TH S	TREET SUITE	G		<u> </u>	3-952-4576	
ורומוו	777 77 TATE	WA 98	003		2d	Business code (see instru 621399	ictions)
	ERAL WAY				3b		
Sa Pla	n administrator's name and	address 🔼 Same a	s Plan Sponsor.		SD	Administrator's EIN	
					3c	A durinistanta da Astrobasa	
					36	Administrator's telephone	number
4 If th	e name and/or EIN of the p	lan sponsor has chang	ed since the last return	n/report filed for this	4b	EIN	
	, enter the name, EIN, and			,			
•	oonsor's name	•	·		4c	PN	
5a ⊤∂	otal number of participants	at the beginning of the	plan year		5a		3
b To	otal number of participants	at the end of the plan y	ear		5b		3
C N	umber of participants with a	account balances as of	the end of the plan ye	ar (only defined			
C	ontribution plans complete t	this item)			5c		3
d (1)	Total number of active pa	articipants at the beginr	ning of the plan year		5d(1)		3
d (2)	Total number of active pa	articipants at the end of	f the plan year		5d(2)		3
e N	umber of participants that t	erminated employment	t during the plan year v	vith accrued			
	enefits that were less than 1				5e		
Cauti	on: A penalty for the late openalties of perjury and oth	or incomplete filing of	this return/report wil	l be assessed unles	s reas	sonable cause is establish	ned.
Under Schedi	penaities of perjury and oth ule SB or Schedule MB con wledge and belief, it is true	ner penalties set forth in opleted and signed by a	an enrolled actuary, as	well as the electroni	ic versi	ion of this return/report, an	d to the best of
my kno	wledge and belief, it is true	, correct, and complete). I	ſ			
SIGN	War DR	Jan 71	10/04/2017	DAVITO DAWS	TA O T	MD	
HERE	Signature of plan admini	strator /	Date			שם igning as plan administrato	or
	Organical Plan admin		1 2410	Litter hame or many	.auai 3	.gg ac plan dominionate	
SIGN							
HERE	Signature of employer/pl	en enoncor	Date	Enter name of indiv	idual s	signing as employer or plan	sponsor
Drana	rer's name (including firm n		1	<u> </u>	iddu. o	Preparer's telephone num	···
repa	rer s name (including firm n	ame, ii applicable) and	address (include room	i or suite number)		i reparer s telephone nun	IIDEI

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b	Were all of the plan's assets during the plan year invested in eligible assets? Are you claiming a waiver of the annual examination and report of an indepen (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered "No" to either line 6a or line 6b, the plan cannot use Form If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see	ndent qua condition m 5500- \$	alified public ns.) SF and mus	acco	untan ead u	t se For	X Yes No		
P	art III Financial Information	10.00	(-) O		4 V		(h) End of Your		
	Plan Assets and Liabilities		(a) Beg				(b) End of Year 740,875		
-	Total plan assets	7a		0 /	3,5	20	740,673		
<u>b</u>		7b		6.5	2 5	20	740,875		
	Net plan assets (subtract line 7b from line 7a)	. 7c	 ,		3,5	20			
8_	Income, Expenses, and Transfers for this Plan Year		(a)	Amo	unt		(b) Total		
а	Contributions received or receivable from:				- 0	10			
	(1) Employers	. 8a(1)			5,8				
	(2) Participants	8a(2)		1	.2,0	199			
	(3) Others (including rollovers)	. 8a(3)			^ /	- 17 (cma myakasym 1		
<u>b</u>		. 8b	49,679) / 9	STATEMENT 1		
<u>c</u>		. 8c					67,597		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f	250			250	STATEMENT 2		
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					250		
ī	Net income (loss) (subtract line 8h from line 8c)	. 8i					67,347		
i	Transfers to (from) the plan (see instructions)	. 8j				0			
Pá	art IV Plan Characteristics								
98	If the plan provides pension benefits, enter the applicable pension feature of 2E 2G 2J	codes fro	m the List c	of Plan	Char	acteris	tic Codes in the instructions:		
	If the plan provides welfare benefits, enter the applicable welfare feature co	des from	the List of	Plan (Chara	cteristi	c Codes in the instructions:		
-	art V Compliance Questions			I	1	T	T		
<u>10</u>	During the plan year:			Yes	No	N/A	Amount		
ć	Was there a failure to transmit to the plan any participant contributions within		e	l					
	period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt				₩				
	Fiduciary Correction Program.)		10a	<u> </u>	X				
	Were there any nonexempt transactions with any party-in-interest? (Do not in	nclude			77				
	transactions reported on line 10a.)			17	X	30.00	92 000		
	Was the plan covered by a fidelity bond?		10c	X		237000	82,000		
(Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor				1.7				
_	was caused by fraud or dishonesty?		10d		X				
•	• Were any fees or commissions paid to any brokers, agents, or other persons		1						
	insurance carrier insurance service, or other organization that provides some	e or all of		I	i		1		

10e

10f

10g

10h

X

X

the benefits under the plan? (See instructions.)

and 29 CFR 2520.101-3.)

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions

i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3