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).

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.

Part I	Annual Report	Identification Information								
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/20)16	and ending 12	2/31/2016					
A This ret	urn/report is for:	a single-employer plan a one-participant plan	a multiple-employer pla list of participating em a foreign plan	an (not multiemployer) (ployer information in ac	-					
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	onths)					
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program					
P		special extension (enter descrip	<u> </u>							
Part II	Basic Plan Info	rmation—enter all requested info	ormation							
1a Name CORE INJUE	of plan RY MANAGEMENT R	ETIREMENT PLAN			1b Three-digit plan number (PN) ▶	001				
					1c Effective date 01/	of plan 01/2011				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				2b Employer Iden (EIN) 91-	tification Number 1880262					
	HAYES, D.O., P.S.	e, country, and Zii or foreign posta	ii code (ii ioreign, see insir	uctions)	2c Sponsor's tele	phone number 26-1190				
425 S.W. 418 RENTON, W					2d Business code 621	(see instructions)				
3a Plan ad	dministrator's name a	nd address 🛛 Same as Plan Spons	sor.		3b Administrator's	s EIN				
					3c Administrator's	s telephone number				
name,	EIN, and the plan nu	e plan sponsor has changed since the mber from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN					
a Sponso					4c PN 5a	8				
_		at the beginning of the plan year			+	0				
		at the end of the plan yearaccount balances as of the end of the			5b					
	ete this item)		de plan year (only delined		5c	2				
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	ın vear		5d(1)					
		rticipants at the end of the plan year	·		= 1/0					
e 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 return	report will be assessed	unless reasonable car						
SB or Sche		her penalties set forth in the instruct nd signed by an enrolled actuary, as plete.								
SIGN HERE		valid electronic signature.	10/11/2017	CHERYL A. HAYES						
	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as plan a	dministrator				
SIGN										
HERE	Signature of emplo		Date	Enter name of individ						
Preparer's	name (including firm r	name, if applicable) and address (inc	clude room or suite numbe	r)	Preparer's telephor	ne number				

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	account	ant (IC	PA)				Yes	No 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		,							162	INO
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		No	Not	determir	ned
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year		
а	Total plan assets	7a		174643						633	
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c		174643	3				233	633	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal		
а	Contributions received or receivable from:	0-(4)		5109							
	(1) Employers	8a(1)		24000							
	(2) Participants	8a(2)		21000							
	(3) Others (including rollovers)	8a(3) 8b		32235	,						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							61	344	
d	Benefits paid (including direct rollovers and insurance premiums	00									
	to provide benefits)	8d		2354							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
<u>g</u>	Other expenses	8g			_						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								354	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							58	990	
J	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics		 								
9a —.	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Coc	les in t	he instru	ıctions:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amou	ınt	
a		utions with	n the time period				1971		Aillot		
	described in 29 CFR 2510.3-102? (See instructions and DOL's N	/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					3	30000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10q		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		X					
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							

Form 5	500	-SF	20	16
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Form 5500-SF 2016	Page 3- 1

Part	VI P	ension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of 5500) and line 11a below)						Yes	X No
11a	Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the C? s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					[Yes	X No
а	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see ins		ns, and	_				ng
	_	g the waiver			Day	/	Yea	ar	
					12b				
	Enter tr	e minimum required contribution for this plan year							
		e amount contributed by the employer to the plan for this plan year			12c				
a		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the /e amount)			12d				
		e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	L N	I/A
Part	VII F	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?				X Ye	s	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?		er the			Yes	X No)
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
	13c(1) N	ame of plan(s):		13c(2)	EIN(s)		13	c(3) PN	(s)
Part		Trust Information			4.41.				
14a	Name o	f trust			146	Trust's I	EIN		
14c	Name o	f trustee or custodian					's or cust ne numb		
Par	t IX	IRS Compliance Questions							
15a	Is the p	lan a 401(k) plan? If "No," skip b		Yes			No		
		the plan satisfy the nondiscrimination requirements for employee deferrals under section by for the plan year? Check all that apply:	IШ		n-based narbor	j ["Prio test	r year" <i>F</i>	ADP
	()(.	,		"Curre	ent year test	,,	N/A		
16a		esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit tes	st 🗌	N/A
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a		an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		lette	r or advi	sory let	ter, ente	r the dat	e of
17b	If the p	lan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the n	nost rec	ent dete	rminatio	n
18	Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sep ?		from	Ye	s	No		
19	Was ar	ly plan participant a 5% owner who had attained at least age 70 $^{\prime\prime}$ during the prior plan year?			Ye	s	No		

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	Complete all entries i	in accordance with the instructions to the Form	5500-SF.	Public inspection
Part I Annual Repor	t Identification Informatio	on		
For calendar plan year 2016 or	fiscal plan year beginning 01/01/2			
A This return/report is for:	X a single-employer plan☐ a one-participant plan	a multiple-employer plan (not multiemployer list of participating employer information in a foreign plan	i) (Filers check accordance w	ing this box must attach a with the form instructions.)
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12	months)	
C Check box if filing under:	X Form 5558 special extension (enter des		DFVC pr	ogram
	ormation—enter all requested i	nformation		
1a Name of plan CORE INJURY MANAGEMENT F	RETIREMENT PLAN		(PN)	number
				tive date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)			2b Emplo	oyer Identification Number 91-1880262 sor's telephone number
CHERYL A. HAYES, D.O., P.S.				(425) 226-1190
425 S.W. 41ST ST.			2d Busine 62111	ess code (see instructions)
RENTON, WA 98057	-1 -14 VIO DI O		<u> </u>	
3a Pian administrator's name ar	nd address X Same as Plan Spo	nsor.	3b Admin	istrator's EIN
4 If the name and/or EIN of the name, EIN, and the plan nun a Sponsor's name	e plan sponsor has changed since nber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	istrator's telephone number
	at the basinaine of the planting		4c PN	
				8
C Number of participants with a	at the end of the plan year	the plan year (only defined contribution plans	. 5b	2
complete this item)		trie plan year (only defined contribution plans	5c	2
d(1) Total number of active part	ticipants at the beginning of the pl	lan year	5d(1)	6
d(2) Total number of active part	ticipants at the end of the plan yea	ar	5d(2)	0
 Number of participants that to 	erminated employment during the	plan year with accrued benefits that were less	5e	
Caution: A penalty for the late o	r incomplete filing of this return	n/report will be assessed unless reasonable ca	uso is ostabli	0
Under penalties of perjury and other	er penalties set forth in the instruction of signed by an enrolled actuary.	ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor	nort including	if applicable a Ochart I
HERE	H July	- V1019111 1 V / /////	114	
Signature of plan ad	ministrator (Date Enterpame of individ	ual signing as	plan administrator
HERE Signature of employ	er/plan sponsor	Date Enter name of individ	ual elanina ae	employer or plan sponsor
Preparer's name (including firm na	me, if applicable) and address (in	clude room or suite number)	Preparer's te	employer of plan sponsor

Form	5500.	SF.	2016

Page 2

6a b	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther line 6a or line 6b, the plan can	f an independ y and condition	dent qualified public ons.)	accou	ntant (IQPA)		₩ ٧0	
	If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA	section	4021)	?	Yes		ermined
P	art III Financial Information								
_7	Plan Assets and Liabilities	11 1/204	(a) Beginning	of Yea	ar			(b) End of Year	
a	Total plan assets	7a		174	643			2336	33
b	•								
_ <u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		1746	643			2336	33
8	income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total	
а	Contributions received or receivable from:					N by	9/6		2 4 24
	(1) Employers				09	2			
	(2) Participants			240	000	5 a		為於東部的學	
	(3) Others (including rollovers)	. 8a(3)							
b	Other income (loss)	8b		322	35				en Aurel
_ <u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						6134	14
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			22	54		1183		
— <u>е</u>	Certain deemed and/or corrective distributions (see instructions)			23	34				100
_		8e							(III)
_	Administrative service providers (salaries, fees, commissions)	8f			-				
_ <u>g</u>	Other expenses	8g	Cartin Saulos - No. 11 No. 1		_				NE JEVI
-!-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						235	54
+	Net income (loss) (subtract line 8h from line 8c)	8i 💮			746	58990			90
13-1-1-1-2	Transfers to (from) the plan (see instructions)	8j			0.1				
	t IV Plan Characteristics								10.00
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 2T 3D	feature code	s from the List of Pi	an Cha	racteri	stic C	odes in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	n Chara	acterist	ic Co	des in ti	ne instructions:	
College Art							103 111 (1	ie instructions.	
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fidu	ciary Correction	10a		Х		Amount	
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not incl	ude transactions	10b		Х			<u> </u>
_ c	Was the plan covered by a fidelity bond?			10c	х		7 7		30000
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	idelity bond	that was caused	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons by	an insurance	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount as			10g		Х			
	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruction	ns and 29 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required no	tice or one of the	10i					

Form	5500-SF	2016
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Page 3- 1	Page	3-	1
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Part VI	Pension Funding Compliance							
	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an form 5500) and line 11a below)				SB		Yes [X No
_11a E	nter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	1		110	İ			
12 IS	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the RISA?	Code			f	Тп	Yes	X No
-	The state of the s						_	_
	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see i	Monti	ions, ar	nd enter Da		of the letter	er rulin	g
	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin							
D Ent	er the minimum required contribution for this plan year			. 12b				
C Ent	er the amount contributed by the employer to the plan for this plan year			12c				
ne	ibtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the gative amount)	e left o	fa	12d				
e Wi	Il the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N//	Α
Part VII	Plan Terminations and Transfers of Assets			<u> </u>		<u> </u>	<u>LJ ''''</u>	
_ 13a Ha	s a resolution to terminate the plan been adopted in any plan year?				X Yes	. 🗆	lo	
If "	Yes," enter the amount of any plan assets that reverted to the employer this year			13a	<u> </u>	<u>, </u>		
b We	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brountrol of the PBGC?					Yes		
C II, C	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider ch assets or liabilities were transferred. (See instructions.)	ntify the	plan(s) to				
) Name of plan(s):	_	13c(2)	EIN(s)	—-т	12-/2) PN(s)	
				(-)		100(0) 114(5)	
Part VIII	Trust Information							
14a Name	e of trust			14b ⊤	ucto E	INI		
				176	us(5 E	IIN		
14c Name	e of trustee or custodian			14d T	unton's	or custodi		
						e number	ans	
Part IX	IRS Compliance Questions		l					
	plan a 401(k) plan? if "No," skip b		Yes			No		
15b How 401(k	did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		Desigr safe h	n-based arbor		"Prior ye test	ar" ADF	-
		ЛΠ	"Curre ADP te	nt year" est		N/A		
year?	testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio percei test	ntage		erage efit test		/A
ior the	ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) as plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		_
17a If the the le	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS	оріпіо	letter (or adviso	ry letter	, enter the	date of	—— f
	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date o	f the mos	t recen	t determina	ation	
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 sepa e?	rated f	rom	Yes		No		
	ny plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No		
	——————————————————————————————————————							