## 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

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Part I	Annual Report	<b>Identification Information</b>								
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/20	016	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>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	onths)					
C Check b	oox if filing under:	Form 5558	automatic extension	omatic extension DFVC program						
		special extension (enter descri	iption)							
Part II	Basic Plan Info	rmation—enter all requested info	ormation							
1a Name on OLYMPIA RA		401(K) PLAN & TRUST			<b>1b</b> Three-digit plan number (PN) ▶	001				
			1c Effective date	of plan /01/1997						
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 Ider (EIN) 91	ntification Number 1777409				
	ADIOLOGISTS, P.S.	e, country, and zir or foreign poste	ar code (ii foreign, see insti	uctions)	2c Sponsor's tel-	ephone number 70-3008				
P.O. BOX 187 OLYMPIA, W			2d Business code (see instructions) 621111							
<b>3a</b> Plan ad	dministrator's name a		<b>3b</b> Administrator's EIN							
4 If the n	name and/or FIN of th	e plan sponsor has changed since t	the last return/report filed for	or this plan enter the	4b EIN	s telephone number				
	EIN, and the plan nu	mber from the last return/report.	ine last return report filed it	or the plan, enter the	4c PN					
		at the beginning of the plan year			5a					
_		at the end of the plan year			5b	5				
<b>C</b> Number		account balances as of the end of t			5c	5				
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the pla	an vear		5d(1)	5				
		rticipants at the end of the plan year	•		5d(2)	4				
<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 return	report will be assessed	unless reasonable car						
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.								
SIGN HERE	Filed with authorized	valid electronic signature.	10/13/2017	DONALD R. KLEIN						
	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan a	dministrator				
SIGN										
HERE	Signature of emplo		Date	Enter name of individ						
Preparer's i	name (including firm r	name, if applicable) and address (in	clude room or suite numbe	r)	Preparer's telepho	ne number				

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)	an indeper and conditi	dent qualified public a	account	ant (IC	PA)			X Ye	
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-	_	□ <b>.</b>	
_	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	∐No	Not de	termined
Pa	rt III Financial Information									
	Plan Assets and Liabilities		(a) Beginning					(b) End		\ <u></u>
	Total plan assets	7a		575663	•				274576	00
	Total plan liabilities	7b	2	575663	,				274576	25
	Net plan assets (subtract line 7b from line 7a)	7c				2745				55
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		16661						
	(2) Participants	8a(2)		50920	)					
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		172332						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				239913				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	69811							
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				69811				
i	Net income (loss) (subtract line 8h from line 8c)								17010	)2
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 2A 2E 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
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	duciary 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					250000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g	Χ					26725
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter	the minimum required contribution for this plan year		12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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	s X No	)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(	<b>2)</b> EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

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

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OMB Nos. 1210-0110 1210-0089

2016

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	*********		an In accordance	n Instructions to the Form		Public Inspection
Parti	Annual Repo			in instructions to the Ferm	6600-SF.	7784
For calenda	r plan yehr 2016 o	r fiscal plan year baginning 01/	01/2016	and and n	10410	
	i	x a single-employer plan		and ending 12	231/2018	
A This retu	im/reportilis for:	a one-participant plan	list of participati	yer plan (not multlemployer Ing employer Information In	) (Filers check accordance w	ing this box must attach a ith the form instructions.)
B This retur	n/report i	the first return/report	the final return/re	port .		
		an amended return/repor		return/report (less than 12)		
G Check be	x if filing under:			remittebott (1628 Juait 1X )	months)	
	onder.	XI Form 5558  special extension (enter t	Sutomatic extens	olon	DFVC pr	ogram
Part II	Basic Plan Inf	ormation—enter all requeste	ACOCHPO(II)		120	
1a Name of	nlan	Triacron - enter an requeste	ad information			7781
OLYMPIA RAI	NO CONTO DE	401(k) PLAN & TRUST			1b Three	linih.
	, G, 1, 5, 1 (ii) O3 4 1, 5,	AUT (K) PLAN & TRUST				umber
			×		(PN)	001
					1c Effect	ve date of plan
2a Plan anor	rent's ne no (ample	oyer, if for a single-employer pla			05/01/	1997
					2b Employ	ver Identification Number
- iij bi wi	***** STATE OF DEDOME	ce, country, and ZIP or foreign p	P.O. Böx)		(EIN)	11-1777409
OLYMPIA RAD	IOLOGISTS, P.S.		vostal code (il totelgh, see	instructions)		
			A.		Do Spans	or's telephone number
	1		7.0		24 5	(360) 570-3008
P.O. BOX 1879					AU Busine	38 code (see instructions)
OLYMPIA, WA S	NO. E A 19				621111	
Sa Pian admir	nistrator a name an	nd address K Same as Plan S	ponsor,		2b 4-11	4
		_	,		3b Adminis	itrator's EIN
				ł	30 Adminis	And A A
	İ				AC VIIIIII	trator's telephone number
	-			φ.		
4 If the name	and/or FIN of the	nian enonger has all				
name, EIN	, and the plan num	plan sponsor has changed sind ther from the last return/report.	e the last return/report file	d for this plan, enter the $ op$	4b EIN	
a Sponsor's n		man mat return report.			11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
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h Total aunch	or or positionparita a	it the beginning of the plan year	# - 4		5a	5
	C. O. NO. IICIDALIOS A	IL VIE EUU Ut IDO DISH VAAR			5b	
Complete 45	perticipants with ac	count belances as of the end o	FIL			
			ii ing pian year (only defini	ed contribution plane		- 8
			ir the pien year (only define	ed contribution plans	5c	
-(-) Total num	ber of active partie	cipants at the beginning of the	of the pien year (only define	ed contribution plans	5 <b>c</b>	5
d(2) Total nun	ober of active partic	cipants at the beginning of the	pisn year	ed contribution plans	5c 5d(1)	
d(2) Total nun	ober of active partic	cipants at the beginning of the	pisn year	ed contribution plans	5 <b>c</b>	5
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	under 29 CFR 2 If you answere	irlan's assets during the plan year invested in eligical a waiver of the annual examination and report of 20.104-467 (See instructions on waiver eligibility "No" to either line 6a or line 6b, the plan can	y and cor	pencent qualitied put iditions.)	olic acco	ountant	(IQP/	4) 	**********	. 🛛	Yes N	
Γī	Part III Finan	Autor Seven bland is it doncted hudge the bBCC	Insurance	e program (see ERIS	A sectio	ท 4021	)?	[] Y	es [] No	☐ Not	determined	
7			12597			·///						
•			Story	(a) Boginni					(b) Em	d of Year	******	
	b Total plan liebiliti	3	. 7 <u>9</u>	257588			ļ	27457				
	C Net plan assets (	ubtract line 76 from line 7a)	7b									
8	Income, Expense	2, and Transfers for this Plan Year	. 7¢		7 800	5663	<del> </del>			274	5765	
	a Contributions rec	lved or receivable from:		(a) Ame	(a) Amount				(b) Total			
	(2) Participants		89(1)		8661	1		10.				
	(3) Others (includ	ing rollovers).	8a(2) 8a(3)	<del> </del>	ь(	920	-		200		- 60	
<u>t</u>	Other Income (los	5)	8b		177	224	7				19	
	Total income (add	lines 8a(1), 8a(2), 8a(3), and 8h)	8c	Emiliary Contract		332						
d	to provide benefit:	uding direct rollovers and insurance premiums	8d		THE STATE OF THE S	811				23(	9913	
6	Cerrain deguage 3	nd/or corrective distributions (see instructions)	80								****	
f	Administrative ser	ice providers (salaries, faes, commissions)	8f		****			,,	<u>1987 (* 1</u>			
9_	Other expenses		8g	717777					****		- 1 <sub>1 2</sub> 1 <sub>3 3</sub>	
<u>h</u>	Total expenses (a	d lines 8d, 8e, 8f, and 8g)	8h		V. (10)					***		
	Net income (loss) i	Subtract line 8h from line 8c)	81				25011					
<u>, j</u>	Transfers to (Itom)	the plan (see instructions)	8]	Secretary of the second of the			170102				-	
Pa	rt IV Plan Cha	racteristics				~ <b></b>						
9a	if the plan provider 2A 2E 2G	pension benefits, enter the applicable pension for ZJ 2K 2T 3D	ealure co	des from the List of F	len Ch	eractor	istic Ç	odes I	n the instr	uctions;		
		welfare benefits, enter the applicable welfare fee	ture cod	es from the List of Pi	an Chai	acteris	lic Co	ni asb	the instru	ctions:	***************************************	
Par	t V Complia	nce Questions				****						
10	During the plan ye	ar;		· · · · · · · · · · · · · · · · · · ·	***	I va.	·	7	,			
а		e to transmit to the plan any participant contribution FR 2510.3-1027 (See Instructions and DOL's Vol				Yes	No X	N/A		Amount	1	
þ		nexempt transactions with any party-in-interest?			10a		×	<u> </u>			*****	
С	Avais the bigu covi	red by a fidelity bond?	, , , , , , , , , , , , , , , , , , , ,		10b	×						
	by fraud or dishone	sty?	elity bond	, that was caused	10c		X	<b>-</b>	,		250000	
	carrier, Insurance the plan? (See Inst	ervice, or other organization that provides some cuctions.)	persons or all of th	by an insurance le bonefits under			×					
<del></del>	. To the pitti / Hired. (	o provide any benefit when due under the plan?	**********		10e 10f	-	×					
9	Did the plan have ar	Ty participant loans? (If "Yes," enter amount as of	vear-on	4.1	100	×	$\hat{-}$		·	-		
	2520:101-3.)	i account plan, was there a blackout period? (Se	e instruct	ions and 29 CFR	10h		X	$\dashv$	·		20725	
1 6	f 10h was answered	"Yes," check the box If you either provided the ring the notice applied under 29 CFR 2520.101-3	equired n	otice or one of the	101	_	$\dashv$				3.1	

Form 5500	SF 2016						
	Page 3- 1						
Part VI Pension	Funding Compliance		···			<u>-</u>	
11 Is this a defined	penell also subject to minute to	d complete	Schedule	SB	<del></del>	Yes	٦.,
11a Enter the unpak	minimum required contributions for all years from Data-July Day 7		***************************************	· · · · · · · · · · · · · · · · · · ·		es [	
12 is this a defined	contribution plan subject to the minimum funding requirements of section 412 of the	Codo on se	11a	<u> </u>			
(II "Yes," comple	te line 12a or lines 12b, 12c, 12d, and 42a between	*************	*************			Yes [	Ŋ N
al If a walver of the	minimum funding standard for a miles standard for a	+ /	nort sets :			*******	
if you completed the	ar	Month	and enter	ine dai Iy	te of the la Ye:	etter ruling ar	9
	The same of the sa	- 40					
C Enter the amount	required contribution for this plan year		12b				
	ontributed by the employer to the plan for this plan year						
		12d					
The state of the s	iterioring arround reported on line 12d be met by the funding deadlines	144		Yes	No	N/A	<u> </u>
Carrier I lan 16th	iniquons and Transfers of Assets						
134 Mas a resolution to	leminate the plan been adopted in any plan year?	************		∏ Ye	s X	No	
ii ros, enternie	arriount of any plan assets that reverted to the employer this year		40-				
control of the PBG	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the						
which essets or li	bilities were transferred. (See instructions.)	ify the plan	(ŝ) (o	<u> </u>	Yes	N	
13c(1) Name of plan	(s):	130	(2) EIN(s)				
		100	Z) CIIV(S)		736	(3) PN(s)	
Part VIII Trust Inf	rmation				Ĺ		
14a Name of trust			444				
			14b T	rust's E	EIN		
14c Name of trustee or d	ustodien		444 *				<u></u>
			140 17	ustee's Nondali	s or custo le number	dian's	
Part IX IRS Com	liance Questions			·			
	The state of the s						
15a is the plan a 401(k) 5	tan? If "No," skip b	Yes			No		
15b How did the plan sails	SAV the conding line is a series of the condinate line is a series of the co	☐ Desig	n-based		Prior v	ear" ADP	
TO TRY(0) for the plan	year? Check all that apply:	safe.	harbor	ليا	test		
16a What teefing malbod		ADP	ont year" test		NIA		
year? Check all thetia	was used to satisfy the coverage requirements under section 410(b) for the plan	Ratio		A			
16h Did the slave and 6 W	777	perce test	antage		erage refit teat	N/A	4
for the plan satisfy me	e coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) ambining this plan with any other plan under the permissive aggregation rules?	Yes			1		
17a If the plan is a master the letter	and prototype plan (M&P) or volume submitter plan that received a favorable IRS of and the serial number	oinion letter	or advisor	ry letter	J No		
17b If the plan is an individ	ually-designed plan that received a favorable determination letter from the IRS, ente	or the date	of the mos	trenne	i determin	uate of	
i o i yezinca Banerit Plan hi	Monov Purphase Desetting				, apterral	i¢u0fi	
service?	made during the plan year to an employee who attained age 62 and had not separa		Yes		No	//	-
9 Was any plan participal	nt a 5% owner who had attained at least age 70 % during the prior plan year?		Yes		No		-
!							