	m 5500-SF	of Small Emplo	OMB Nos. 121 121								
	rtment of the Treasury nal Revenue Service	This form is required to be file	Benefit d under sections		065 of the Employee Re	etirement	2017				
	epartment of Labor enefits Security Administration	Income Security Act of 1974		ctions 6057	7(b) and 6058(a) of the		This Form is Open to				
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with	the instru	uctions to the Form 55	500-SF.	Public Inspectio	on			
Part I		dentification Information				10 1 10 0 1 -					
For calenda	ar plan year 2017 or fisc)/31/2017	ing this have must attac	ha			
A This ret	urn/report is for:	X a single-employer plan	list of partic	ipating emp	n (not multiemployer) (ployer information in ac		-				
	and the second the	a one-participant plan	a foreign pla	an							
	urn/report is	the first return/report	imes the final retu	rn/report							
		an amended return/report a short plan year return/report (less than 12 months)									
C Check b	oox if filing under:	Form 5558	automatic ex	xtension		DFVC p	rogram				
Part II	Basic Plan Infor	mation—enter all requested inf	formation								
1a Name						1b Thre					
CORE INJU	CORE INJURY MANAGEMENT RETIREMENT PLAN						number 001				
			(PN) ▶ 001 1c Effective date of plan								
0						01 -	01/01/2011				
		er, if for a single-employer plan) n, apt., suite no. and street, or P.C). Box)			2b Empl (EIN)	nployer Identification Number IN) 91-1880262				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CHERYL A. HAYES, D.O., P.S.					()	Sponsor's telephone number 425-226-1190					
						2d Busir	usiness code (see instructions)				
425 S.W. 415						621111					
RENTON, W	A 98057										
3a Plan ad	dministrator's name and	d address X Same as Plan Spor	nsor.			3b Administrator's EIN					
		—			·	3c Administrator's tolophone number					
						3c Administrator's telephone number					
			<u> </u>								
		plan sponsor or the plan name has sor's name, EIN, the plan name a				4b EIN					
•	or's name					4d PN					
C Plan N	lame										
5a Total r	number of participants a	at the beginning of the plan year				5a		2			
		at the end of the plan year				5b		0			
C Numb	er of participants with a	ccount balances as of the end of	the plan year (on	ly defined o	contribution plans	5c		0			
	,					5d(1)		0			
 d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year 						5d(2)		0			
e Number of participants who terminated employment during the plan year with accrued benefits that were less						5e		0			
Caution: A	100% vested	r incomplete filing of this return	n/report will be a	issessed i	Inless reasonable cau		olished.				
Under pena SB or Sche	alties of perjury and othe edule MB completed and	er penalties set forth in the instruc d signed by an enrolled actuary, a	ctions, I declare th	hat I have e	examined this return/rep	oort, includi	ng, if applicable, a Sch				
SIGN	true, correct, and compl	ete. valid electronic signature.	12/18/20	17	CHERYL A. HAYES, I	0.0.					
HERE	Signature of plan ad		Date		Enter name of individu		as plan administrator				
SIGN			Date			aar orgrning i					
HERE	Signature of employ	ver/nlan snonsor	Date		Enter name of individu	al signing	as employer or plan spo	onsor			
For Denomy						aar siyilliiy					

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							. X Yes	No			
	If you answered "No" to either line 6a or line 6b, the plan cann		,					. <u> </u>				
с	If the plan is a defined benefit plan, is it covered under the PBGC in							Not dete	ermined			
	If "Yes" is checked, enter the My PAA confirmation number from th								ictions.)			
De												
Pa	rt III Financial Information											
	Plan Assets and Liabilities		(a) Beginning o) End of Year					
<u>a</u>	Total plan assets	7a	23	33633				0				
b	Total plan liabilities	7b						0				
	Net plan assets (subtract line 7b from line 7a)	7c		33633				0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total				
а	Contributions received or receivable from: (1) Employers	8a(1)										
	(2) Participants											
	3) Others (including rollovers)											
b												
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						11193					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 244826										
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					244826					
i	Net income (loss) (subtract line 8h from line 8c)	8i										
j	Transfers to (from) the plan (see instructions)	8j										
Ра	rt IV Plan Characteristics		•									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 2K 2R 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:				
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Cod	les in the ins	tructions:				
Pa	t V Compliance Questions											
10	During the plan year:				Yes	No		Amount				
-	Was there a failure to transmit to the plan any participant contribu	tions withi	in the time period									
_	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		x						
k	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х						
	C Was the plan covered by a fidelity bond?				Х			300	000			
c	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х						
e	 Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som 					V						

	carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	x	
f	Has the plan failed to provide any benefit when due under the plan?	10f	Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

r

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Part	VI Pension Fu	iding Compliance				
11		fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 11a below)	dule S	В	<u> </u>	'es 🗌 No
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	ribution plan subject to the minimum funding requirements of section 412 of the Code or section me 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 of	f 	<u> </u>	′es X No
a		mum funding standard for a prior year is being amortized in this plan year, see instructions, and			f the lette Year _	r ruling
lf y	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum re	uired contribution for this plan year	12b			
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c			
d		n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Termii	ations and Transfers of Assets				
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	0
	If "Yes," enter the an	ount of any plan assets that reverted to the employer this year	13a			0
b		ets distributed to participants or beneficiaries, transferred to another plan, or brought under the		×	Yes	No
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s	13c(2)	EIN(s)		13c(3) PN(s)

For	m 5500-SF	Short Form Ann			of Small Empi	oyee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be fi	iled under	enefit Plan sections 104 and 40	065 of the Employee F	RetIrement	2016			
	epartment of Labor enefits Security Administration	Income Security Act of 197	74 (ERISA Rever	 and sections 605 nue Code (the Code) 	7(b) and 6058(a) of the).	I his Form is Open to				
Pansion Be	enefit Guaranty Corporation	Complete all entries in	n accorda	ance with the instru	uctions to the Form 5	500-SF.	Public Inspection			
Part I	Annual Report I	dentification Informatio	No. of Concession, Name of Street, or other							
the second se	and the second	cal plan year beginning		1/2017	and ending	10/3	1/2017			
		X a single-employer plan	and a second		n (not multiemployer)	(Filers check	ing this box must attach a			
A This return/report is for:										
B This return/report is the first return/report I the final return/report										
B This retu	Jrn/report is				konot (loop then 12 a	a contine)				
		an amended return/report	X a s	nont plan year return	/report (less than 12 n	ionins)				
C Check box if filing under:							rogram			
		special extension (enter des	scription)				•			
Part	Pasie Plan Infor	mation—enter all requested								
		mation—enter all requested	mormatic			1b Three	digit			
1a Name	•						number 001			
CORE INJURY MANAGEMENT RETIREMENT PLAN						(PN)				
						1c Effec	tive date of plan			
			_			01/0	1/2011			
	2a Plan sponsor's name (employer, if for a single-employer plan)					2b Empl	oyer Identification Number			
	Mailing address (include room, apt., suite no. and street, or P.O. Box)				(EIN)	91-1880262				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CHERYL A. HAYES, D.O., P.S.				2c Sponsor's telephone number						
CHERTE	A. IMIEO, D.O	., 1.0.					226-1190			
						ess code (see instructions)				
423 D.V	425 S.W. 41ST ST.					621111				
RENTON		WA 98057								
	dministrator's nome on	d address X Same as Plan Sp	oner		· · · · · · · · · · · · · · · · · · ·	3h Admi	nistrator's EIN			
Ja Plana	unimistrator s name and	address A Same as Flan Sp	JUNSUL.							
						3c Admi	nistrator's telephone number			
4 If the r	name and/or FIN of the	plan sponsor has changed sinc	e the last	return/report filed fo	this plan enter the	4b EIN				
		ber from the last return/report.		(orall interport modified						
	or's name					4c PN				
5a Total	number of participants a	at the beginning of the plan yea	r			5a	2			
		at the end of the plan year								
		ccount balances as of the end								
	, ,					5C	(
d(1) Tot	al number of active part	lcipants at the beginning of the	plan vear			5d(1)	C			
		ticipants at the end of the plan								
		erminated employment during t					· · · · · · · · · · · · · · · · · · ·			
than	100% vested					5e	C			
Caution: A	penalty for the late o	r incomplete filing of this retu	urn/repor	t will be assessed	unless reasonable ca	use is estal				
Under pena	alties of perjury and oth	er penalties set forth in the inst d signed by an eprolled actuary	ructions, I	declare that I have	examined this return/repo	eport, includi	ng, if applicable, a Schedule			
belief, it is	true, correct, and comp	lete.					sate of the knowledge and			
SIGN	SI MA	Mithun			CHERY A.	than =	P.O.			
HERE	Signature of plan ad	Ininistrator //	3	Date ABIN-	Enter name of individ	tual signing	y			
	Signature of platfac			Jaco	Entor name of marvi	addi olgriffig i				
SIGN HERE		\smile			THE R.	39 00	10 NOR 1			
	Signature of employ	/er/plan sponsor		Date	Enter name of indivi		as employer or plan sponsor			
Preparer's	name (including firm na	ame, if applicable) and address	(include r	oom or suite numbe	r)	Preparer's	telephone number			
					the second se	-				

Form 5500-SF 2016

6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condi	ndent qualified public tions.)	accoun	tant (l	QPA)		
c	If you answered "No" to either line 6a or line 6b, the plan can If the plan is a defined benefit plan, is it covered under the PBGC in							
	In the plane d defined bench plan, is it covered dider line PBGC in			section 4	4021)?	·		No Not determined
7	Plan Assets and Liabilities		(a) Beginning	of Vaa	. 1		/b`	
a	Total plan assets	7a		233,				End of Year
	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c		233,	633			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou					(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		11,	193			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-			11,193
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		244,	826			
<u>e</u>	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						244,826
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)							-233,633
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	feature co	des from the List of P	lan Cha	racteri	stic Co	odes in the	e instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	in Chara	acteris	tic Co	les in the	instructions:
Par	t V Compliance Questions							1
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 Fi	duciary Correction	10a		x		, induit
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not i	nclude transactions	10b		х		
С	Was the plan covered by a fidelity bond?			10c	х			30,000
d	Did the plan have a loss, whether or not reimbursed by the plan's t by fraud or dishonesty?	fidelity bon	d, that was caused	10d		x		
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).			10e		x		
f	Has the plan failed to provide any benefit when due under the plan	_		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-er	nd.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instru	ctions and 29 CFR	10g		x		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i				

Form 5500-SF 2016

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Part	VI Pension Funding Compliance			- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sc	hedule S	SB] [Yes	No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.		. 11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or section	on 302 o	f	Г] Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				·· -		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	istructions, an	id enter Dav		of the I Ye		ng
If y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Da	<u>y</u>	10	ai	
b	Enter the minimum required contribution for this plan year		12b				
C	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 negative amount)	e left of a	12d	£			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N	/A
Part			·				
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes		No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou control of the PBGC?	ight under the	• •		X Yes	No	
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plan(s) to				
1	3c(1) Name of plan(s):	13c(2) EIN(s)		13	c(3) PN(s)
Part	VIII Trust Information	<u>.</u>					
14a N	lame of trust		14b 1	Frust's E			
14c N	lame of trustee or custodian			rustee's telephon			
Part	IX IRS Compliance Questions						
15a i	s the plan a 401(k) plan? If "No," skip b	Yes] No		
15b ⊦	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section		n-based arbor		"Prior test	year" Al	DP
4	01(k)(3) for the plan year? Check all that apply:	Curre	ent year" est		N/A		
16a v >	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio	entage		erage nefit tes	t []	N/A
16b [f	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?	[] Yes] No		
17a II t	the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS he letter	opinion letter					
e	f the plan is an individually-designed plan that received a favorable determination letter from the IRS, e etter	nter the date	of the m	ost recei	nt deten	nination	
V	efined Benefit Plan or Money Purchase Pension Plan Only: Vere any distributions made during the plan year to an employee who attained age 62 and had not sep ervice?	arated from	Yes		No		
	Vas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		No		