Foi	rm 5500-SF	Short Form Annu	rt of Small Employee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury rnal Revenue Service	This form is required to be file	d 4065 of the Employee Retirement	2017					
	epartment of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co	057(b) and 6058(a) of the Internal	This Form is Open to Public Inspection				
Pension B	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I		Identification Information		and anding 12/21/2017	7				
For calend	ar plan year 2017 or fis	cal plan year beginning 01/01/		and ending <u>12/31/2017</u> plan (not multiemployer) (Filers cho					
A This re	turn/report is for:	X a single-employer plan	list of participating e	employer information in accordance	-				
B This rot	urn/report is	a one-participant plan	a foreign plan						
		the first return/report	the final return/repor	t					
		an amended return/report	a short plan year ret	urn/report (less than 12 months)					
C Check	box if filing under:		; program						
		special extension (enter desc	cription)						
Part II	Basic Plan Infor	rmation—enter all requested ir	nformation						
1a Name	•				ree-digit an number				
RUBERT	CRAVEN, M.D., INC.,	P.C. 401(K) PROFIT SHARING	PLAN & TRUST		N) ▶ 002				
		1c Ef	fective date of plan						
2a Plan s	ponsor's name (employ	2b En	01/01/2014 nployer Identification Number						
		n, apt., suite no. and street, or P.0 e, country, and ZIP or foreign pos		structions) (E	,				
-	. CRAVEN, M.D., INC.,			2c Sp	oonsor's telephone number 360-447-3073				
				2d Bu	siness code (see instructions)				
315 EAST 8 PORT ANGE	TH ST ELES, WA 98362				621111				
	,								
3a Plan a	administrator's name and	d address X Same as Plan Spo	onsor.	3b Ad	ministrator's EIN				
				3c Ad	ministrator's telephone number				
		plan sponsor or the plan name h			N				
•	lan, enter the plan spon sor's name	nsor's name, EIN, the plan name	and the plan number from	the last return/report.	J				
C Plan N					v				
		at the beginning of the plan year.		C 1.	9				
		at the end of the plan year account balances as of the end of		ad contribution plane	9				
					9				
d(1) Tot	al number of active part	ticipants at the beginning of the p	lan year						
		ticipants at the end of the plan ye			8				
		terminated employment during th		De la companya de la	0				
Caution: A	A penalty for the late o	or incomplete filing of this retur	n/report will be assesse	d unless reasonable cause is es					
SB or Sche	edule MB completed an	d signed by an enrolled actuary,		ve examined this return/report, incluversion of this return/report, and to					
SIGN	true, correct, and comp Filed with authorized/	valid electronic signature.	04/04/2018	ROBERT CRAVEN					
HERE	Signature of plan ac	Ŭ	Date	Enter name of individual signir	ig as plan administrator				
SIGN		valid electronic signature.	04/04/2018	ROBERT CRAVEN					
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individual signir	g as employer or plan sponsor				
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2017) v.170203								

6a	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 a											
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a											
~	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.											
C	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determ											
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)											
Pa	Part III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year								
a	Total plan assets	7a	845190	999392								
b	Total plan liabilities	7b										
С	Net plan assets (subtract line 7b from line 7a)	7c	845190	999392								
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total								
а	Contributions received or receivable from:											
	(1) Employers	8a(1)	12298									
	(2) Participants	8a(2)	59518									
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	82386									
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		154202								
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										
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h										
i	Net income (loss) (subtract line 8h from line 8c)	8i		154202								
j	Transfers to (from) the plan (see instructions)	8i										
Pa	rt IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension	feature coo	des from the List of Plan Characteristic	c Codes in the instructions:								
	2E 2F 2G 2H 2J 2K 2R 2T 3D											
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:											

Part	V Compliance Questions			
10	During the plan year:	Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10	1	х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.))	x	
C	Was the plan covered by a fidelity bond?	;	Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	1	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		438
f	Has the plan failed to provide any benefit when due under the plan?	;	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	x		2043
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	n	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			

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No	
11a	Ent	er 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 Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling	
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Ente	r the minimum required contribution for this plan year	12b					
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c					
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12d					
е	Will	the 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 resolution to terminate the plan been adopted in any plan year?		Ye	es X	No		
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a					
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to					
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	: (3) F	'N(s)	

· · · · · · · · · · · · · · · · · · ·			<u> </u>	·		
Form 5500-SF	Form 5500-SF Short Form Annual Return/Report of Small Empl Department of the Tressury Benefit Plan					
Internal Revenue Service	This form is required to t	e filed under sections 10	4 and 4065 of the Employe	e	20 ⁻	17
Department of Labor Employee Benefits Security Administration	Retirement Income Security the I	 Act of 1974 (ERISA), and Internal Revenue Code (til 		B(a) of Th	រៅទ Form is O	pen to Public
Pension Benefit Guaranty Corporation	🕨 Complete all entries in a	•		0-SE	inspe	ction
	entification Information					
For calendar plan year 2017 or fisca	il plan year beginning	01/01/2017	and ending	12/31/	/2017	
A This return/report is for:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/repo	r plan (not multiemployer) g employer information in a nt tum/report (less than 12 m	accordance wi	ng this box mu ith the form ins	ist attach structions.)
C Check box if filing under:	Form 5558 special extension (enter desc	automatic extension	ĩ	DF1	/C program	
Part II Basic Plan Infor		· · ·	1			
Part II Basic Fian Inform 13 Name of plan	mation enter all requested	Information		1b Three	diait	<u> </u>
	D., Inc., P.C. 401(k)	Profit Sharing	Plan & Trust	plan n (PN) J 1c Effecti	umber	
Mailing Address (include room,	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)					on Number
City or town, state or province, Robert W. Craven, M.:	country, and ZIP or foreign pos D., Inc., P.C.	ital code (if foreign, see in	structions)	(EIN) 2C Spons (360	number	
315 East 8th \$t	315 East 8th \$t					
US Fort Angeles WA 98362 3a Plan administrator's name and						
					istrator's EIN istrator's telep	hone number
4 If the name and/or EIN of the p this plan, enter the plan sponso	lan sponsor or the plan name h or's name, EiN, the plan name a	as changed since the last ind the plan number from	return/report filed for the last return/report.	4b EIN		
 a Sponsor's name C Plan Name 				4d PN		
5a Total number of participants at	the beginning of the plan vear			5a		9
	the end of the plan year			5a 5b		9
C Number of participants with acc		the plan year (only define	d contribution plans	5c		9
d(1) Total number of active partici				5d(1)		8
d(2) Total number of active partici				5d(2)	1 	8
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0
Caution: A penalty for the late or	incomplete filing of this retur	rn/report will be assesse	d unless reasonable cau	ise is establi	shed.	
Under penalties of perjury and othe SB or Schedule MB completed and bellef, it is true, correct, and completed and bellef.	r penalties set forth in the instru signed by an enrolled actuary.	ctions, I declare that I have	/e examined this return/rep	oort, including	. if applicable,	
SIGN	ρ					1
HERE Signature of plan admini	istrator	Date	Enter name of individua	I signing as p	lan administra	tor
SIGN HERE Signature of employer(b)	An seonsor	Date 4-4-2	/ Tenter name of individua	l signing as e	mplover or ols	
For Paperwork Reduction Act No			V V			5500-SF (2017) v.170203

•	· · · · · · · · · · · · · · · · · · ·								
6a	Were all of the plan's assets during the plan year invested in eligible	assets? ((See instructions.)						yes No
Ь	Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA)								
	If you answered "No" to either line 6a or line 6b, the plan canno	t use For	m 5500-SF and must in:	stead	use F	orm	5500.		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sectio	on 40;	21)?		⊡ Y∈		 Not determine
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pr	emium filing for this year				- 		nstructions.)
Pe	art III Financial Information								<u> </u>
7	Plan Assets and Liabilities		(a) Beginning (of Vo-				(b) End of Ye	<u></u>
a	Total plan assets	7a							
b	Total plan liabilities	75	0	145,1	90	+			999,392
c	Net plan assets (subtract line 7b from line 7a)			48 4	00	-			
8	Income, Expenses, and Transfers for this Plan Year	n e stransferige State State	(a) Amoun	<u>45,</u> 1	. AÓ				999,392
а	Contributions received or receivable from:	S010:0854	(α) Απουη					(b) Total	1
	(1) Employers	8a(1)		12,2	98	۲۰۰۰ میر در			
	(2) Perticipants	8a(2)		59,5	518				j' ·
	(3) Others (including rollovers)	8a(3)				2.1			
<u>b</u>	Other income (loss)	8b		82,3	86	5.5			1
c	Total-Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						and the second sec	54,202
d	Benofits paid (including direct rollovers and insurance promiums			<u> </u>		2 8 1 7 1	<u>.</u>		
9	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d				- 16 (* 1859)			
	Administrative service providers (salaries, fees, commissions)	80	· · · · · · · · · · · · · · · · · · ·			125,000	<u></u>	<u>Anti Lattini a Calyny ay</u> Anti Carente anti	
		<u>8f</u>					<u></u>		· · ·
	Other expenses	8g	n an ann an Carlo Ingersaith	70,00044	Para .			<u> </u>	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<u> </u>	34	9		<u>.</u>	
	Net income (loss) (subtract line 8h from line 8c)					3		54,202	
	Transfers to (from) the plan (see instructions)								
<u> </u>	HIV Plan Characteristics								
98	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2H 2J 2K 2R 2T 3D	ature code	s from the List of Plan C	harac	teristic	: Cod	es in th	e instructions:	
ь	If the plan provides welfare benefits, onter the applicable welfare feat	ture codes	from the List of Plan Ch	aracte	ristic (Code	s in the	instructions:	
Pa	H V Compliance Questions								<u>. .</u>
10	During the plan year;					Ì	Nilatan 27		
ä	Was there a failure to transmit to the plan any participant contributi	ons within	the time nerice	1	Yes	No	N/A	Αποι	int
	described in 29 CFR 2510,3-102? (See instructions and DOL's Vol	untary Fid	uclary Correction						
	Program)			10a		x			
b	Were there any nonexempt transactions with any party-in-interest?	(Do not in	ciude transactions					···· · ···	
	reported on line 10a.)		********	105		х			
<u> </u>	Was the plan covered by a fidelity bond?			10c		х	1.1		
d 	Did the plan have a loss, whether or not roimbursed by the plan's finance by fraud or dishonesty?	delity bon	d, that was caused	10d		x			
e	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				438
f				101		x			
g	Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g	x				2,043
h	If this is an individual account plan, was there a blackout period? (5 2520.101-3.)	ee instruc	tions and 29 CFR	10g		v			2,043
İ	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	notice of one of the	101		х			<u>.+</u>
				1 101			1.5.5	and Alexandrian and	1

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	Form 5500-SF 2017	Page 3 - [
(all										
Part 11	View Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see	instructions	and co	mnlete Sc	hedule	28				
-	(Form 5500 and line 11a below)				1		<u> </u> '	/es	X	No
<u>11a</u> 12	Enter the unpaid minimum required contributions for all years from Schedule SB (Form Is this a defined contribution plan subject to the minimum funding requirements of sec			le or sectio	11a on 302 (əf	1	_ <u>+</u>		
	ERISA?									
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter									
	granting the waiver				Dş	iy	Yea	<u>۲</u>		
<u> </u>	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), a Enter the minimum required contribution for this plan year,				125					
	Enter the amount contributed by the employer to the plan for the plan year				12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a r negative amount)	ninus sign	to the le	ft of a	12d			:		
e	Will the 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 resolution to terminate the plan been adopted in any plan year?	*****			Γ] Yes	X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				13a			1		
ь	Were all the plan assets distributed to participants or beneficiaries, transferred to anoth control of the PBGC?	• •					Yes [X	No	
с	If, during this plan year, any assets or liabilities were transferred from this plan to anoth which assets or liabilities were transferred. (See instructions.)									
1:	ic(1) Name of plan(s):			13c(2) E	IN(5)		13c	(3) P	N(s)	
						I				
								1		
			·							