_	m 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089					
	tment of the Treasury nal Revenue Service	065 of the Employee Re		2017					
Employee Be	epartment of Labor enefits Security Administration	7(b) and 6058(a) of the I).	nternal	This Form is Open to Public Inspection					
Pension Be	Fublic Inspection								
Part I		dentification Information	47	and and fam. (O	10.4.10.0.4.7				
For calenda	ar plan year 2017 or fisc		—		/31/2017	ving this have must attach a			
A This return/report is for:									
	,	a one-participant plan	a foreign plan						
B This retu	Irn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)				
C Check b	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram			
		special extension (enter descrip	 otion)	_	_				
Part II	Basic Plan Infor	mation—enter all requested info	rmation						
1a Name		·			1b Thre				
DIGESTIVE	DISEASE & ENDOSCO	DPY CENTER, PLLC 401(K) PROF	TT SHARING PLAN		•	number 001			
					(PN)	ctive date of plan			
						01/01/2002			
		er, if for a single-employer plan) , apt., suite no. and street, or P.O.	Box)		2b Empl (EIN)	oyer Identification Number 91-2065379			
-	town, state or province DISEASE & ENDOSCO	, country, and ZIP or foreign postal OPY CENTER, PLLC	code (if foreign, see instr	uctions)	(/	Sponsor's telephone number			
					360-479-1952 2d Business code (see instructions)				
3261 MT VIN	ITAGE WAY NW, SUIT	E 221							
SILVERDALE						621111			
3a Dian a	dministrator's name and	l address 🛛 Same as Plan Spons	or		3b Administrator's EIN				
					3c Administrator's telephone number				
		plan sponsor or the plan name has		turn/report filed for	4b EIN				
this pla a Sponse		sor's name, EIN, the plan name an	d the plan number from th		4d PN				
C Plan N									
5a Total r	number of participants a	at the beginning of the plan year			5a	36			
		t the end of the plan year			5b	26			
		ccount balances as of the end of th		-	5c	26			
d(1) Tota	al number of active part	icipants at the beginning of the pla	n year		5d(1)	17			
d(2) Tota	al number of active part	icipants at the end of the plan year			5d(2)	17			
		erminated employment during the			5e	3			
Caution: A	penalty for the late o	r incomplete filing of this return/	report will be assessed	unless reasonable cau	se is estal	blished.			
Under pena SB or Sche	alties of perjury and othe dule MB completed and	er penalties set forth in the instruct d signed by an enrolled actuary, as	ions, I declare that I have	examined this return/rep	ort, includi	ng, if applicable, a Schedule			
SIGN	Filed with authorized/v	ete. alid electronic signature.	05/04/2018	MARK JOHNSON					
HERE	Signature of plan ad		Date	Enter name of individu	al signing	as plan administrator			
SIGN		alid electronic signature.	05/04/2018	MARK JOHNSON	a orgining				
HERE		J. J	Date		al signing	as employer or plan spansor			
L	Signature of employ		Dale		iai siyiiiiy	as employer or plan sponsor			

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 eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? c If the plan is a defined benefit plan, is it covered under the PBGC premium filing for this plan year c (See instructions on the program the program (see ERISA section 4021)? 							
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year			
а	Total plan assets	7a	4690626	5745530			
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	4690626	5745530			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	139860				
	(2) Participants	8a(2)	93039				
	(3) Others (including rollovers)	8a(3)					

	(2) Participants	8a(2)	93039	
	(3) Others (including rollovers)			
b	Other income (loss)		1053000	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1285899
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	28912	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	202083	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		230995
i	Net income (loss) (subtract line 8h from line 8c)	8i		1054904
j	Transfers to (from) the plan (see instructions)	8j		
			· · · · · · · · · · · · · · · · · · ·	

Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

	•							
2A	2E	2F	2G	2J	2K	2R	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)	10a		×	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	Was the plan covered by a fidelity bond?	10c	Х		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused 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.)	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		x	
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			

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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	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
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)

	Form 5500-SF	Short Form Annual Re	eturn/Report o Senefit Plan	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service	This form is required to be filed		nd 4065 of the Employe	ee —	2017						
	Department of Labor ployee Benefits Security Administration Pension Benefit Guaranty Corporation	 Retirement Income Security Act of the Interna Complete all entries in accord 		This Form is Open to Public Inspection								
P	art I Annual Report Id	dentification Information										
For	For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017											
	This return/report is for:	a one-participant plan	a list of participating e a foreign plan the final return/report	mployer information in	er) (Filers checking this box must attach in accordance with the form instructions.)							
	Check box if filing under:	an amended return/report a short plan year return/report (less than 12 months) r: Form 5558 automatic extension gspecial extension (enter description) DFVC program										
	art II Basic Plan Infor	mation enter all requested inform	mation		1							
1a	Name of plan Digestive Disease &	Endoscopy Center, PLLC 4	01(k) Profit Sł	naring Plan	1b Thre plan (PN)	number						
						ctive date of plan 01/2002						
2a	Mailing Address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.O. Bo e, country, and ZIP or foreign postal co	x) de (if foreian, see inst	ructions)		oloyer Identification Number						
		Endoscopy Center, PLLC				Sponsor's telephone number (360) 479-1952						
	3261 Mt Vintage Way	NW, Suite 221			2d Business code (see instructions) 621111							
_	US Silverdale WA 98383											
3a	Plan administrator's name and	d address 🗴 Same as Plan Sponsor	ſ		3b Administrator's EIN							
					3c Adm	inistrator's telephone number						
4		plan sponsor or the plan name has ch sor's name, EIN, the plan name and th			4b EIN							
	Sponsor's name Plan Name				4d PN							
5a	Total number of participants at	t the beginning of the plan year			5a	36						
b		t the end of the plan year				26						
C	Number of participants with ac	ccount balances as of the end of the p	lan year (only defined	contribution plans	5c	26						
d		cipants at the beginning of the plan ye			5d(1)	17						
d					5d(2)	17						
е		erminated employment during the plan			5e	3						
Ca	aution: A penalty for the late o	or incomplete filing of this return/rep	oort will be assessed	unless reasonable ca	use is estal	blished.						
SE	nder penalties of perjury and othe B or Schedule MB completed and elief, it is true, correct, and compl	ner penalties set forth in the instruction id signed by an enrolled actuary, as we lete.	s, I declare that I have ell as the electronic ve	examined this return/re rsion of this return/repo	eport, includi rt, and to the	ng, if applicable, a Schedule best of my knowledge and						
9	IGN MA		514/2012	March Johns								
2003.2	ERE Signature of plan admir	nistrator Λ	Date	Enter name of individu	al signing as	s plan administrator						

5/4/2013

Date

Naven

Siddaich

SIGN HERE Signature of employer/plan sponsor For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

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Trufez

Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

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XYes 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	nd conditio	ons.)					XYes 🗆 🕅	10	
	If you answered "No" to either line 6a or line 6b, the plan canno									
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA sectior	n 402	1)?	[Yes	No Not determ	nined	
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year					(See instructions	s.)	
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Year	r		((b) End of Year		
а	Total plan assets	7a	4,69	90,6	26			5,745,530	Č	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	4,69	90,6	26			5,745,530)	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total		
а	Contributions received or receivable from:	0-(4)	13	89,8	60					
	(1) Employers			93,0			<u>14</u>			
	(2) Participants	8a(2)	9	,0,0	39	1000			1.000	
	(3) Others (including rollovers)	8a(3)	1.05		~~	in the second				
<u>b</u>	Other income (loss)	8b	1,05	53,0	00	10.26				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		Cat De	N.S.	S. Contra		1,285,899	1911	
u	to provide benefits)	8d	2	28,9	12					
е	Certain deemed and/or corrective distributions (see instructions)									
f	Administrative service providers (salaries, fees, commissions)	8f	20	0, 2	83	27.5				
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			-				230,995		
i	Net income (loss) (subtract line 8h from line 8c)	8i				1,054,904				
i	Transfers to (from) the plan (see instructions)	8j								
P	art IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	instructions:		
	2A 2E 2F 2G 2J 2K 2R 3D				-					
b	If the plan provides welfare benefits, enter the applicable welfare fea	turo ando	from the List of Plan Cha	ranto	rictic	Codor	in the ir	astructions:		
D	If the plan provides wenare benefits, enter the applicable wenare lea	iture code:	S ITOTIL THE LIST OF FIAT CHA	acie	iisuc	Coues		ISILUCIONS.		
D	at 1/ Compliance Ouestiens									
	art V Compliance Questions				N.		NUA	A		
10	During the plan year:		the time noticed		Yes	NO	N/A	Amount		
c	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)			10a		x				
t	Were there any nonexempt transactions with any party-in-interest									
	reported on line 10a.)			10b		x				
c	Was the plan covered by a fidelity bond?			10c	х			500,	000	
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			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.)					x				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		x				
				10g		x				
ł		See instru	ctions and 29 CFR	10h		x				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne required	notice or one of the	101						

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Par	VI Pension Funding Compliance								
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)								
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a							
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
а									
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year.	12b							
С	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 minus sign to the left of a negative 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?		Yes	X N	0				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	; 	′es 🗴	No					
с	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s): 13c(2) E	IN(s)		13c(3)) PN(s)				