Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		Identification Information	1								
For calend	lar plan year 2017 or fi	scal plan year beginning 01/01/	2017	and ending 1	2/31/2017						
A This re	turn/report is for:	x a single-employer plan		olan (not multiemployer) (employer information in ac							
		a one-participant plan	a foreign plan								
B This ret	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	ım					
		special extension (enter desc	• •								
Part II	Basic Plan Info	ormation —enter all requested in	nformation								
1a Name NEUROPSY	•	ICES OF THE SOUTH SOUND P	LLC 401(K) PLAN		1b Three-dig plan numl (PN) ▶						
					1c Effective	date of plan 01/01/2004					
		oyer, if for a single-employer plan)			2b Employer	Identification Number					
		m, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos		structions)	(EIN)	91-1675896					
•	•	ICES OF THE SOUTH SOUND, F	, -	33067		s telephone number 60-709-0601					
					2d Business	code (see instructions)					
2620 R.W. JOHNSON BLVD. SUITE 204						621330					
	R, WA 98512										
3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administrator's EIN							
					3c Administra	ator's telephone number					
						•					
4 If the	name and/or FIN of the	e plan sponsor or the plan name h	has changed since the last	return/report filed for	4b EIN						
this p	lan, enter the plan spo	nsor's name, EIN, the plan name									
•	sor's name				4d PN						
C Plan N	vame										
5a Total	number of participants	at the beginning of the plan year			5a						
		at the end of the plan year			5b						
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)				5c	3						
d(1) Total number of active participants at the beginning of the plan year					5d(1)						
d(2) Total number of active participants at the end of the plan year				5d(2) 2							
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e 0							
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca							
SB or Scho		ther penalties set forth in the instrund signed by an enrolled actuary, plete.									
SIGN		/valid electronic signature.	05/08/2018	LAURA DAHMER-WH	HITE						
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as pl	an administrator					
SIGN											
HERE	Signature of emplo	over/plan sponsor	Date	Date Enter name of individual signing as employer or plan spo							

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 							D. D.	
	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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
Pa	rt III Financial Information	1	T						
_7	Plan Assets and Liabilities		(a) Beginning				(b) En	d of Year	
<u>a</u>	Total plan assets	. 7a	54	46890				649447	
<u>b</u>	Total plan liabilities	. 7b		0	_			0	
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c	54	46890				649447	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from:	. 8a(1)		736					
	(1) Employers		,	14000					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	. 8a(3)		94790	-				
	Other income (loss)	. 8b		94790	-			100526	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						109526	
u	to provide benefits)	. 8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f	Administrative service providers (salaries, fees, commissions)	. 8f		6969					
q	Other expenses	. 8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							6969	
	Net income (loss) (subtract line 8h from line 8c)	. 8i						102557	
j	Transfers to (from) the plan (see instructions)	8i							
Pai	Part IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3B 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 cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
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	iduciary Correction	10a		X			
b				10b		X			
С	C Was the plan covered by a fidelity bond?			10c	Х			75000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			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				10f		X			
g		-	•	10g		X			
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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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	. Y	es No			
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of			es X No			
а	he date	of the letter Year	ruling					
lf y	you 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 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 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 No)			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b		Yes X	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)	EIN(s)		13c(3)	PN(s)			

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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

	al Report Identification Informatio				
For calendar plan ye	ar 2017 or fiscal plan year beginning	01/01/2017	and ending		1/2017
A This return/report	a single-employer plan is for:	list of participating em	an (not multiemployer) (F nployer information in acc		
	a one-participant plan	a foreign plan			
B This return/report	is	the final return/report			
	an amended return/report	a short plan year return	n/report (less than 12 mo	nths)	
C Check box if filing	g under: Form 5558	automatic extension	Г	DFVC pro	ogram
	special extension (enter des	_	L] 5. (6)	9.4
Part II Basic	Plan Information—enter all requested i				
1a Name of plan	Train in ordanical	anomaton .		1b Three	-digit
	gical Services of the South	a Sound DLLC 401/	X) Plan	•	number 001
Neuropsychoro	gical services of the south	i sound Fille 401(i	-	(PN)	ive date of plan
					1/2004
	ame (employer, if for a single-employer plan)				yer Identification Number
	(include room, apt., suite no. and street, or P te or province, country, and ZIP or foreign po		ructions)	_ ' '	91-1675896
	ogical Services of the Sout		detions)	•	sor's telephone number
			-		709-0601 ess code (see instructions)
2620 R.W. JOH	INSON BLVD.			62133	
SUITE 204					
TUMWATER	WA 98512			01	
3a Plan administrat	or's name and address 🗵 Same as Plan Sp	onsor.		3D Admir	nistrator's EIN
				7.4	istrator's telephone number
	or EIN of the plan sponsor or the plan name he plan sponsor's name, EIN, the plan name			4b EIN	
a Sponsor's name	par opened a name, zm, the plan name	and the plan named nom to		4d PN	
c Plan Name					
F				5a	
•	participants at the beginning of the plan year			5b	
	participants at the end of the plan year sipants with account balances as of the end of				
	m)			5c	
d(1) Total number	of active participants at the beginning of the	plan year		5d(1)	
	of active participants at the end of the plan y			5d(2)	
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	
	or the late or incomplete filing of this retu				
SB or Schedule MB of belief, it is true, corre	rjury and other penalties set forth in the instr completed and signed by an enrolled actuary, ct, and complete.	, as well as the electronic ver	examined this return/report,	and to the	best of my knowledge and
SIGN		5-8-18	LAURA DAHMER-W	HITE	
HERE	re of plan administrator	Date	Enter name of individu	al signing a	as plan administrator
SIGN					
HERE	re of employer/plan sponsor	Date	Enter name of individu	al signing a	as employer or plan sponsor
NAME AND ADDRESS OF THE OWNER, WHEN PERSON O			The state of the s		

Form 5500-SF 2017	Form	5500-SF	2017
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Р	ao	e	2

b Total plan liabilities	6a	Were all of the plan's assets during the plan year invested in eligit	ble assets	? (See instructions.)	,,,,,,,,,,,				X	Yes No	
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X	Yes No	
7 Plan Assets and Liabilities 7 As 546,890 660 a Total plan assets 7 As 546,890 660 b Total plan assets (subtract line 7 b from line 78) 7 C 546,890 660 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total and Contributions received or receivable from: (1) Employers 8 (1) Plan (1) Employers 9 (1) Plan (1) P	С	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance	program (see ERISA se	ection 4	021)?	[Yes No			
a Total plan assets 7a 546,890 64 b Total plan liabilities 7b from line 7a) 7c 546,890 67 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from (1) Employers 8a(1) 736 (2) Participants 8a(2) 14,000 (3) Others (including rollovers) 8a(3) 0 (b) Other (income (lass)) 8a(3) 0 (c) Participants 8a(2) 14,000 (3) Others (including rollovers) 8a(3) 0 (b) Other (income (lass)) 8a(3) 0 (c) Participants 8a(2) 8a(3) 0 (d) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8a(4) 8a(2) 14,000 (d) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8a(4) 0 (e) Certain deemed and/or corrective distributions (see instructions) 8a(4) 0 (e) Certain deemed and/or corrective distributions (see instructions) 8a(4) 0 (f) Administrative service providers (salaries, fees, commissions) 8f 6,969 (g) Other expenses 8a(4) 8a(8)	Pa	rt III Financial Information									
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year		
C Net plan assets (subtract line 7b from line 7a) 7c 546,890 66 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 736 (2) Participants 8a(1) 736 (3) Others (including rollovers) 8a(3) 0 (3) Others (including rollovers) 8a(3) 0 (5) Other income (loss) 8a(1), 8a(2), 8a(3), and 8b) 8b 94,790 (6) Total income (loss) 8a(1), 8a(2), 8a(3), and 8b) 8c 11 (75) Otal income (loss) 8a(1), 8a(2), 8a(3), and 8b) 8c 11 (75) Otal expenses (loss for the first for the first for the first form of the first form	a	Total plan assets	. 7a		546,	890				649,447	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 736 (2) Participants 8a(2) 14,000 (3) Others (including rollovers) 8b(3) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b	Total plan liabilities	. 7b			0				0	
a Contributions received or receivable from: (i) Employers	<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		546,	890				649,447	
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt			(b)	Total		
(3) Others (including rollovers). Ba(3) 0 D Other income (loss). Ba(3) 0 D Other income (loss). Ba(3) 94,790 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). Ba(4) 94,790 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). Ba(5) 94,790 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). Ba(6) 0 C Certain deemed and/or corrective distributions (see instructions) Ba(7) 0 C Certain deemed and/or corrective distributions (see instructions) Ba(8) 0 C Certain deemed and/or corrective distributions (see instructions) Ba(7) 0 G Other expenses (salaries, sees, commissions) Ba(8) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(8) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(8) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(8) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(8) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(8) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(8) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(9) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(9) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(9) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(9) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(9) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(9) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(9) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(9) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(9) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(9) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(9) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(9) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(9) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(9) 0 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(1) 1 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(1) 1 C Total expenses (add lines 8d, 8e, 8f, and 8g) Ba(1) 1 C Total expenses	a	· · ·	. 8a(1)			736					
b Other incrome (loss)		(2) Participants	. 8a(2)		14,	000					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers).	. 8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8	<u>b</u>	Other income (loss)	. d8		94,	790					
to provide benefits)	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			S. S. C.				109,526	
FAdministrative service providers (salaries, fees, commissions)	d 		. 8d		0						
g Other expenses	6	Certain deemed and/or corrective distributions (see instructions)	. 8e	0							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	. 8f		6,	969					
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	. 8g		0						
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					6,96			
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: 2E 2F 2G 2J 2K 2R 3B 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: a 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)	i	Net income (loss) (subtract line 8h from line 8c)	. 8i							102,557	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2R 3B 3D	j	Transfers to (from) the plan (see instructions)	. 8j		0						
2E 2F 2G 2J 2K 2R 3B 3D	Pa	rt IV Plan Characteristics									
Part V Compliance Questions 10 During the plan year: a 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)	9a		feature c	odes from the List of Pl	an Cha	racteri	stic Co	des in the in	structions	,	
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10a X Amount A Mount X A Mount X A Mount X A Mount X A Mount X A Mount A	b	If the plan provides welfare benefits, enter the applicable welfare f	feature co	des from the List of Pla	n Chara	acteris	tic Cod	des in the inst	ructions:		
a 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)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.). That 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.). 2	a	described in 29 CFR 2510.3-102? (See instructions and DOL's \	Voluntary i	Fiduciary Correction	10a		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?	b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions			10b		Х				
by fraud or dishonesty?	С				10c	Х				75,000	
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.)	d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			10d		х				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	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			10e		х				
	f				10f		Х				
	g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10a		Х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	·	•				Х				
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	ī				10i						

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Part	VI Pension Funding Compliance						····		
11	ls this a defined benefit plan subject to minimum fundii (Form 5500) and line 11a below)	ng requirements? (If "Yes," s	see instructions	and complete Sch	edule S	B		Yes	No
11a	Enter the unpaid minimum required contributions for a								
12	Is this a defined contribution plan subject to the minim ERISA?	um funding requirements of				f 		Yes	X No
····	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and								
a	If a waiver of the minimum funding standard for a prior granting the waiver.	year is being amortized in the	his plan year, se	e instructions, and Month	l enter t Day		f the le Yea		ling
If	you completed line 12a, complete lines 3, 9, and 10 o	of Schedule MB (Form 550	0), and skip to	line 13.					
<u>b</u>	Enter the minimum required contribution for this plan ye	ar	*****************		12b				
	Enter the amount contributed by the employer to the pla				12c				
d 		12b. Enter the result (enter	a minus sign to	the left of a	12d				
е	Will the minimum funding amount reported on line 12d					Yes	No		N/A
Part	Single Control of the	***							
13a	Has a resolution to terminate the plan been adopted in any	/ plan year?				Yes	Х	No	···· /- ·· ··· ···
	If "Yes," enter the amount of any plan assets that rever	ted to the employer this yea	r		13a				
b	Were all the plan assets distributed to participants or b control of the PBGC?	eneficiaries, transferred to a	nother plan, or	brought under the	***********] Yes	X N	lo
С	If, during this plan year, any assets or liabilities were tr which assets or liabilities were transferred. (See instru	ansferred from this plan to a		dentify the plan(s)	to				

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):