Foi	rm 5500-SF	OMB Nos. 1210-0 1210-0								
	rtment of the Treasury rnal Revenue Service	d 4065 of the Employee R	etirement	2017						
Employee B	Department of Labor Employee Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).									
Pension B	enefit Guaranty Corporation	Complete all entries in		structions to the Form 5	500-SF.	Public Inspection				
For calend		Identification Information		and ending 1	2/31/2017					
	For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017   Image: Straight of the straight of th									
A This re	turn/report is for:		list of participating employer information in accordance with the form instructions.							
-		a one-participant plan	a foreign plan							
<b>B</b> This ret	urn/report is	the first return/report								
		urn/report (less than 12 m	months)							
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC program					
		special extension (enter desci				-				
Part II	Basic Plan Info	rmation—enter all requested in	formation							
1a Name	of plan				1b Three	0				
INSTITUTE	FOR FUNCTIONAL ME	EDICINE 401(K) PLAN			plan (PN)	number 001				
					. ,	tive date of plan				
0						01/01/2001				
		/er, if for a single-employer plan) n, apt., suite no. and street, or P.C	). Box)		2b Empl (EIN)	oyer Identification Number 91-2107518				
-		e, country, and ZIP or foreign post	al code (if foreign, see in	structions)	. ,	sor's telephone number				
INSTITUTE	FOR FUNCTIONAL ME	DICINE				253-661-3023				
505 S 336TH					2d Business code (see instructions)					
	VAY, WA 98003					611000				
					01	· · · · - · ·				
3a Plan a	idministrator's name an	d address 🗙 Same as Plan Spor	nsor.		3D Admi	nistrator's EIN				
					<b>3c</b> Administrator's telephone number					
<b>4</b> If the	name and/or EIN of the	plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN					
		isor's name, EIN, the plan name a								
	sor's name				<b>4d</b> 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	64				
		account balances as of the end of			5c	61				
		ticipants at the beginning of the pl			5d(1)	47				
		ticipants at the end of the plan year	•		5d(2)	55				
• •		terminated employment during the			5e	0				
than	100% vested	or incomplete filing of this return	roport will be accessed	d unloca reasonable as		-				
Under pen	alties of perjury and oth	er penalties set forth in the instruc	ctions, I declare that I have	/e examined this return/re	port, includi	ng, if applicable, a Schedule				
	edule MB completed an true, correct, and comp	id signed by an enrolled actuary, a lete.	as well as the electronic v	version of this return/repor	t, and to the	best of my knowledge and				
SIGN		valid electronic signature.	05/25/2018	FRANCES A BIDDLE						
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	dividual signing as plan administrator					
SIGN	Filed with authorized/	valid electronic signature.	05/25/2018	FRANCES A BIDDLE						
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individ	ual signing	ning as employer or plan sponsor				
For Paperw	ork Reduction Act Notice	e, see the Instructions for Form 5500	D-SF.			Form 5500-SF (2017) v.170203				

6a b c								
Pa	art III Financial Information							
7	7 Plan Assets and Liabilities (a) Beginning of Year (b) E							
а	Total plan assets	7a	1012292	1581510				
b	Total plan liabilities	7b	0					
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1012292	1581510				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	152813					
	(2) Participants	8a(2)	252205					
	(3) Others (including rollovers)	8a(3)	22602					

		04(2)		
	(3) Others (including rollovers)	8a(3)	22602	
b	Other income (loss)	8b	204622	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		632242
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	59426	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	3598	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		63024
i	Net income (loss) (subtract line 8h from line 8c)	8i		569218
j	Transfers to (from) the plan (see instructions)	8j		
_			•	·

## Part IVPlan Characteristics9aIf the plan provides pension benefits,

If the	e plan	provid	les p	ension	bene	fits,	enter the	applicable pension feature	codes from the List of Plan	Characteristic Codes in the instructions:
2S	2E	3D	2G	2J	2K	2F	2T			

**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		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	10b		х	
С	Was the plan covered by a fidelity bond?	10c	х		250000
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		х	
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-end.)	10g	Х		12680
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	1 ×	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	<b>:(3)</b> P	'N(s)