	rm 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	nal Revenue Service	This form is required to be filed	under sections 104 and			2017
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERISA), and sections 608 Revenue Code (the Code		Internal	This Form is Open to
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the inst	ructions to the Form 55	00-SF.	Public Inspection
Part I		dentification Information				
For calenda	ar plan year 2017 or fis	cal plan year beginning 01/01/20			2/31/2017	the data to a second a data to a
A This ret	turn/report is for:	X a single-employer plan	list of participating en			king this box must attach a vith the form instructions.)
B This rate	urn/report is	a one-participant plan	a foreign plan			
		the first return/report	the final return/report			
_		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	
C Check I	box if filing under:	Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descri				
Part II	Basic Plan Infor	mation—enter all requested info	ormation			
1a Name	•				1b Thre	e-digit number
SPOKANE II	NTERNAL MEDICINE 4	401(K) PLAN			(PN)	
					1c Effect	tive date of plan 01/01/2000
		er, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Pox			oyer Identification Number
City or	town, state or province	, country, and ZIP or foreign posta		ructions)	(EIN) 2c Spor	91-0987719 nsor's telephone number
SPOKANE II	NTERNAL MEDICINE,	P.5.				509-924-1950
1215 N MCI	DONALD RD., SUITE 1	01			2d Busir	ness code (see instructions)
	ALLEY, WA 99216					621111
3a Plan a	dministrator's name and	d address 🗙 Same as Plan Spons	sor		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
4 If the r	name and/or FIN of the	plan sponsor or the plan name has	s changed since the last r	eturn/report filed for	4b EIN	
this pl	an, enter the plan spon	sor's name, EIN, the plan name ar				
a Spons C Plan N	or's name				4d PN	
5a Total r	number of participants a	at the beginning of the plan year			5a	68
		at the end of the plan year			5b	69
		ccount balances as of the end of the			5c	69
d(1) Tota	al number of active part	ticipants at the beginning of the pla	n year		5d(1)	60
• •		ticipants at the end of the plan yea			5d(2)	56
		terminated employment during the			5e	0
Caution: A	penalty for the late o	r incomplete filing of this return	/report will be assessed	unless reasonable cau		
SB or Sche	edule MB completed an	er penalties set forth in the instruct d signed by an enrolled actuary, as				
SIGN	true, correct, and comp Filed with authorized/v	/alid electronic signature.	05/24/2018	ASHLEY BARRETT		
HERE	Signature of plan ac		Date	Enter name of individu	Jal signing	as plan administrator
SIGN	Signature of plan de		24.0			
HERE	Signature of omniou	er/nlan snonsor	Date	Enter name of individu	al signing	as employer or plan sponsor
<u> </u>	Signature of employ				an siyililiy	

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

Form 5500-SF (2017) v.170203

6a b	Were all of the plan's assets during the plan year invested in eligib 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 cann	an indeper and condit	ndent qualified public accountant (I tions.)	QPA) Yes [] No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	program (see ERISA section 4021)	? Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this plan year	(See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	4657446	5655787
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	4657446	5655787
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	211256	
	(2) Participants	8a(2)	341837	

	(2) Participants	8a(2)	341037	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	656479	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1209572
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	210433	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	798	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		211231
i	Net income (loss) (subtract line 8h from line 8c)	8i		998341
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			

9a	If the	plan j	provid	les pe	ension	benet	fits,	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	2E	2F	2G	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) 1	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond? 1	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	
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		70161
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i			

Page 3- 1

Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

Form 5500-SF	Short Form Annu		of Small Employee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is conviced to be fil	Benefit Plan	065 of the Employee Retirement	2017
Department of Labor Employee Benefils Security Administration	Income Security Act of 1974	4 (ERISA), and sections 6057 Revenue Code (the Code)	(b) and 6058(a) of the Internal	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation		accordance with the instru	ctions to the Form 5500-SF.	Public Inspection
Part I Annual Report	t Identification Information			
For calendar plan year 2017 or i	liscal plan year beginning	01/01/2017	and the second	/31/2017
A This return/report is for:	X a single-employer plan	a multiple-employer pla list of participating em	n (not multiemployer) (Filers che ployer information in accordance	cking this box must attach a with the form instructions.)
_	a one-participant plan	a foreign plan		
B This return/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		program
	special extension (enter des	cription)		
Part II Basic Plan Inf	ormation-enter all requested i	nformation		
1a Name of plan		and a free and an		ree-digit
Spokane Internal Med	dicine 401(k) Plan			n number 001
spokane incernar nec	licine di (x) i ian		han a start water a start w	N)
				01/2000
2a Plan sponsor's name (emp	loyer, if for a single-employer plan) om, apt., suite no. and street, or P	O. Box)		ployer Identification Number N) 91-0987719
City or town, state or provin Spokane Internal Me	nce, country, and ZIP or foreign por	stal code (if foreign, see instr	uctions) 2c Sp	onsor's telephone number
Spokane incernal Me	salcine, r.s.			9-924-1950
1215 N. McDonald Ro	1., Suite 101		i	siness code (see instructions)
1010				
Spokane Valley	WA 99216	19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -		
3a Plan administrator's name	and address 🗙 Same as Plan Sp	onsor,	3b Ad	ministrator's EIN
			3c Ad	ministrator's telephone number
4 If the name and/or EIN of t	the plan sponsor or the plan name	has changed since the last ro	sturn/report filed for 4b EI	N
this plan, enter the plan sp	consor's name, EIN, the plan name	and the plan number from the	ne last return/report. 4d Ph	
 a Sponsor's name c Plan Name 				
5a Total number of participan	ts at the beginning of the plan year	۲		6
b Total number of participan	its at the end of the plan year			6
c Number of participants wit	th account balances as of the end	of the plan year (only defined	contribution plans 5c	6
	participants at the beginning of the			6
· ·	participants at the end of the plan		E -1/0)) 5
a Number of participants w	ho terminated employment during	the nian year with accrued be		
then 100% vested			*****************	
Caution: A penalty for the lat	e or incomplete filing of this ret other penalties set forth in the inst and signed by an enrolled actuary	urn/report will be assessed ructions. I declare that I have	examined this return/report, incl	uoing, ir applicable, a Scheuule
belief, it is true, correct, and co	mpiete.		· · · · · · · · · · · · · · · · · · ·	
SIGN	1 - and	+ - + $-$		a as plan administrator
Signature of plan	n administrator	Date	Enter name of individual signi	
Signature of emi	ployer/plan sponsor	Date	Enter name of individual signi	ng as employer or plan sponsor
Signature of all	otice, see the Instructions for Form 5			Form 5500-SF (2017)

	Page 2
Form 5500-SF 2017	

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
b	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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	X Yes 🗌 No
c	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined
U	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)

7	Diag Asserte and Liabilitian		(a) Beginning c	vf Voor			(b) End of Year
-	Plan Assets and Liabilities	7a		657,	446		5,655,78
	Total plan assets	7a 7b					
_	Total plan liabilities	7c	4.	657,	446		5,655,78
	Net plan assets (subtract line 7b from line 7a)	/0	(a) Amoun				(b) Total
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:			<u> </u>	-		
	(1) Employers	8a(1)		211,2	256		
	2) Participants	8a(2)		341,	837		
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b		656,	479		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1,209,57
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		210,	433	-	
е	Certain deemed and/or corrective distributions (see instructions)	8e				_	
f	Administrative service providers (selaries, fees, commissions)	8f			798		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					211,23
i	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>					998,34
i	Transfers to (from) the plan (see instructions)		ł				
1		8j					
Par	t IV Plan Characteristics		des from the List of Pl	an Cha	racteris	stic Co	des in the instructions:
Par 9a	t IVPlan CharacteristicsIf the plan provides pension benefits, enter the applicable pension2E2F2G2J2K2R2T3DIf the plan provides welfare benefits, enter the applicable welfare f	feature co					
Par 9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2R$ $2T$ $3D$ If the plan provides welfare benefits, enter the applicable welfare f	feature co					
Par 9a b	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2R$ $2T$ $3D$ If the plan provides welfare benefits, enter the applicable welfare f	feature co					
Par 9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interes	feature co eature coo utions with /oluntary l	des from the List of Pla in the time period Fiduciary Correction include transactions	n Chara	acteris	ic Cod	es in the instructions:
Par 9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interess reported on line 10a.)	feature co eature coo ations with /oluntary l t? (Do not	des from the List of Pla in the time period Fiduciary Correction include transactions	n Chara	acteris	ic Cod No X	es in the instructions:
Par 9a D Par 10 a b C	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	feature co feature coo utions with /oluntary l t? (Do not	des from the List of Pla in the time period Fiduciary Correction include transactions ond, that was caused	n Chara 10a 10b 10c	Yes	ic Cod No X	es in the instructions: Amount
Par 9a b Par 10 a b c d	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interes reported on line 10a.) Was the plan covered by a fidelity bond?	feature co eature coo utions with /oluntary l t? (Do not t? (Do not t? fidelity bo her person ne or all o	des from the List of Pla in the time period Fiduciary Correction include transactions ond, that was caused ns by an insurance f the benefits under	n Chara	Yes	No X	es in the instructions: Amount
Par 9a b Par 10 a b c d d	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interes reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides som	feature co eature coo ations with /oluntary l t? (Do not t? (Do not t? fidelity bo her person ne or all o	des from the List of Pla in the time period Fiduciary Correction include transactions ond, that was caused ns by an insurance f the benefits under	n Chara 10a 10b 10c 10d	Yes	No X X X	es in the instructions: Amount
Par 9a b Par 10 a b b c d d e e f f	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interess reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan have any participant loans? (If "Yes," enter amount a	feature co feature cod itions with /oluntary l t? (Do not t? (Do not t? (Do not t? an? 	des from the List of Pla in the time period Fiduciary Correction include transactions ond, that was caused ns by an insurance f the benefits under	10a 10b 10c 10d 10e	Yes	No X X X X X	es in the instructions: Amount
Par 9a b Par 10 a b b c d d e e f f	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interes reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	feature co feature coo intions with /oluntary l t? (Do not t? (Do not t? (Do not t? (Do not t? an? as of year- (See instr	des from the List of Pla in the time period Fiduciary Correction include transactions ond, that was caused ond, that was caused is by an insurance f the benefits under end.)	n Chara 10a 10b 10c 10d 10e 10f	Yes	No X X X X X	es in the instructions: Amount 500,00