## 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).

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

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Part I		t Identification Information									
_ <u>F</u>	or calenda	ar plan year 2016 or	fiscal plan year beginning 10/01/2		<u></u>	9/30/2017						
Δ	This ret	urn/report is for:	X a single-employer plan     —		plan (not multiemployer) employer information in a							
			a one-participant plan	a foreign plan								
Е	3 This retu	ırn/report is	the first return/report	the final return/repor								
			an amended return/report	a short plan year ret	urn/report (less than 12 n	? months)						
C	Check b	oox if filing under:	Form 5558	automatic extension	ı	DFVC progra	m					
_			special extension (enter descr	. ,								
	Part II		formation—enter all requested inf	ormation		46	.					
	<b>a</b> Name		CIAL SURGERY, P.S. 401(K) PROF	FIT SHARING PLAN		<b>1b</b> Three-digi						
0, 1	OONDE O			77 077 477 177		(PN) ▶	002					
						1c Effective d	late of plan 12/31/1986					
2		· ·	loyer, if for a single-employer plan)			' '	dentification Number					
			om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post		structions)	(EIN)	91-1290791					
CA	ASCADE ORAL & MAXILLOFACIAL SURGERY, P.S.				<b>2c</b> Sponsor's telephone number 509-468-1535							
						2d Business code (see instructions)						
	1 N. NEVADA, SUITE 120 DKANE, WA 99218				621210							
3	<b>a</b> Plan ad	dministrator's name	and address X Same as Plan Spor	nsor.		<b>3b</b> Administra	tor's EIN					
			ь .									
						<b>3c</b> Administra	tor's telephone number					
4	If the n	name and/or EIN of t	he plan sponsor has changed since	the last return/report filed	d for this plan, enter the	4b EIN						
	name,	EIN, and the plan n	umber from the last return/report.	·		_						
	<b>a</b> Sponso					4C PN	0					
	_		ts at the beginning of the plan year			5a 5b	20					
			ts at the end of the plan yearh account balances as of the end of									
						5c	20					
			participants at the beginning of the pl	-		5d(1)	1					
			participants at the end of the plan year			5d(2)	1					
	than 1	100% vested	at terminated employment during the			5e						
			e or incomplete filing of this return									
S	B or Sche		other penalties set forth in the instruc- and signed by an enrolled actuary, a molete									
s	IGN		d/valid electronic signature.	07/13/2018	TERRANCE HAUCK							
Н	IERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as pla	n administrator					
	IGN											
	IERE .		loyer/plan sponsor	Date			ployer or plan sponsor					
I D	ranarar'e i	name (including firm	name if applicable) and address (in	clude room or cuite num	har \	Prenarer's teler	shone number					

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<b>6a</b> Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.)						X Yes No		
<b>b</b> Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							ĺ	X Yes No		
If you answered "No" to either line 6a or line 6b, the plan can										
$\boldsymbol{C}$ . If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	rogram (see ERISA se	ection 4	021)?	[	Yes	No I	Not determined		
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	of Year			(	b) End of Y	ear		
a Total plan assets	7a		969961				1	003260		
<b>b</b> Total plan liabilities	7b									
C Net plan assets (subtract line 7b from line 7a)	7c		969961				1	003260		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total			
Contributions received or receivable from:     (1) Employers	8a(1)		35437							
(2) Participants	8a(2)		51580							
(3) Others (including rollovers)										
b Other income (loss)	8b		100907							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							187924		
<b>d</b> Benefits paid (including direct rollovers and insurance premiums	1 3									
to provide benefits)	8d		154625							
<b>e</b> Certain deemed and/or corrective distributions (see instructions).	8e									
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f									
<b>g</b> Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				154625					
Net income (loss) (subtract line 8h from line 8c)	8i				33299					
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 3D	n feature co	des from the List of Pl	an Cha	racteri	stic Co	des in	the instruction	ons:		
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acteris	tic Cod	les in t	he instruction	ns:		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A	Aı	mount		
a Was there a failure to transmit to the plan any participant contrib		·								
described in 29 CFR 2510.3-102? (See instructions and DOL's Program)			10a		X					
<b>b</b> Were there any nonexempt transactions with any party-in-interest	st? (Do not i	nclude transactions			Х					
reported on line 10a.)  C Was the plan covered by a fidelity bond?			10b	X				20000		
d Did the plan have a loss, whether or not reimbursed by the plan'			10c							
by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so					V					
the plan? (See instructions.)			10e		X					
<b>f</b> Has the plan failed to provide any benefit when due under the pl	an?		10f		X					
g Did the plan have any participant loans? (If "Yes," enter amount	as of year-e	end.)	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 exceptions to providing the notice applied under 29 CFR 2520.1	the required	d notice or one of the	10i							
2700phono to providing the notice applied under 25 of K 2520. It	o i o		1 101	<u> </u>	<u> </u>					

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Part	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No		
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					<b>│</b>	res X No		
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling		
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1				
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d					
		ne 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	s X N	lo		
	If "Y€	s," enter the amount of any plan assets that reverted to the employer this year			13a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			Yes	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	(s) to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)		
Part	VIII	Trust Information								
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN			
14c	Name	of trustee or custodian					s or custod ne number	ian's		
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [	Prior ye test	ear" ADP		
				"Curre	ent year test	<u>"</u>	N/A			
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A		
	for the	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes	. No					
	the le									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation		
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [	No			
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Yes No					

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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).

2016

This Form is Open to **Public Inspection** 

OMB Nos. 1210-0110 1210-0089

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF Part I Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning 09/30/2017 10/01/2016 and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a A This return/report is for: list of participating employer information in accordance with the form instructions.) a one-participant plan the first return/report the final return/report B This return/report is 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 program special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number Cascade Oral & Maxillofacial Surgery, P.S. 401(k) (PN) ▶ Profit Sharing Plan 002 1c Effective date of plan 12/31/1986 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1290791 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Cascade Oral & Maxillofacial (509)468 - 1535Surgery, P.S. 2d Business code (see instructions) 621210 9911 N. Nevada, Suite 120 Spokane WA 99218 3a Plan administrator's name and address K Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year ...... 5a 26 **b** Total number of participants at the end of the plan year ..... 5b 25 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 24 d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 17 d(2) Total number of active participants at the end of the plan year ..... 5d(2) 18 Number of participants that terminated employment during the plan year with accrued benefits that were less Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete SIGN Terrance Hauck HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a continued to the continued to the co	an indepe and cond not use F	endent qualified public a litions.) orm 5500-SF and mus	account	ant (IC	QPA) • Form	n 5500.		X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	program (see ERISA se	ection 4	021)?		Yes	No	Not determined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities	7774.9	(a) Beginning	of Year	.			(b) End	of Year
а	Total plan assets	7a		969,	961				1,003,26
b	Total plan liabilities	7b							
c	Net plan assets (subtract line 7b from line 7a)	7с		969,	961				1,003,26
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) 1	otal
a	Contributions received or receivable from: (1) Employers	8a(1)		35,	437			100	
	(2) Participants	8a(2)		51,	580				
	(3) Others (including rollovers)	8a(3)						de Lac	200
b	Other income (loss)	8b		100,	907				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							187,92
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		154,	625				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g				٩.,			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					154,625		
i	Net income (loss) (subtract line 8h from line 8c)	8i	Surgery Sales				33,29		
j	Transfers to (from) the plan (see instructions)	8j				18.5			44.15
Pa	rt IV Plan Characteristics								
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 3D  If the plan provides welfare benefits, enter the applicable welfare for								
Pai	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A		Amount
a	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	Fiduciary Correction	10a		Х			
t	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do no	t include transactions	10b		Х			
c	Was the plan covered by a fidelity bond?			10c	Х				200,00
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity b	ond, that was caused						

10d

10e

10f

10g

10h

Χ

Χ

Χ

X

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.)......

**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.) .....

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)	mplete	Sched	dule S	В	Y	es 🛛 No	
	Enter 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 Coo	de or se	section 302 of Yes X					
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver		, and e	enter t Day		of the letter Year	ruling	
If	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				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the legative amount)	ft of a		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	s ⊠ No	)	
	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 brough control of the PBGC?					Yes 🛚	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the pla	an(s) t	0				
1	3c(1) Name of plan(s):	13	3c(2) E	IN(s)		13c(3)	PN(s)	
Part	VIII Trust Information							
14a	Name of trust		1	14b ⊺	Trust's E	EIN		
14c	Name of trustee or custodian		1			s or custodi ne number	an's	
Par	IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan? If "No," skip b	D Y	es/			No		
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	∐ s	esign- afe ha	rbor	' [	Prior ye test	ar" ADP	
			DP tes			N/A		
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	[] F	Ratio percen est	tage		verage enefit test	□ N/A	
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		es/			No		
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS o the letter and the serial number	pinion I	etter o	or advis	sory lett	er, enter the	date of	
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ent letter	ter the o	date of	the m	ost rec	ent determir	ation	
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separ service?		om [	Yes	3 [	No		
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?		[	Yes	s [	No		