## 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

2018

This Form is Open to **Public Inspection** 

For celedar plan year 2018 or fiscal plan year teginning   0.01/2018   an untiple-employer plan fort multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)   a non-participant plan   a toreign plan   an amended return/report   a short plan year return/report (less than 12 months)		Report Identification Information						
A This return/report is for:    a one-participant plan   a foreign plan   a short plan year return/report (less than 12 months)    C Check box if filling under:	For calendar plan yea	2018 or fiscal plan year beginning 01/01/2	2018	and ending 12/3	1/2018			
B This return/report is	A This return/report i	a single-employer plan			_			
me tinst return/report   me tinst return/report   me tinst return/report   me tinst return/report   me tinst return/report (less than 12 months)	a one-participant plan a foreign plan							
C Check box if filing under:	<b>B</b> This return/report is	the first return/report	the final return/report					
Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan		an amended return/report	a short plan year retur	n/report (less than 12 mon	ths)			
Part II   Basic Plan Information—enter all requested information   1a Name of plan   EMPIRE EVE PHYSICIANS 401(K) PROFIT SHARING PLAN   1c Effective date of plan (PN)   001   1c Effective date of plan (A001/1985   2a Plan sponsor's name (employer, if for a single-employer plan)   2b Employer identification Number (EIN)   91-13063600   2c Sponsor's telephone number (Store PhySicians, P.S.   2d Employer identification Number (EIN)   91-13063600   2c Sponsor's telephone number (Store PhySicians, P.S.   2d Employer identification Number (EIN)   91-13063600   2c Sponsor's telephone number (Store PhySicians, P.S.   2d Employer identification Number (EIN)   91-13063600   2c Sponsor's telephone number (Store PhySicians)   2d Employer identification Number (EIN)   91-13063600   2c Sponsor's telephone number (Store PhySicians)   2d Employer identification Number (EIN)   91-13063600   2c Sponsor's telephone number   93-130200   2d Employer identification Number (EIN)   91-13063600   2d Employer identification Number (EIN)   91-1306	C Check box if filing	ınder: Form 5558	automatic extension		DFVC program	n		
18 Name of plan  EMPIRE EYE PHYSICIANS 401(K) PROFIT SHARING PLAN  20 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  EMPIRE EYE PHYSICIANS, P.S.  20 Employer Identification Number (EIN) EMPIRE EYE PHYSICIANS, P.S.  22 Exponsor's telephone number 509-922-8-0404  23 Business code (see instructions)  24 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  3 Sponsor's name C Plan Name  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  5		special extension (enter desc	cription)					
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Plan number (PN)   001   C Effective date of plan   0401/1985   2b Employer, lif for a single-employer plan)   Mailing address (include room, apt., suite no. and street, or P.O. Box)   City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)   2c Sponsor's telephone number (EIN) 91-1308360   2c Sponsor's telephone number   809-828-8040   2d Business code (see instructions)   820-828-8040   2d Business code (see instructions)   821-320   2d Business code (see instructions)   821-320   3d Plan administrator's name and address   Same as Plan Sponsor.   3b Administrator's telephone number   3c Administrator's telephone number   3c Administrator's telephone number   4d PN   4d PN   4d PN   4d PN   5d Administrator's telephone number   5d	•			1	<b>b</b> Three-digit	+		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) Mailing address (include room, apt., suite no. and street, or P.O. Box) EMPIRE EYE PHYSICIANS, P.S.  2c Sponsor's Lelephone number 509-928-8040  2d Business code (see instructions)  2d Business code (see instructions)  821320  3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's EIN  3c Administrator's telephone number this plan, enter the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year 5b 26  b Total number of participants at the end of the plan year 5c 28  complete this item).  5b 2a  d(1) Total number of active participants at the beginning of the plan year 5d 21 17  e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Cau		ANS 401(K) PROFIT SHARING PLAN			plan numb	er		
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22 Sponsor's telephone number   559-28-8040   2d Business code (see instructions)   621320	Mailing address (i	nclude room, apt., suite no. and street, or P.0						
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3a Plan administrator's name and address Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year				2				
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name  c Plan Name  5a Total number of participants at the beginning of the plan year	SPOKANE, WA 99216							
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Total number of participants at the beginning of the plan year		e plan sponsor's name, EIN, the plan name	and the plan number from the		ld DN			
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d(1) Total number of active participants at the beginning of the plan year					5b	28		
d(2) Total number of active participants at the end of the plan year					5c	28		
Provided the second straight of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.  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 HERE  Filed with authorized/valid electronic signature.  Date  Enter name of individual signing as plan administrator	<b>d(1)</b> Total number of	f active participants at the beginning of the p	lan year		• •	16		
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 HERE  Filed with authorized/valid electronic signature.  Date  Enter name of individual signing as plan administrator	<b>d(2)</b> Total number of		5d(2)	17				
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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 Filed with authorized/valid electronic signature.  Signature of plan administrator  Date Enter name of individual signing as plan administrator  SIGN HERE								
SIGN HERE     Filed with authorized/valid electronic signature.     03/20/2019     MARK KONTOS OR CHRISTOPHER STURBAUM       Signature of plan administrator     Date     Enter name of individual signing as plan administrator       SIGN HERE     HERE	SB or Schedule MB co	mpleted and signed by an enrolled actuary,						
Signature of plan administrator  Date  Enter name of individual signing as plan administrator  SIGN HERF	SIGN Filed with		03/20/2019	MARK KONTOS OR CH	RISTOPHER S	STURBAUM		
HERE	HERE Signatur	of plan administrator	Date	Enter name of individual	l signing as pla	n administrator		
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								
	HERE Signatur	of employer/plan sponsor	Date	Enter name of individual	signing as em	ployer or plan sponsor		

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b Are you claiming a walver of the annual examination and report of an independent qualified public accountant (ICPA) under 26 PT 5250.104-467 (See instructions on waiver eligibility and conditions.)  If you answered "No" to other line & a or line &s. the present of the prese		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							. X Ye	s No
If you answered "No" to either line & or line &b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b							X Ye	s $\Pi$ No	
### If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year		· · · · · · · · · · · · · · · · · · ·		•					. Ц .	о 🗀
Part III   Financial Information 7 Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year a Total plan assets (subtract line 7 from line 7a)   7a   2170746   2157055   b Total plan inassets (subtract line 7b from line 7a)   7c   2170746   2145019   c Net plan assets (subtract line 7b from line 7a)   7c   2170746   2145019   d Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total   a Contributions received or receivable from: (1) Employers   8a(1)   148063   148063   (2) Participants   8a(2)   82514   (3) Others (including rollovers)   8a(3)   8b   0   0   b Other Income (dod lines 8a(1), 8a(2), 8a(3), and 8b)   8c   223417   d Benefits paid (including direct rollovers and insurance premiums to provide benefits)   8d   230302   e Cortain deemed and/or corrective distributions (see instructions)   8d   230302   g Other expenses (and lines 8d, 6e, 8f, and 8g)   8f   12984   g Other expenses (and lines 8d, 6e, 8f, and 8g)   8f   12984   g Other expenses (and lines 8d, 6e, 8f, and 8g)   8f   12984   g Other expenses (and lines 8d, 6e, 8f, and 8g)   8f   12984   g Other expenses (note) (loss)   8c   249144   l Net income (loss) (subtract lines 8th from line 8c)   8i   249144   l Net income (loss) (subtract lines 8th from line 8c)   8i   2249147   l Net income (loss) (subtract lines 8th from line 8c)   8i   225727   l Transfers to (from) the plan (see instructions)   8j   Part V   Plan Characteristics   8f   25727   l Tensfers to (from) the plan (see instructions)   8j   Part V   Compliance Questions   V   Compliance Questions   V   Compliance Questions   V   V   V   V   V   V   V   V   V	С	·								termined
7   Plan Assets and Liabilities		If "Yes" is checked, enter the My PAA confirmation number from the $\ensuremath{T}$	e PBGC p	remium filing for this pl	an yea	r			(See inst	ructions.)
7   Plan Assets and Liabilities	Pa	t III   Financial Information								
Total plan assets				(a) Beginning (	of Year			(b) En	d of Year	
b Total plan liabilities	a	Total plan assets	7a					(*/		
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers). 8a(2) 8a(3) 8b 7-160  C Total income (add lines Baf1), Ba(2), 8a(3), and 8b). 8c 223417  d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 230302  e Certain deemed and/or corrective distributions (see instructions). 8d 2303092  e Certain deemed and/or corrective distributions (see instructions). 8d 2303092  e Certain deemed and/or corrective distributions (see instructions). 8d 12984  g Other expenses 8d 6878  h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 249144  i Net income (loss) (subtract line 8h from line 8c) 8i 249144  i Net income (loss) (subtract line 8h from line 8c) 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: 2d 2d 2E 2f 2G 2J 2K 2R 2T 3D  b If the plan provides pension 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).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 16a).  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 dishonestry 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 a loss, whether or not reimbursed some or all of the benefits under the plan'? (See instructions).  f Has the plan failed to provide any benefi			7b						12046	
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (5) Other income (loss) (6) Other income (loss) (7) Other income (loss) (8) Other expenses (loss) (9) Other expenses (10)	С	Net plan assets (subtract line 7b from line 7a)	7c	217	70746				2145019	
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
(2) Participants	а		0-(4)	4.	19063					
(3) Others (including rollovers)			` '			-				
b Other income (loss)					02014	-				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,			-7160	-				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		` '			-7 100				222417	,
e Certain deemed and/or corrective distributions (see instructions)			80						223417	
f Administrative service providers (salaries, fees, commissions)			8d	23	30302					
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f									
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses								
Transfers to (from) the plan (see instructions)	h								249144	
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 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:  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?  6 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  10e X  230000  10f Has the plan failed to provide any benefit when due under the plan?  10f X  10g Did the plan have any participant loans? (If "Yes," enter amount as of year-end).  10g X  27803  1 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).  1 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-25727	
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 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:  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.)	<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
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	Par	t IV Plan Characteristics								
Fart V   Compliance Questions   Ves   No   Amount	9a		feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the in	structions:	
Part V Compliance Questions  10 During the plan year: Yes No Amount  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) 10a X  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X  c Was the plan covered by a fidelity bond? 10c X 230000  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 X  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 27803  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X			eature cod	les from the List of Pla	n Chara	ecteris	tic Cor	des in the ins	tructions:	
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.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h X		in the plan provides wellare beliefle, enter the applicable wellare is	catare coc	ico irom the List of Flat	T Onarc	2010110			ir dollorio.	
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)		0 1 7				Yes	No		Amount	
Program)	а									
reported on line 10a.)		· · · · · · · · · · · · · · · · · · ·	-	-	10a		X			
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.)  • Has 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.)  • 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	b				10b		X			
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X			230	0000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	•	•	,	10d		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides some	ne or all of	the benefits under	10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	f Has the plan failed to provide any benefit when due under the plan?								
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u> </u>	-						27	7803	
	h	2520.101-3.)								
	i 				10i					

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Part	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	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		:	Y	es X No			
	(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 instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling			
lf :	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	× N	0			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to						
1	<b>3c(1)</b> 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).

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

OMB Nos, 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

	ort Identification Information		- 1000 M 100 M 100 M 100 M		-1-
For calendar plan year 2018 o	r fiscal plan year beginning	01/01/2018	and ending	12/31/2	
A This return/report is for:	X a single-employer plan		an (not multiemployer) (F nployer information in ac		
D =	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 retur	n/report (less than 12 mo	onths)	
C Check box if filing under:	Form 5558	automatic extension	[	DFVC prograi	n
	special extension (enter desc				
	nformation—enter all requested in	formation			
<b>1a</b> Name of plan Empire Eye Phys	icians 401(k) Profit S	Sharing Plan		1b Three-digition	
			-	(PN) 1C Effective d	
				04/01/	
	ployer, if for a single-employer plan)	2. David			dentification Number
	room, apt., suite no. and street, or P.C rince, country, and ZIP or foreign post		ructions)		1308360
EMPIRE EYE PHYS	ICIANS, P.S.			509-92	telephone number 8 - 8 0 4 0
1414 N. HOUK, S	UITE 103			2d Business of	ode (see instructions)
SPOKANE	WA 992	16		621320	
3a Plan administrator's name	e and address 🛛 Same as Plan Spo	nsor.		<b>3b</b> Administra	tor's EIN
				3C Administra	tor's telephone number
4 If the name and/or EIN of this plan, enter the plan s	f the plan sponsor or the plan name h sponsor's name, EIN, the plan name a	as changed since the last r	eturn/report filed for he last return/report.	4b EIN	
a Sponsor's name	, , , , , , , , , , , , , , , , , , , ,			4d PN	
C Plan Name					
5a Total number of particina	nts at the beginning of the plan year.			5a	25
·	nts at the end of the plan year			5b	28
C Number of participants w	ith account balances as of the end of	the plan year (only defined	contribution plans	5c	28
, , , , , , , , , , , , , , , , , , , ,	participants at the beginning of the p			5d(1)	16
d(2) Total number of active	participants at the end of the plan ye	ear		5d(2)	17
e Number of participants w	who terminated employment during th	e plan year with accrued be	enefits that were less	5e	5
Caution: A penalty for the la	te or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	ise is establishe	ed.
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	d other penalties set forth in the instru d and signed by an enrolled actuary, complete	ictions, I declare that I have as well as the electronic ve	examined this return/report	oort, including, if , and to the best	applicable, a Schedule of my knowledge and
SIGN / / /	11	03/20/2019	Mark Kontos or	Christopl	ner Sturbaum
HERE Signature of pla	n administrator	Date	Enter name of individu	ual signing as pla	ın administrator
SIGN					
HERE Signature of em	ployer/plan sponsor	Date	Enter name of individu	ual signing as em	ployer or plan sponsor

Page	2
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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No
	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	ccount	ant (IC	(PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•					X Yes ∐ No
	If you answered "No" to either line 6a or line 6b, the plan cann							
С	If the plan is a defined benefit plan, is it covered under the PBGC ir							Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	premium filing for this p	lan yea	<u> </u>			See instructions.)
Pa	rt III   Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of	Year
_	Total plan assets	7a		170,				2,157,065
	Total plan liabilities	7b			$\dashv$			12,046
	Net plan assets (subtract line 7b from line 7a)	7c	2,	170,	746			2,145,019
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour		$\dashv$		(b) Tota	
	Contributions received or receivable from:		(a) Airioui	•	-		(6) 100	
	(1) Employers	8a(1)		148,	063			
	(2) Participants	8a(2)		82,	514			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-7,	160			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						223,417
	Benefits paid (including direct rollovers and insurance premiums			000	200			
	to provide benefits)	8d		230,	302			
<u>e</u> _	Certain deemed and/or corrective distributions (see instructions)	8e						
_ <u>f</u> _	Administrative service providers (salaries, fees, commissions) 8f 12,964							
_g	Other expenses	8g		5,	878			
_ <u>h</u> _	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_			249,144
<u>_i_</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-25,727
j	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 2T 3D	feature co	odes from the List of PI	an Cha	racteri	stic Cod	les in the instruc	tions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	cteris	tic Code	es in the instructi	ons;
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Δm	ount
	Was there a failure to transmit to the plan any participant contribu	itions with	in the time period				7 471	-
_	described in 29 CFR 2510.3-102? (See instructions and DOL's N	/oluntary F	Fiduciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х		
				10c	Х			230,000
d				100	$\vdash$			
	by fraud or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	ne or all of	the benefits under			X		
s====	the plan? (See instructions.)			10e		$\vdash$		
	f Has the plan failed to provide any benefit when due under the plan?						07.003	
g								
h	2520.101-3.)			10h		Х		
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				
	- Mart							