	m 5500-SF	Short Form Annu		turn/Report enefit Plan	of Small Emple	оуее	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be file	ed under s	sections 104 and 4			2018			
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974		, and sections 605 ue Code (the Code)		Internal	This Form is Open to Public Inspection			
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordar	nce with the instru	uctions to the Form 55	500-SF.	Public Inspection			
Part I		Identification Information								
For calenda	ar plan year 2018 or fi	scal plan year beginning 01/01/2				2/31/2018				
A This ret	urn/report is for:	X a single-employer plan	list	of participating em			king this box must attach a vith the form instructions.)			
<b>B</b> This rot	urn/report is	a one-participant plan	a fo	oreign plan						
		the first return/report	the f	final return/report						
		an amended return/report	a sh	ort plan year return	/report (less than 12 m	onths)				
C Check b	box if filing under:	Form 5558	auto	omatic extension		DFVC p	program			
		special extension (enter desci	ription)							
Part II	Basic Plan Info	ormation—enter all requested int	nformation	ו						
1a Name	•					1b Thre				
OLYMPIC SI	PORTS & SPINE PLL	C 401(K) PLAN				plan (PN)	number 002			
						, ,	ctive date of plan 09/01/1994			
		over, if for a single-employer plan)				2b Emp	loyer Identification Number			
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)							(EIN) 82-2950138			
OLYMPIC SPORTS & SPINE PLLC						<b>2c</b> Sponsor's telephone number 253-581-5200				
						2d Busi	ness code (see instructions)			
6050 TACON TACOMA, W	A MALL BLVD, STE A 98409	300					621340			
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spor	nsor			<b>3b</b> Adm	inistrator's EIN			
			1301.							
						<b>3c</b> Adm	inistrator's telephone number			
		e plan sponsor or the plan name han sor's name, EIN, the plan name a				4b EIN	91-1299625			
a Spons	or's name OLYMPIC S	SPORTS & SPINE REHABILITAIO	DN, P.S.			<b>4d</b> PN	002			
C Plan N	ameOLYMPIC SPOR	TS & SPINE REHABILITATION, P	P.S. 401(ł	K) SAVINGS PLAN						
5a Total r	number of participants	at the beginning of the plan year				5a	67			
<b>b</b> Total r	number of participants	at the end of the plan year				5b	238			
		account balances as of the end of	•	• • •	-	5c	220			
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the pl	lan year			5d(1)	52			
<b>d(2)</b> Tota	al number of active pa	articipants at the end of the plan yea	ear			5d(2)	191			
		e terminated employment during the				5e	4			
Caution: A	penalty for the late	or incomplete filing of this return	n/report	will be assessed u	unless reasonable cau					
SB or Sche		her penalties set forth in the instruct nd signed by an enrolled actuary, a plate								
SIGN		/valid electronic signature.	0	06/19/2019	BRIAN THACKER					
HERE	Signature of plan a	administrator		Date	Enter name of individ	ual signing	as plan administrator			
SIGN										
HERE	Signature of emplo	oyer/plan sponsor		Date	Enter name of individ	ual signing	as employer or plan sponsor			

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

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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	res No
	res 🗌 No
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)?	letermined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instantion of the presence of the presenc	structions.)
Part III Financial Information	

1			<pre>/</pre>				
	Plan Assets and Liabilities		(a) Beginning o				(b) End of Year
	Total plan assets	7a	431	8088			5193114
	Total plan liabilities	7b					1706
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	7c 4318088				5191408
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)	18	31405			
	(2) Participants	8a(2)	60	)8477			
	(3) Others (including rollovers)	8a(3)	58	31642			
b	Other income (loss)	8b	-31	8086			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1053438
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	15	51074			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	2	29044			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					180118
i	Net income (loss) (subtract line 8h from line 8c)	8i					873320
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics	•)					
b Pari	3D 2E 2J 2K 2G 2F 2A 2T If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions	eature cod	es from the List of Plar	n Chara	acterist	ic Code	es in the instructions:
10					Yes	No	Amount
<u> </u>	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				163		Amount
	Program)		-	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)		nclude transactions				
-				10b		X	
С	Was the plan covered by a fidelity bond?			10b 10c	X	×	431809
d d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused		Х	X X	431809
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon ner persona ne or all of	nd, that was caused s by an insurance the benefits under	10c	x		431809 6774
d	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 oth carrier, insurance service, or other organization that provides som	fidelity bo ner person ne or all of	nd, that was caused s by an insurance the benefits under	10c 10d			
d e	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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	fidelity bon ner personn ne or all of n?	nd, that was caused s by an insurance the benefits under	10c 10d 10e		X	
d e f g	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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	fidelity bon ner person ne or all of n? s of year-e (See instru	nd, that was caused s by an insurance the benefits under end.)	10c 10d 10e 10f	x	X	6774

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	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 ative amount)		12d				
e	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	s 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 brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Fo	orm 5500-SF	Short Form Annual		t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
	partment of the Treasury Iternal Revenue Service		Benefit Plan			2018
Employee	Department of Labor e Benefils Security Administration	This form is required to be filed u Income Security Act of 1974 (E R	inder sections 104 and RISA), and sections 60 levenue Code (the Cod	57(b) and 6058(a) of the	etirement Internal	This Form is Open to
	Benefil Guaranty Corporation	Complete all entries in acc	cordance with the inst	tructions to the Form 5	500-SF.	Public Inspection
Part I		Identification Information				
For caler	ndar plan year 2018 or fis		1/01/2018	and ending		1/2018
A This r	return/report is for:	x     a single-employer plan       a one-participant plan		lan (not multiemployer) ( mployer information in ac		ing this box must attach a ith the form instructions.)
<b>B</b> This re	eturn/report is					
	•		the final return/report			
		an amended return/report	j a short plan year retu	rn/report (less than 12 m	onths)	
C Check	k box if filing under:	Form 5558	] automatic extension		DFVC pr	ogram
		special extension (enter descripti	•			
Part II		mation—enter all requested inform	nation			
1a Nam					1b Three	e-digit humber
OLI	MPIC SPORTS & 3	SPINE PLLC 401(K) PLAN			(PN)	
					1c Effec	live date of plan
20 Dian						01/1994
		er, if for a single-employer plan) ), apt., suite no. and street, or P.O. B	ox)			oyer Identification Number 82-2950138
City c		, country, and ZIP or foreign postal c		ructions)	2c Spon	sor's telephone number -581-5200
605	0 Tacoma Mall E					ess code (see instructions)
005	V IACONA MAIL E	prvu, ste suu				
Tac	oma	WA 98409			621	340
3a Plana	administrator's name and	l address 🛛 Same las Plan Sponsor	r.			nistrator's EIN
					3c Admir	nistrator's telephone number
4 If the this p	name and/or EIN of the plan, enter the plan spons	plan sponsor or the plan name has c sor's name, EIN, the plan name and	hanged since the last r	return/report filed for	4b EIN	91-1299625
a Spon	sor's name Olympic	Sports & Spine Rehabi	litaion, P.S.		4d PN	
C Plan i	OTAUDIC	Sports & Spine Rehabil	litation, P.S.	401(k)	~	02
	Savings				5a	67
		t the beginning of the plan year t the end of the plan year			5a 5b	238
C Numł	ber of participants with ac	count balances as of the end of the	plan year (only defined	l contribution plans	5c	220
		cipants at the beginning of the plan y			5d(1)	52
		cipants at the end of the plan year		1	5d(2)	191
e Num	ber of participants who te	erminated employment during the pla	an year with accrued be	enefits that were less	5e	
than Caution: A	100% vested	incomplete filing of this return/re	port will be accored	unlace reaconable ag	1	4
Under pen SB or Sche	alties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/ret	oort, includir	ng, if applicable, a Schedule
SIGN	6/	LIA	Chialia	Brian Thacker		· · · · · · · · · · · · · · · · · · ·
HERE	Signature of plan adi	ninistrator	Date	Enter name of individ	ial signing a	as plan administrator
SIGN					sar arguning d	S plan daminot and
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual signing a	s employer or plan sponsor
For Paperw		see the Instructions for Form 5500-SF.			<u>×</u> ×	Form 5500-SF (2018)

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6a b c		an indepen and conditi ot use For	dent qualified public accountant (IQPA) ons.) m 5500-SF and must instead use Form	5500.
	If "Yes" is checked, enter the My PAA confirmation number from the			
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	4,318,088	5,193,114
	Total plan liabilities	7b		1,706
	Net plan accets (subtract line 7b from line 7c)	7.0	4 318 088	5,191,408

<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	4,	318,	088		5,191,408
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt			(b) Total
a 	Contributions received or receivable from: (1) Employers	8a(1)		181,	405		
	(2) Participants	8a(2)		608,	477		
	(3) Others (including rollovers)	8a(3)		581,	642		
<u></u>	Other income (loss)	8b		318,	086		
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1,053,438
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		151,	074		······································
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		29,	044		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					180,118
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					873,320
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2J 2K 2G 2F 2A 2T	feature co	odes from the List of PI	an Cha	racteri	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Cod	es in the instructions:
Par	t V Compliance Questions				_		
10	During the plan year:				Yes	No	Amount
a	<ul> <li>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)</li> </ul>	oluntary F	iduciary Correction	10a		x	
d	<ul> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> </ul>			10b		х	
с	Was the plan covered by a fidelity bond?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10c	х		431,809
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х	
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.).	e or all of	the benefits under	10e	x		6,774

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.) .....

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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Х

39,296

Х

10f

10g

10h

10i

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Part	/I Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	l complete Sch	edule S	B	Yes N
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 ERISA?				🗌 Yes 🛛 N
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see is granting the waiver.	nstructions, and Month	d enter Da		of the letter ruling Year
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.			
b (	Enter the minimum required contribution for this plan year		12b		
	Inter 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 negative amount)	e left of a	12d		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	🗌 No 🗍 N/A
Part \	/II 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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro control of the PBGC?	ught under the	.,	[	] Yes 🛛 No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred.	ntify the plan(s)	) to		
13	c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)
		I		l	