## 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** 

Part I		Identification Information								
For calend	dar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018					
<b>A</b> This re	eturn/report is for:		er) (Filers checking this box must attach a n accordance with the form instructions.)							
		a one-participant plan	a foreign plan							
<b>b</b> This ret	turn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)					
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	.m				
	_	special extension (enter desc	•							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name of plan COLUMBIA SHORES COMPREHENSIVE OBSTETRICS AND GYNECOLOGY, PLLC 401(K) PROFIT SHARING PLAN						it per 001				
					1c Effective of	date of plan 01/01/2010				
		oyer, if for a single-employer plan)			2b Employer	Identification Number				
	`	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	,	structions)	(EIN)	26-0312343				
-		ENSIVE OBSTETRICS AND GYNI		,	<b>2c</b> Sponsor's telephone number 509-628-8866					
					2d Business	code (see instructions)				
138 KEENE RICHLAND,					621111					
,										
<b>3a</b> Plan administrator's name and address ⊠ Same as Plan Sponsor.				<b>3b</b> Administrator's EIN						
					<b>3c</b> Administrator's telephone number					
						•				
4 If the	name and/or FIN of th	e plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN					
this p	olan, enter the plan spo	onsor's name, EIN, the plan name a								
	sor's name				4d PN					
C Plan N	Name									
<b>5a</b> Total	number of participants	s at the beginning of the plan year.			. 5a	8				
<b>b</b> Total	number of participants	s at the end of the plan year			. 5b	7				
		account balances as of the end of		•	5c	7				
<b>d(1)</b> Tot	tal number of active pa	articipants at the beginning of the p	lan year		5d(1)					
		articipants at the end of the plan ye			5d(2)	4				
		terminated employment during the			5e	0				
Caution: /	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca						
SB or Sch		ther penalties set forth in the instru and signed by an enrolled actuary, a								
SIGN		d/valid electronic signature.	10/03/2019	DR. DANIEL BAHNM	ILLER					
HERE	Signature of plan a	administrator	Date	Enter name of individ	dual signing as pla	an administrator				
SIGN										
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	individual signing as employer or plan spons					

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	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ndent qualified public actions.)	account t instea	ant (IC	QPA) e Form	 1 5500.	X Yes No X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th						_	Not determined . (See instructions.)
_		е гвос р	remain illing for this p	iaii yea	'			(See instructions.)
	rt III Financial Information							
7_	Plan Assets and Liabilities		(a) Beginning (				(b) End	l of Year
	Total plan assets	7a	80	66393				825976
	Total plan liabilities	7b	0.0	0				0
	Net plan assets (subtract line 7b from line 7a)	7c		66393				825976
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
a	Contributions received or receivable from:  (1) Employers	8a(1)		13222	_			
	(2) Participants	8a(2)	2	23475				
	(3) Others (including rollovers)	8a(3)	4	10681				
<u>b</u>	Other income (loss)	8b	-(	64761				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						382617
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4	19594				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	dministrative service providers (salaries, fees, commissions) 8f							
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							423034
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-40417
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 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the inst	ructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	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 F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С				10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
е	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	Х			4345
_ f	Has the plan failed to provide any benefit when due under the pla	n?	<u></u>	10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	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 the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i				

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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 complete Sche (Form 5500) and line 11a below)		В	Y	es No
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	o
	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 brought under the control of the PBGC?			Yes X	No
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).

1210-0089

OMB Nos. 1210-0110

2018

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

This Form is Open to Public Inspection

Part I Annual Report	Identification Information	1						
For calendar plan year 2018 or fis	scal plan year beginning	01/01/2018	and ending	12/31/20	)18			
A This return/report is for:	X a single-employer plan	a multiple-employer planting em	an (not multiemployer) ployer information in a	(Filers checking this	s box must attach a			
B This return/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 return	n/report (less than 12 n	nonths)				
C Check box if filing under:	X Form 5558	automatic extension		DFVC program				
	special extension (enter desc							
Basic Plan Info	rmation—enter all requested in	nformation						
1a Name of plan Columbia Shores C (k) Profit Sharin	omprehensive Obstetr g Plan	cics and Gynecolo	gy, PLLC 401	1b Three-digit plan numbe (PN)	r 001			
		1c Effective da 01/01/2	•					
2a Plan sponsor's name (employ Mailing address (include roor	n, apt., suite no. and street, or P.(	O. Box)		2b Employer Id (EIN) 26-0	entification Number 312343			
City or town, state or province Columbia Shores C		2c Sponsor's to 509-628	elephone number					
138 Keene Road			de (see instructions)					
Richland	WA 993.	52		621111				
3a Plan administrator's name an	d address X Same as Plan Spo	nsor.		3b Administrator's EIN				
4 If the name and/or EIN of the	plan sponsor or the plan name h	as changed since the last re	turn/report filed for	3c Administrate 4b EIN	r's telephone number			
this plan, enter the plan spor	nsor's name, EIN, the plan name a	and the plan number from th	e last return/report.	TU CIN				
<ul><li>a Sponsor's name</li><li>c Plan Name</li></ul>				4d PN				
5a Total number of participants	at the beginning of the plan year.			5a	8			
b Total number of participants	1,500.24 A		•••••••••••••••••••••••••••••••	5b	7			
C Number of participants with a	account balances as of the end of	the plan year (only defined	contribution plans	5c				
d(1) Total number of active par	ticipants at the beginning of the p	lan year		5d(1)	4			
d(2) Total number of active par	ticipants at the end of the plan ye	ar	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5d(2)	4			
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					0			
Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed and belief, it is true, correct, and comp	ner penalties set forth in the instru- nd signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/re	port, including, if ar	pplicable, a Schedule			
	<i>}</i>		Dr. Daniel Ba	hnmiller				
Signature of plan at	dministrator	Date (2) 1 1	Enter name of individ	lual signing as plan	administrator			
Signature of employ	yer/plan sponsor	Date	Enter name of individ	lual signing as emp	oyer or plan sponsor			

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	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 of you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a sec	an indeperand	endent qualified public itions.)	accoun	tant (I	QPA)		- Address - Addr	Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in the second seco	nsurance ne PBGC	program (see ERISA someone program (see ERISA someone ericle)	ection 4	4021)? ar	•••••	Yes No		determined structions.)
	Financial Information		2/3//0						
	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) En	d of Year	
a	Total plan assets	7a		866,					825,976
b	Total plan liabilities	7b			0				0
	Net plan assets (subtract line 7b from line 7a)			866,	393				825,976
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			(b)	Total	
	Contributions received or receivable from:  (1) Employers				222				
	(2) Participants	8a(2)		23,	475				
	(3) Others (including rollovers)	8a(3)		410,	681				
<u>b</u>	Other income (loss)	8b		-64,	761				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						***************************************	382,617
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		419,	594				
8-8	Certain deemed and/or corrective distributions (see instructions)								
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f		3,	440				
	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2005 00.00 00		423,034
	Net income (loss) (subtract line 8h from line 8c)								-40,417
COORDINATO	Transfers to (from) the plan (see instructions)	8j		## ## ## ## ## ## ## ## ## ## ## ## ##					
	IV Plan Characteristics				***	****			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the ins	structions:	
D	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acteris	tic Cod	es in the inst	ructions:	
	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	nclude transactions			X			
C	Was the plan covered by a fidelity bond?			W 198		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?					X			
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.)	er persons	s by an insurance the benefits under		X				4,345
75.	Has the plan failed to provide any benefit when due under the plan	0.00 to 100 to 1				X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	nd.)			X			
	If this is an individual account plan, was there a blackout period? (2520.101-3.)		*******************	10h		X			
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i					

				%•			
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Part VI Pension Funding Compliance							is a second
11 Is this a defined benefit plan subject to minimum funding (Form 5500) and line 11a below)	requirements? (If "Yes," see instructions and		dule SE	3	Y	es N	1c
11a Enter the unpaid minimum required contributions for all y			11a	*********			
Is this a defined contribution plan subject to the minimum ERISA?	n funding requirements of section 412 of the	Code or section	302 of		Y	es X N	lc
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 1	2e below, as applicable.)						
a If a waiver of the minimum funding standard for a prior ye granting the waiver.	ear is being amortized in this plan year, see in	nstructions, and	enter th	ne date	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	e 13.					<u> </u>
b Enter the minimum required contribution for this plan year			12b	SALCHI			<i>10</i>
C Enter the amount contributed by the employer to the plan			12c				
d Subtract the amount in line 12c from the amount in line 1 negative amount)	2b. Enter the result (enter a minus sign to the	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	
Plan Terminations and Transfers of As	sets						der .
13a Has a resolution to terminate the plan been adopted in any pl	an year?		ſ	Yes	X No	<b>1</b>	
If "Yes," enter the amount of any plan assets that reverted			13a				
Were all the plan assets distributed to participants or ben		ught under the			Yes X	No	
C If, during this plan year, any assets or liabilities were tran- which assets or liabilities were transferred.			0				
13c(1) Name of plan(s):		13c(2) E	IN(s)		13c(3)	PN(s)	_