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

Part I	Annual Report I	dentification Information				
For calend	ar plan year 2018 or fis	cal plan year beginning 01/01/2	018	and ending 12	2/31/2018	
A This re	turn/report is for:	a single-employer plan		olan (not multiemployer) (mployer information in ac	_	
D		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		X DFVC progra	am
		special extension (enter descr				
Part II	Basic Plan Infor	mation—enter all requested inf	ormation			
1a Name YAKIMA PH	•	K PROFIT SHARING PLAN			1b Three-dig plan num (PN) ▶	
					1c Effective	date of plan 07/01/1994
		rer, if for a single-employer plan) n, apt., suite no. and street, or P.O	Box)			Identification Number 91-1640287
City or		e, country, and ZIP or foreign posta		tructions)		s telephone number
						09-972-4008 code (see instructions)
PO BOX 825						621399
YAKIMA, WA	A 98908					32.000
3a Plan a	idministrator's name and	d address 🛛 Same as Plan Spor	isor.		3b Administr	ator's EIN
					3c Administr	ator's telephone number
					OO Administr	ator 3 telephone number
A 16 (b	and a FIN of the		and an and along the least	note were force and Classification	Ab en	
		plan sponsor or the plan name hasor's name, EIN, the plan name a			4b EIN	
	sor's name				4d PN	
C Plan N	Name					
5a Total	number of participants a	at the beginning of the plan year			5a	3
b Total	number of participants a	at the end of the plan year			5b	2
		ccount balances as of the end of t		-	5c	1
d(1) Tot	al number of active part	ticipants at the beginning of the pla	an year		5d(1)	1
		ticipants at the end of the plan yea			5d(2)	1
		terminated employment during the			5e	0
Caution: A	A penalty for the late o	r incomplete filing of this return	/report will be assessed	d unless reasonable cau		
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a lete.				
SIGN	Filed with authorized/\	valid electronic signature.	03/28/2020	LINDA SEAMAN		
HERE	Signature of plan ac	lministrator	Date	Enter name of individe	ual signing as pl	an administrator
SIGN HERE	Filed with authorized/v	valid electronic signature.	03/28/2020	LINDA SEAMAN		
HEKE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ual signing as er	nployer or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes	No
b	Are you claiming a waiver of the annual examination and report of a waiver of the annual examination and report of a waiver of the annual examination and report of a waiver of the annual examination and report of the annual examinati							X Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann		•					[103 [140
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	Not determin	ned
	If "Yes" is checked, enter the My PAA confirmation number from th		-						
Pa	rt III Financial Information								
	Plan Assets and Liabilities		(a) Beginning ('		(b) Er	nd of Year	
	Total plan assets	7a	116	61182				26234	
	Total plan liabilities	7b		0				0	
	Net plan assets (subtract line 7b from line 7a)	7c		61182				26234	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b		23335					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						23335	
	Benefits paid (including direct rollovers and insurance premiums	00						20000	
	to provide benefits)	8d	118	58283					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1158283	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1134948	
j	Transfers to (from) the plan (see instructions)	8i							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 2K 2R 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the ir	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the ins	structions:	
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		t? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	Χ			130000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		X			
е	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.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		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	he 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 (Form 5500) and line 11a below)			Yes 🛚 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 se ERISA?		of	Yes 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, granting the waiver	and enter Da		e 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 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?		Ye	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 brought under control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(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 section 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

P	art i Annual Repor	t Identification Information				
For	calendar plan year 2018 or f	riscal plan year beginning	01/01/2018	and ending	12/31/20	10
	This return/report is for:	x a single-employer plan	a multiple-employer	olan (not multiemployer)	(Filers checking t	his box must attach
	This retainineport is for.	O a and participant plan		employer information in	accordance with t	he form instructions.)
В	This return/report is:	a one-participant plan the first return/report	a foreign plan			
_	The retain report to.	=	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 n	nonths)	
C	Check box if filing under:	Form 5558	automatic extension		x DFVC	program
		special extension (enter descri	iption)			
Pa	art II Basic Plan Inf	ormation enter all requested i	information			
1a	Name of plan				1b Three-dig	it
	YAKIMA PHYSICIANS	INC PS 401K PROFIT SHARD	ING PLAN		plan numl	per
					(PN) ► 1c Effective (001.
_					07/01/:	
2a	Plan sponsor's name (empl	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.O) D)			Identification Number
	City or town, state or provin	nce, country, and ZIP or foreign posta	o. Box) al code (if foreign, see insi	ructions)		1-1640287
	YAKIMA PHYSICIANS		, , , , , , , , , , , , , , , , , , , ,	,	2c Sponsor's	telephone number
						972-4008
	PO BOX 8255				2d Business 621399	code (see instructions)
	US YAKIMA WA 98908				32233	
3a		and address X Same as Plan Spo	nsor		3b Administra	ator's FIN
					OD / Commistre	ALOI S LIIV
					3c Administra	ator's telephone number
4	If the name and/or FIN of th	a wless assessment of the state				
-	this plan, enter the plan spo	ne plan sponsor or the plan name has onsor's name, EIN, the plan name an	s changed since the last r id the plan number from th	eturn/report filed for e last return/report	4b EIN	
а	Sponsor's name			,	4d PN	
C	Plan Name					
	*					
5a	Total number of participants	s at the beginning of the plan year		••••••	5a	3
b	Total number of participants	s at the end of the plan year			5b	2
С	Number of participants with complete this item)	account balances as of the end of th	ne plan year (only defined	contribution plans	5c	1
d(1	Total number of active par	rticipants at the beginning of the plan	n year		5d(1)	1
		rticipants at the end of the plan year			5d(2)	1
е	Number of participants who	terminated employment during the p				
	less than 100% vested				5e	0
		or incomplete filing of this return				
SB	ler penalties of perjury and o or Schedule MB completed a ef, it is true, correct, and com	other penalties set forth in the instruct and signed by an enrolled actuary, as aplete.	tions, I declare that I have s well as the electronic ve	examined this return/report	oort, including, if a , and to the best	applicable, a Schedule of my knowledge and
SIC	an / _ La	Samo	3-78-28	Linda	Seamo	n
	RE Signature of plan adm	The same of the sa	Date	Enter name of individua		
<u> </u>		Onne	3-28-20	1 Individua		aummistrator
SIC	RE Signature of employe	er/plan sponsor	Date	Enter name of individua	Seam	
2000 E	Signature of employe	I/PIAII SPONSOF	LUate	Enter name of individua	l signing as empl	over or plan anapaar

Form	5500	-SF	201	8

	P	ac	e	2
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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)						ΣV	es No
b	Are you claiming a waiver of the annual examination and report of a	n indenen	dent qualified public sees		1 /105				1	62 []140
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	nd conditi	ons.)	untan	וג (וער	Α)			₩V	es No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use For	m 5500-SF and must ins	stead	usa F	orm	5500	••••••	<u> </u>	esINO
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance n	rogram (see EDISA seetis	. 40'	use 1	UIIII :	5500.			
	If "Yes" is checked enter the My DAA confirmation number from the	DD00	ogram (see ERISA section	on 402	21)?	••••••	Ye	s LIN	10 N	ot determined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pr	emium filing for this year						(See in:	structions.)
P	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	of Yes	r	Т		(h) En	d of Year	
а	Total plan assets	7a				+-		(D) EII		
b	Total plan liabilities	7b	1,1	61,1		+				26,234
С	Net plan assets (subtract line 7b from line 7a)			<i>-</i>	0	_				0
8	Income, Expenses, and Transfers for this Plan Year	7c		61,1	.82	+				26,234
a	Contributions received or receivable from:		(a) Amoun	t				(b)	Total	
	(1) Employers	8a(1)								
	(2) Participants									
	(3) Others (including rollovers)									
b	Other income (loss)	8b		23,3	35					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		20,0	,55					
d	Benefits paid (including direct rollovers and insurance premiums									23,335
	to provide benefits)	8d	1,1	58,2	83					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1 15	8,283
i	Net income (loss) (subtract line 8h from line 8c)	8i							(1,134	
-									(1,134	, 940)
1	ransfers to (from) the plan (see instructions)	Q;								
J P:	Transfers to (from) the plan (see instructions)	8j								
	art IV Plan Characteristics				12 2					
	If the plan provides pension benefits, enter the applicable pension fea		es from the List of Plan Cl	naract	teristic	Code	es in th	e instruc	tions:	
9a	If the plan provides pension benefits, enter the applicable pension feators 2E 2H 2J 2K 2R 3D	ature code								
9a	If the plan provides pension benefits, enter the applicable pension feators 2E 2H 2J 2K 2R 3D	ature code								
9a b	If the plan provides pension benefits, enter the applicable pension fea 2E 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feat	ature code								
9a b	If the plan provides pension benefits, enter the applicable pension feators 2E 2H 2J 2K 2R 3D	ature code								
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9a b	If the plan provides pension benefits, enter the applicable pension feators 2E 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feators V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution	ature codes	from the List of Plan Cha			Codes				nt
9a b Pa 10	If the plan provides pension benefits, enter the applicable pension feature 2E 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year:	ature codes	from the List of Plan Cha		ristic	Codes	in the		ons:	nt
9a b Pa 10 a	If the plan provides pension benefits, enter the applicable pension feature 2E 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volum Program)	ature codes	the time period		ristic	Codes	in the		ons:	nt
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9a b Pa 10 a c d e	If the plan provides pension benefits, enter the applicable pension fear 2E 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feat int V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Voltagram) 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 fine by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some 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 If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ons within untary Fid (Do not ir persons or all of the continuous of year er see instructions)	the time period uciary Correction Include transactions Ind, that was caused by an insurance ne benefits under Ind.) Indicions and 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes	No x x x x x x x	in the		ons:	
9a b Pa 10 a c d e	If the plan provides pension benefits, enter the applicable pension fear 2E 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feat if the plan provides welfare benefits, enter the applicable welfare feat if the plan provides welfare benefits, enter the applicable welfare feat if the plan provides welfare benefits, enter the applicable welfare feat if the plan provides welfare benefits, enter the applicable welfare feat if the plan provides welfare feat if the plan applicable welfare feat if the plan provides pension provides and provides pension feat if the plan provides pension provides and provides pension feat if the plan provides pension provides and provides pension feat if the plan provides pension provides and provides pension feat plan provides pension feat plan provides pension feat plan provides pension provides pension feat plan provides pension feat p	ons within untary Fid (Do not ir persons or all of the continuous of year er gee instructions arequired	the time period uciary Correction Include transactions Ind, that was caused by an insurance ne benefits under Ind.) Indicitions and 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes	No x x x x x x x	in the		ons:	