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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	ctions to the Form 5500-	SF.	
Part I		dentification Information				
For calend	ar plan year 2013 or fis	cal plan year beginning 01/01/2	013	and ending 12/	31/2013	
A This ref	turn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-particip	ant plan
B This ref	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mon	iths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC prograr	n
		special extension (enter descrip	·			
Part II		rmation—enter all requested info	rmation			
1a Name OLYMPIC S		ABILITATION, P.S. 401(K) SAVING	S PLAN		1b Three-digit plan number (PN) ▶	002
				7	1c Effective date of 09/01/	
	ponsor's name and add	dress; include room or suite number ABILITATION, P.S.	(employer, if for a single	e-employer plan)	2b Employer Identifi (EIN) 91-129	cation Number
0215 CBAV	ELLVIK DD SW SIII	ITE 206		-	2c Sponsor's teleph	
LAKEWOOI	ELLY LK. DR. SW, SUI D, WA 98499	TE 300		7	2d Business code (s	,
3a Plan a	dministrator's name and	d address XSame as Plan Sponso	r Name Same as Pla	n Sponsor Address	3b Administrator's E	
				;	3c Administrator's to	elephone number
4 If the	name and/or EIN of the	plan sponsor has changed since th	e last return/renort filed t	for this plan, enter the	4b EIN	
name		nber from the last return/report.	ie iast returnireport med i		46 PN	
		at the beginning of the plan year			5a	55
_		at the end of the plan year		 `	5b	60
		account balances as of the end of th	. , ,		5c	60
_		during the plan year invested in elig	- :			X Yes No
under	29 CFR 2520.104-46?	the annual examination and report (See instructions on waiver eligibility and the control of the	ty and conditions.)			X Yes No
•		ther line 6a or line 6b, the plan ca t plan, is it covered under the PBGC				Not determined
Courtiens	\ manalty far the late a	w incomplete filing of this return!	report will be seened	umlana rangemahla saura		
Under pen	alties of perjury and oth	or incomplete filing of this return/or her penalties set forth in the instructi d signed by an enrolled actuary, as allete.	ons, I declare that I have	examined this return/repor	rt, including, if applica	
SIGN	Filed with authorized/v	valid electronic signature.	03/07/2014	VERN ESSENBERG		
HERE	Signature of plan ac	dministrator	Date	Enter name of individua	ıl signing as plan adm	inistrator
SIGN						
HERE					l siemine en ememberse	
	I Signature of employ	/er/plan sponsor	I Date	I Enter name of individua	ii sianina as embiover	or plan sponsor
Preparer's	Signature of employ name (including firm na	yer/plan sponsor ame, if applicable) and address; incl	Date Date Date Date Date Date	Enter name of individua er (optional)	i signing as employer Preparer's telephone i	

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End o	f Voa	r		
	Total plan assets	7a	(a) Beginning of Tea		+		(b) Liid C	3459			
	Total plan liabilities				+				1256		
	Net plan assets (subtract line 7b from line 7a)	7c	273907	3				3455	5120		
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) To				
	Contributions received or receivable from:		(a) Amount				(b) 10	ıaı			
	(1) Employers	8a(1)	4728	6							
	(2) Participants	8a(2)	19649	2							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	56046	1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						804	239		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7686	4							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	1132	8							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						88	3192		
i	Net income (loss) (subtract line 8h from line 8c)	8i						716	6047		
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	des from the List of Plan Char	acteris	stic Co	odes in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	1	Amou	nt		
a				10a		X	<u>'</u>	anou			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X					
					X					000	200
				10c					5	UUL	000
	or dishonesty?			10d		X					
е	 Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 										
	instructions.)		. ,	10e	X					138	324
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g	X					44	177
h		(See instru	ictions and 29 CFR	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	ne required	d notice or one of the	10ii							
Part		1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem								V00		No
	5500) and line 11a below)							Ш.	Yes	Ш	No
	Enter the unpaid minimum required contribution for current year fr		,			11a	<u> </u>		. 1		
_12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	`∟∟`	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and (enter th Day		e lette Year _	er rulir	ng	_
<u> </u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	12b	I				
_	Enter the minimum required contribution for this plan year										

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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?	Y	es 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 brought under the coof the PBGC?	ontrol 		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a Name of trust				

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

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

the Internal Revenue Code (the Code).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual Report Identification Information			
the state of the s	01/2013 and	d ending	12/31/2013
A This return/report is for:	a multiple-employer plan (not m	ultiemployer)	a one-participant plan
B This return/report is:	he final return/report		
	short plan year return/report (le	ess than 12 mon	iths)
	automatic extension		☐ DFVC program
special extension (enter description			breaking
Part II Basic Plan Information—enter all requested information			
	ion	-	1b Three-digit
1a Name of plan OLYMPIC SPORTS & SPINE REHABILITATION, P.S.	401(K) SAVINGS PL		plan number
Olimio bionib a brine nambialiniati, i vo.			(PN) • 002
			1c Effective date of plan 09/01/1994
2a Plan sponsor's name and address; include room or suite number (en	ployer, if for a single-employer	plan)	2b Employer Identification Number
OLYMPIC SPORTS & SPINE REHABILITATION, P.S.			(EIN) 91-1299625
		1	2c Sponsor's telephone number
9315 GRAVELLY LK. DR. SW, SUITE 306			253-581-5200
		2	2d Business code (see instructions)
LAKEWOOD WA 98499		. A alalan a a	621340
3a Plan administrator's name and address XSame as Plan Sponsor Na	me XSame as Plan Sponsor	_	3b Administrator's EIN
] ;	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the la	st return/report filed for this plar	n, enter the	4b EIN
	·		
name, EIN, and the plan number from the last return/report.			•
a Sponsor's name			4c PN
			5a 55
a Sponsor's name Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year			
a Sponsor's name Total number of participants at the beginning of the plan year	an year (defined benefit plans o	do not	5a 55
a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan.	an year (defined benefit plans o	do not	5a 59 5b 60 5c 60
a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan complete this item) 6a Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of a	an year (defined benefit plans o e assets? (See instructions.)	do not	5a 59 5b 60 5c
a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an year (defined benefit plans of the sassets? (See instructions.)n independent qualified public and conditions.)	do not	5a 59 5b 60 5c 60 X Yes No
 a Sponsor's name 5a Total number of participants at the beginning of the plan year	an year (defined benefit plans of the sassets? (See instructions.)n independent qualified public and conditions.)	do not accountant (IQP/	5b 60 5c 60 X Yes No No orm 5500.
a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an year (defined benefit plans of the sassets? (See instructions.)n independent qualified public and conditions.)	do not accountant (IQP/	5b 60 5c 60 X Yes No No orm 5500.
 a Sponsor's name 5a Total number of participants at the beginning of the plan year	an year (defined benefit plans of the assets? (See instructions.)	do not accountant (IQP/ at instead use Forection 4021)?	5b 60 5c 60 X Yes No A) X Yes No orm 5500. Not determined e Is established.
 a Sponsor's name 5a Total number of participants at the beginning of the plan year	an year (defined benefit plans of assets? (See instructions.) in independent qualified public and conditions.) it use Form 5500-SF and musturance program (see ERISA secont will be assessed unless record declare that I have examined	do not accountant (IQPA it instead use Forection 4021)? easonable cause it this return/repo	5b
 a Sponsor's name 5a Total number of participants at the beginning of the plan year	an year (defined benefit plans of assets? (See instructions.) in independent qualified public and conditions.) it use Form 5500-SF and musturance program (see ERISA secont will be assessed unless record declare that I have examined	do not accountant (IQPA it instead use Forection 4021)? easonable cause it this return/repo	5b
 a Sponsor's name 5a Total number of participants at the beginning of the plan year	an year (defined benefit plans of assets? (See instructions.) In independent qualified public and conditions.) It use Form 5500-SF and must use Form 5500-SF and must use Form (see ERISA secont will be assessed unless report will be assess	do not accountant (IQP/ at instead use Freetion 4021)? beasonable cause this return/report, a	5b
 a Sponsor's name 5a Total number of participants at the beginning of the plan year	an year (defined benefit plans of assets? (See instructions.) In independent qualified public and conditions.) It use Form 5500-SF and must use Form 5500-SF and must use Form 5500-F and must use Form (see ERISA second will be assessed unless report will be assessed unl	do not accountant (IQPA it instead use Forection 4021)? easonable cause it this return/repo	5b
 a Sponsor's name 5a Total number of participants at the beginning of the plan year	e assets? (See instructions.)	do not accountant (IQP/ et instead use Fe ection 4021)? easonable cause d this return/report, a Essenberg	5b
a Sponsor's name 5a Total number of participants at the beginning of the plan year	e assets? (See instructions.)	do not accountant (IQP/ et instead use Fe ection 4021)? easonable cause d this return/report, a Essenberg	5b 60 5c 60 X Yes No Norm 5500. Yes No Not determined e Is established. ort, including, if applicable, a Schedule and to the best of my knowledge and
 a Sponsor's name Total number of participants at the beginning of the plan year	an year (defined benefit plans of assets? (See instructions.)	do not accountant (IQP/ at instead use Forection 4021)? beasonable caused this return/report, at return/report, at a second property of the country o	55b 66 5c 60 X Yes No No Norm 5500. Yes No Not determined e Is established. ort, including, if applicable, a Schedule and to the best of my knowledge and el signing as plan administrator al signing as employer or plan sponsor
a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year invested in eligible beginning a waiver of the annual examination and report of a 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 cannot c lf the plan is a defined benefit plan, is it covered under the PBGC instruction: A penalty for the late or incomplete filling of this return/repulation. SB or Schedule MB completed and signed by an enrolled actuary, as we belief, it is true, correct, and complete. SIGN HERE SIGN HERE	an year (defined benefit plans of assets? (See instructions.)	do not accountant (IQP/ at instead use Forection 4021)? beasonable caused this return/report, at return/report, at a second property of the country o	5b 60 5c 60 X Yes No Norm 5500. Yes No Not determined e Is established. ort, including, if applicable, a Schedule and to the best of my knowledge and all signing as plan administrator
 a Sponsor's name Total number of participants at the beginning of the plan year	an year (defined benefit plans of assets? (See instructions.)	do not accountant (IQP/ at instead use Forection 4021)? beasonable caused this return/report, at return/report, at a second property of the country o	55b 66 5c 60 X Yes No No Norm 5500. Yes No Not determined e Is established. ort, including, if applicable, a Schedule and to the best of my knowledge and el signing as plan administrator al signing as employer or plan sponsor
 a Sponsor's name Total number of participants at the beginning of the plan year	an year (defined benefit plans of assets? (See instructions.)	do not accountant (IQP/ at instead use Forection 4021)? beasonable caused this return/report, at return/report, at a second property of the country o	55b 66 5c 60 X Yes No No Norm 5500. Yes No Not determined e Is established. ort, including, if applicable, a Schedule and to the best of my knowledge and el signing as plan administrator al signing as employer or plan sponsor
 a Sponsor's name Total number of participants at the beginning of the plan year	an year (defined benefit plans of assets? (See instructions.)	do not accountant (IQP/ at instead use Forection 4021)? beasonable caused this return/report, at return/report, at a second property of the country o	55b 66 5c 60 X Yes No No Norm 5500. Yes No Not determined e Is established. ort, including, if applicable, a Schedule and to the best of my knowledge and el signing as plan administrator al signing as employer or plan sponsor

	t III Financial Information				_			_		
7	Plan Assets and Liabilities	2011	(a) Beginning of Yea	г			(b) End	of Y	ear	
а	Total plan assets	7a	273	3907	3				34	59376
b	Total plan liabilities	7b								4256
С	Net plan assets (subtract line 7b from line 7a)	7c	273	3907	3				34	55120
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) ·	otal		
_ a	Contributions received or receivable from: (1) Employers	8a(1)	4	1728	6					
	(2) Participants	8a(2)	19	9649	2				_	
	(3) Others (including rollovers)	8a(3)					1 - 1 - 2		_	
b	Other income (loss)	8b	56	5046	1					
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+				8	304239
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	-	7686	4					
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1132	8		-	_	-	-
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-	-					88192
<u>. i </u>	Net income (loss) (subtract line 8h from line 8c)	8i								716047
	Transfers to (from) the plan (see instructions)	8j				-				
Pa	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension									
Par	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature codes	from the List of Plan Charac	cteristi	ic Cod	les in t	ne instruc	tions		
10	During the plan year:				Yes	No		Am	ount	
- 6	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х				
T k	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х				
	Was the plan covered by a fidelity bond?			10c	X				!	50000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х				
-	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persons of the benef	by an insurance carrier, its under the plan? (See	10e	х					1382
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g	Х					447
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х				
ī		he required i	notice or one of the	10i						
Par										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	∏ No
11	Enter the unpaid minimum required contribution for current year f					11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	. [Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below									
-	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortized	l in this plan year, see instru	ctions nth	, and	enter tl Day		the Ye		uling
	you completed line 12a, complete lines 3, 9, and 10 of Schedu						,			
	you completed line 12a, complete lines 5, 5, and 10 of ochedu	C MD (1 OTT	desert and skip to line to							

b Enter the minimum required contribution for this plan year.....

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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 negative amount).	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A
Part					
	Has a resolution to terminate the plan been adopted in any plan year?		Y	es 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 brought 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 which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
- 8	I3c(1) Name of plan(s):	1	3c(2) Ell	N(s)	13c(3) PN(s)
-					
-					
•					
Part	VIII Trust Information (optional)				
14a	Name of trust		14b Tr	ust's EIN	
	All and a second and				