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

2013

This Form is Open to Public Inspection

Pen	ision Be	nefit Guaranty Corporation	► Complete all entries in acc	ordance with the instruc	tions to the Form 5500	0-SF.	""	spection
Par	τl	Annual Report	Identification Information					
For ca	alenda	ar plan year 2013 or fis	scal plan year beginning 05/16/2	2013	and ending 1	2/31/2	2013	
		urn/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	pant plan
BT	nis reti	urn/report is:	the first return/report	the final return/report				
			an amended return/report	X a short plan year return	n/report (less than 12 mo	onths)		
C CI	heck b	oox if filing under:	Form 5558	automatic extension			DFVC progra	am
D		Daria Blanchata	special extension (enter descri	,				
Par			rmation—enter all requested info	rmation		41.		1
		of plan				10	Three-digit plan number	
SPECK	HEA	LTH PS 401(K) PLAN					(PN) ▶	001
						1c	Effective date of	f plan
								5/2013
		oonsor's name and add	dress; include room or suite number	r (employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-17	fication Number 51498
805 M	ADISC	ON STREET, SUITE 40	20			2c	Sponsor's telep	
SEATT	LE, W	/A 98104				2d	Business code 8129	(see instructions)
3a F	Plan ac	dministrator's name an	nd address XSame as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	Administrator's	
						3с	Administrator's	telephone number
4 ii	f the n	ame and/or FIN of the	plan sponsor has changed since the	ne last return/report filed fo	or this plan enter the	4h	EIN	
ı	name,		mber from the last return/report.	ie last retain/report lilea le	in this plan, enter the	4c		
	•		at the beginning of the plan year			5a	T	0
_			at the end of the plan year			5b		0
			account balances as of the end of the			_		
		•	during the plan year invested in eli			5c		V Yes No
_		•	the annual examination and report	•	,			
			? (See instructions on waiver eligibil					X Yes No
I	lf you	answered "No" to ei	ther line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form	5500.	
C I	f the p	lan is a defined benefi	it plan, is it covered under the PBG0	C insurance program (see	ERISA section 4021)? .		Yes No	Not determined
Cauti	on: A	penalty for the late of	or incomplete filing of this return/	report will be assessed u	unless reasonable cau	se is	established.	
Unde SB or	r pena Sche	alties of perjury and oth	ner penalties set forth in the instruct nd signed by an enrolled actuary, as	ions, I declare that I have	examined this return/rep	ort, ir	cluding, if applic	
SIGN		Filed with authorized/v	valid electronic signature.	07/10/2014	DAN TRIPPS			
HERE	=	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator
SIGN								
HERE		Signature of employ		Date	Enter name of individu	ual sig	ıning as employe	er or plan sponsor
Prepa	arer's i	name (including firm n	ame, if applicable) and address; inc	lude room or suite number	r (optional)	Prep	arer's telephone	number (optional)

Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
а	Total plan assets	7a		0						0	
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c		0						0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from:	- 40									
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
<u>_</u>	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b 8c)	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	00								,	
	to provide benefits)	8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i								0	
j	Transfers to (from) the plan (see instructions)	8j									
Par											
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	S:		
b		eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions:			
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Part	t V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	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 on line 10a.)	•	-	10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					200	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth	er person	s by an insurance carrier,								
	insurance service, or other organization that provides some or all instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the pla			10f		Х					
q	Did the plan have any participant loans? (If "Yes," enter amount a					X					
9 h	If this is an individual account plan, was there a blackout period?	uctions and 29 CFR	10g		X						
$\overline{}$	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the state of the s	10h		V							
	exceptions to providing the notice applied under 29 CFR 2520.101-3										
Part	<u> </u>				0 :		\ /F				
11	1 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 contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a			-		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	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.	<u></u>	Mon		, and o	enter th Day	ne date o	f the le		ıling	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•	· · · · · · · · · · · · · · · · · · ·			401					
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -	1
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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	14b Trust's EIN			

SIGN SIGN For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Ferm 5500-SF. Caution: A pensity for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under pensities of parjury and other pensities 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, compct, and complete. 39 Plan administrator's name and address [XSame as Plan Sponsor Name Same as Plan Sponsor Address C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [] Yes [] No 2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) Speck Health PS C Check box if fling under: Part II | Basic Plan Information—enter all requested information Part | Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 05/16/2013 and ending Total number of perticipants at the end of the plan year If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report This return/report is: Sponsor's name Persion Benefit Guaranty Corporation Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... 805 Madison Street, This return/report is for: Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.)..... Total number of participants at the beginning of the plan year..... Speck Health PS 401(k) Plan Form 5500-SF Department of the Treasury Internal Revenue Service Signature of employeriplan sponsor Date | Enter name of individual signing as employer or plan sponsor name (including firm name, if applicable) and address; include room or suite number (optional) | Preparer's telephone number (optional) Signature of plan administrator the Juppo Suite 400 Form 5658 an amended return/report the first return/report a single-employer 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 Code) special extension (enter description) Short Form Annual Return/Report of Small Employee | the final return/report | a short plan year return/report (less than 12 months) | automatic extension | a multiple-employer plan (not multiemployer) Benefit Plan Date WA 98104 Dan Tripps Enter name of individual signing as plan administrator \$ ဗ္ဗ 监 4b EN 40 3c Administrator's telephone number 8 ត 2d Business code (see instructions) 20 2 5 Sponsor's telephone number (206) 432-9436 Employer identification Number (EIN) 91-1751498 Three-digit plan number Administrator's EIN 812990 Effective date of plan 05/16/2013 DFVC program a one-participant plan (PN) ▼ 12/31/2013 This Form is Open to Public Inspection Not determined 2013 OMB Nos. 1210-0110 1210-0089 X Yes Yes 001 ⊒ ₹

	125					Enter the minimum required contribution	_
- 1	Lay	۱	=	m 5500), and skip to line 13.	MB (For	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	_
the date of the letter ruling	enter t	, and	tions	ed in this plan year, see instruc	ig amortizi	nimum funding standard f	٥,
				able.)	as applica	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.	
fERISA? Yes 🗵 No	302 of	ction	or se	ents of section 412 of the Code	requireme	ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of E	12
	11a	L		dule SB (Form 5500) line 39	om Schec	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11a
B (Form Yes ☒ No	dule S	Sche	plete	Yes," see instructions and com	ents? (If "	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB 5500) and line 11a below)	=
						1	12
	×		101	d notice or one of the	ne required	i 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	
	×		10h	uctions and 29 CFR	See instr	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	l _
	×		10g	end.)	s of year	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	l
	×		10f		n?	f Has the plan failed to provide any benefit when due under the plan?	
	×		10e	is by an insurance carrier, efits under the plan? (See	er person of the bend	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.)	
	×		10d	nd, that was caused by fraud	fidelity bo	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	_
20,000		×	10c		255	C Was the plan covered by a fidelity bond?	
	×		106	include transactions reported	? (Do not	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions on line 10a.)	l
	×	-	10a	in the time period described in rection Program)	tions withi	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)	
Amount	₹	ğ					5
						rt V Compliance Questions	Part
the instructions:	des in	lic Cc	cteris	des from the List of Plan Chara	eature cod	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	ᄝ
Codes in the instructions:	odes i	stic C	acteri	odes from the List of Plan Characteristic	feature co	If the plan provides pension benefits, enter the applicable pension feature codes from the 3D 2E 2F 2G 2J 2K	9a
						Part IV Plan Characteristics	Q
					<u>@</u>	Transfers to (from) the plan (see instructions)	
0			=		8;	1	
0		+			g &	Total expenses (add lines 8d, 8e, 8f, and 8g)	_ _ u
		+			8 6	Other expenses	ا ۵
					200	Administrative service providers (salaries fees commissions)	- a
					88	- 1	
		+			8	- 1	
0		+			8 8	Total income (add lines 8a(1) 8a(3) and 8h)	n
	1	+			8a(3)	- 1	,
	ı	+			8a(2)	(2) Participants	Т
					8a(1)		4
(b) Total		+		(a) Amount		Income, Expenses, and Transfers for this Plan Year	, o
0		0			7c	Net plan assets (subtract line 7b from line 7a)	0
		Н			7b		٥
0		0			7a	Total plan as	gy
(b) End of Year		\dashv	⁴	(a) Beginning of Year		As	7
						Part III Financial Information	D

14:	Pai		6			13	Par	0	۵		
14a Name of trust	Part VIII Trust Information (optional)	13c(1) Name of plan(s):	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.)	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		13a Has a resolution to terminate the plan been adopted in any plan year?	Part VII Plan Terminations and Transfers of Assets	Will the minimum funding amount reported on line 12d be met by the funding deadline?	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).	Enter the amount contributed by the employer to the plan for this plan year	Form 5500-SF 2013 130118 Page 3 -
14b Tr		(2) EI		introl	13a			<u></u>	12d	12c	
rust's EIN		EIN(s)				Yes 🗓 No		Yes			
		13c(3) PN(s)		Yes 🛚 No				No N/A			