| Form 5500-SF  |  | Short Form Annual Return/Report of Small Employee<br>Benefit Plan   |                              |                                    | OMB Nos. 1210-0110<br>1210-0089 |                                      |  |  |  |
|---|--|---|------------------------------|------------------------------------|---------------------------------|--------------------------------------|--|--|--|
| Department of the Treasury<br>Internal Revenue Service  |  | This form is required to be filed under sections 104 and 4065 of the Employer   |                              |                                    | e                               | 2013                                 |  |  |  |
| Employee Be   | partment of Labor<br>enefits Security Administration | Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(<br>the Internal Revenue Code (the Code). |                              |                                    |                                 |                                      |  |  |  |
| Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550 |  |   |                              |                                    |                                 |                                      |  |  |  |
| Part I  |  | entification Information  |                              | and an diam.                       | 0/04/4                          |                                      |  |  |  |
| For calenda   | ar plan year 2013 or fisca                           |   |                              |                                    | 2/31/2                          |                                      |  |  |  |
| A This ret  | urn/report is for:                                   |   | 1 1 5 1                      | an (not multiemployer)             |                                 | a one-particip                       | oant plan                              |  |  |
| B This ret  | urn/report is:                                       | the first return/report   | he final return/report       |                                    |                                 |                                      |  |  |  |
| an amended return/report a short plan year retur  |  |   |                              | n/report (less than 12 mo          | onths                           | )                                    |  |  |  |
| C Check box if filing under:  |  |   |                              |                                    | DFVC program                    |                                      |  |  |  |
|   |  | special extension (enter description  | )                            |                                    |                                 |                                      |  |  |  |
| Part II   | <b>Basic Plan Inform</b>                             | nation—enter all requested informat   | tion                         |                                    |                                 |                                      |  |  |  |
| <b>1a</b> Name<br>THE HEALTH  | •  | OF FLAGLER AND VOLUSIA COUNT  | TIES 401(K) PSP              |                                    | 1b                              | Three-digit<br>plan number<br>(PN) ► | 001                                    |  |  |
|   |  |   |                              |                                    | 1c                              | Effective date or 01/01              | •                                      |  |  |
| 2a Plan sp<br>THE HEALT   | oonsor's name and addre<br>HY START COALITION        | ess; include room or suite number (em<br>OF FLAGLER AND VOLUSIA COUN  | ployer, if for a single-     | employer plan)                     | 2b                              | Employer Identii<br>(EIN) 59-31      | ication Number                         |  |  |
|   | LIVE CIRCLE  |   |                              |                                    | 2c                              | Sponsor's telep<br>386-252           |  |  |  |
|   | EACH, FL 32114                                       |   |                              |                                    | 2d                              | Business code (<br>23829             |  |  |  |
| 3a Plan ad  | dministrator's name and                              | address XSame as Plan Sponsor Na  | me Same as Plan              | Sponsor Address                    | 3b                              | <b>b</b> Administrator's EIN         |  |  |  |
|   | EIN, and the plan numb                               | lan sponsor has changed since the last return/report.   | st return/report filed fo    | or this plan, enter the            |                                 | EIN                                  |  |  |  |
| · · ·   |  | the beginning of the plan year  |                              |                                    | <del>4</del> с<br>5а            |                                      | 19                                     |  |  |
|   |  | the end of the plan year  |                              |                                    |                                 |                                      |  |  |  |
|   |  | count balances as of the end of the pla   |                              |                                    | 5b                              |                                      | 23                                     |  |  |
|   |  |   |                              |                                    | 5c                              |                                      | 13                                     |  |  |
| 6a Were   | all of the plan's assets d                           | uring the plan year invested in eligible  | assets? (See instruc         | tions.)                            |                                 |                                      | 🗙 Yes 🗌 No                             |  |  |
|   |  | e annual examination and report of ar   |                              |                                    |                                 |                                      | X Yes 🗌 No                             |  |  |
|   | •  | See instructions on waiver eligibility ar<br>er line 6a or line 6b, the plan canno                                      | ,                            |                                    |                                 |                                      |  |  |  |
| -   |  | plan, is it covered under the PBGC ins  |                              |                                    |                                 |                                      | Not determined                         |  |  |
| Caution: A  | penalty for the late or                              | incomplete filing of this return/repo   | ort will be assessed         | unless reasonable cau              | se is                           | established.                         |  |  |  |
| SB or Sche  |  | r penalties set forth in the instructions,<br>signed by an enrolled actuary, as wel<br>te.                              |                              |                                    |                                 |                                      |  |  |  |
| SIGN<br>HERE  | Filed with authorized/va                             | lid electronic signature.   |                              |                                    |                                 |                                      |  |  |  |
| SIGN  | Signature of plan adn                                | ninistrator   | Date                         | Enter name of individu             | ninistrator                     |                                      |  |  |  |
| HERE  | Cignoture of employe                                 | r/nlen energer  |                              |                                    |                                 |                                      |  |  |  |
|   | Signature of employe<br>name (including firm name    | r/pian sponsor<br>ne, if applicable) and address; include   | Date<br>room or suite number | Enter name of individur (optional) | -                               |                                      | r or plan sponsor<br>number (optional) |  |  |
|   |  |   |                              |                                    |                                 |                                      |  |  |  |

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| Part III Financial Information   |  |  |   |   |  |                 |   |                       |  |
|--|--|--|---|---|--|-----------------|---|-----------------------|--|
| 7 Plan Assets and Liabilities  |  | (a) Beginning of Yea   | (b) End of Year   |   |  |                 |   |                       |  |
| a Total plan assets  | 7a   | 6600   |   | 109712  |  |                 | 2   |                       |  |
| <b>b</b> Total plan liabilities  |  |  |   |   |  |                 |   |                       |  |
| C Net plan assets (subtract line 7b from line 7a)  | 7c   | 6600   | 9   |   |  |                 | 109712  |                       |  |
| 8 Income, Expenses, and Transfers for this Plan Year   |  | (a) Amount   |   | (b) Total   |  |                 |   |                       |  |
| a Contributions received or receivable from:   |  |  |   |   |  |                 |   |                       |  |
| (1) Employers  | 8a(1)  |  |   | _   |  |                 |   |                       |  |
| (2) Participants   | 8a(2)  | 1592   |   |   |  |                 |   |                       |  |
| (3) Others (including rollovers)   | 8a(3)  | 1960   | _   |   |  |                 |   |                       |  |
| <b>b</b> Other income (loss)   | 8b   | 919  | 9199  |   |  |                 |   |                       |  |
| <b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c   |  |   | _   |  |                 | 44731   |                       |  |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d   | 26   | 0   |   |  |                 |   |                       |  |
| e Certain deemed and/or corrective distributions (see instructions)  | 8e   |  |   |   |  |                 |   |                       |  |
| f Administrative service providers (salaries, fees, commissions)   | 8f   | 76   | 8   |   |  |                 |   |                       |  |
| g Other expenses   | 8g   |  |   |   |  |                 |   |                       |  |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h   |  |   |   |  |                 | 1028  | 3                     |  |
| i Net income (loss) (subtract line 8h from line 8c)  | 8i   |  |   |   |  |                 | 43703   |                       |  |
| i Transfers to (from) the plan (see instructions)  | -  |  |   |   |  |                 |   |                       |  |
| Part IV Plan Characteristics   | oj   |  |   |   |  |                 |   |                       |  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare for   | eature code  | s from the List of Plan Charac   | cterist   | ic Coc  | les in th  | ne instructio   | ons:  |                       |  |
|  | eature code  | s from the List of Plan Charac   | cterist   | ic Coc  | les in th  | ne instructio   | ons:  |                       |  |
| Part V Compliance Questions  | eature code  | s from the List of Plan Charac   | cterist   | ic Coo<br>Yes                                     | les in th<br>No                                    |                 | ons:<br>Amount  |                       |  |
| Part V Compliance Questions  | tions within   | the time period described in   | cterist   |   |  |                 |   |                       |  |
| Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribution  | tions within<br>uciary Corre<br>:? (Do not ir  | the time period described in ection Program)   |   |   | No   |                 |   |                       |  |
| Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules)         b       Were there any nonexempt transactions with any party-in-interest   | tions within<br>uciary Corre<br>? (Do not ir   | the time period described in<br>ection Program)  | 10a   |   | No<br>X  |                 |   | 10000                 |  |
| Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)   | tions within<br>uciary Corre<br>? (Do not ir<br>fidelity bon   | the time period described in<br>ection Program)<br>nclude transactions reported<br>d, that was caused by fraud   | 10a<br>10b  | Yes   | No<br>X  |                 |   | 10000                 |  |
| Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all  | tions within<br>uciary Corre<br>? (Do not ir<br>fidelity bon<br>fidelity bon<br>ner persons<br>of the bene   | the time period described in<br>ection Program)<br>include transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>fits under the plan? (See   | 10a<br>10b<br>10c   | Yes   | No<br>X<br>X                                       |                 |   |                       |  |
| Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or other the state of the plan have a loss of the plan brokers.  | tions within<br>uciary Corre<br>? (Do not ir<br>fidelity bon<br>ner persons<br>of the bene   | the time period described in<br>ection Program)<br>include transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>fits under the plan? (See   | 10a<br>10b<br>10c<br>10d  | Yes   | No<br>X<br>X                                       |                 |   |                       |  |
| Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)         f       Has the plan failed to provide any benefit when due under the plan  | tions within<br>uciary Corre<br>? (Do not ir<br>fidelity bon<br>ner persons<br>of the bene<br>n?   | the time period described in<br>ection Program)<br>include transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>fits under the plan? (See   | 10a<br>10b<br>10c<br>10d<br>10e<br>10f  | Yes   | No           X           X           X           X |                 |   | 1248                  |  |
| <ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period?</li> </ul> </li> </ul>  | tions within<br>uciary Corre<br>? (Do not ir<br>fidelity bon-<br>ner persons<br>of the bene<br>n?<br>s of year er<br>(See instruc  | the time period described in<br>ection Program)<br>include transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>fits under the plan? (See<br>   | 10a<br>10b<br>10c<br>10d<br>10e<br>10f<br>10g                                     | Yes<br>×  | No           X           X           X           X |                 |   |                       |  |
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| Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)  | tions within<br>uciary Corre<br>? (Do not ir<br>fidelity bon<br>ner persons<br>of the bene<br>n?<br>s of year er<br>(See instruc<br>he required<br>1-3<br>ments? (If "Y  | the time period described in<br>ection Program)<br>nclude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>fits under the plan? (See<br>  | 10a<br>10b<br>10c<br>10d<br>10e<br>10f<br>10g<br>10h<br>10i                       | Yes<br>X<br>X<br>X<br>X<br>X<br>Schee             | No<br>X<br>X<br>X<br>X                             |                 | Amount  | 1248                  |  |
| Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)         f       Has the plan failed to provide any benefit when due under the pla         g       Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)         i       If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)         11a       Enter the unpaid minimum required contribution for current year from the second sec | tions within<br>uciary Corre<br>? (Do not ir<br>fidelity bon-<br>ner persons<br>of the bene<br>n?<br><br>s of year er<br>(See instruc<br>he required<br>1-3<br><br>hents? (If "Y   | the time period described in<br>ection Program)<br>include transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>fits under the plan? (See<br><br>ind.)<br>ctions and 29 CFR<br><br>notice or one of the<br>es," see instructions and com  | 10a<br>10b<br>10c<br>10d<br>10d<br>10f<br>10g<br>10h<br>10i                       | Yes<br>X<br>X<br>X<br>X<br>X<br>Schee             | No X X X X U U U U U U U U U U U U U U U           | (Form           | Amount  | 1248<br>14700         |  |
| Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu<br>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu<br>b         b       Were there any nonexempt transactions with any party-in-interest<br>on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's<br>or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth<br>insurance service, or other organization that provides some or all<br>instructions.)         f       Has the plan failed to provide any benefit when due under the plan<br>g         g       Did the plan have any participant loans? (If "Yes," enter amount a<br>h         h       If this is an individual account plan, was there a blackout period?<br>2520.101-3.)         i       If 10h was answered "Yes," check the box if you either provided th<br>exceptions to providing the notice applied under 29 CFR 2520.10         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirem<br>5500) and line 11a below)         11a       Enter the unpaid minimum required contribution for current year fr         12       Is this a defined contribution plan subject to the minimum funding   | tions within<br>uciary Corre<br>? (Do not ir<br>fidelity bon<br>ner persons<br>of the bene<br>n?<br>s of year er<br>(See instruc<br>he required<br>1-3<br>nents? (If "Y<br>rom Schedu<br>requiremer                                | the time period described in<br>ection Program)<br>include transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>fits under the plan? (See<br>d.)<br>ind.)<br>ctions and 29 CFR<br>notice or one of the<br>es," see instructions and com<br>ile SB (Form 5500) line 39<br>ints of section 412 of the Code                              | 10a<br>10b<br>10c<br>10d<br>10d<br>10f<br>10g<br>10h<br>10i                       | Yes<br>X<br>X<br>X<br>X<br>X<br>Schee             | No X X X X U U U U U U U U U U U U U U U           | (Form           | Amount  | 1248<br>14700         |  |
| Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)         f       Has the plan failed to provide any benefit when due under the pla         g       Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)         i       If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)         11a       Enter the unpaid minimum required contribution for current year from the second contribution for current year for the second contrese contribution for       | tions within<br>uciary Corre<br>? (Do not ir<br>fidelity bon<br>ner persons<br>of the bene<br>n?<br>s of year er<br>(See instruc<br>he required<br>1-3<br>ments? (If "Y<br>mom Schedu<br>requiremer<br>, as applica<br>ng amortize | the time period described in<br>ection Program)<br>nclude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>fits under the plan? (See<br>  | 10a<br>10b<br>10c<br>10d<br>10e<br>10f<br>10g<br>10h<br>10i<br>e or se            | Yes<br>X<br>X<br>X<br>X<br>X<br>Scheo             | No X X X X J J Jule SB Jule SB Jule SB             | (Form<br>ERISA? | Amount  | 1248<br>14700<br>X No |  |
| Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)   | tions within<br>uciary Corre<br>? (Do not ir<br>fidelity bon-<br>ner persons<br>of the bene<br>n?<br>s of year er<br>(See instruc<br>he required<br>1-3<br>  | the time period described in<br>ection Program)<br>nclude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>fits under the plan? (See<br>  | 10a<br>10b<br>10c<br>10d<br>10e<br>10f<br>10g<br>10h<br>10i<br>e or se            | Yes<br>X<br>X<br>X<br>X<br>X<br>Scheo             | No X X X X A A A A A A A A A A A A A A A           | (Form<br>ERISA? | Amount Amount Yes Pres Pres Pres Pres Pres Pres Pres Pr | 1248<br>14700<br>X No |  |
| Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu<br>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu         b       Were there any nonexempt transactions with any party-in-interest<br>on line 10a.)   | tions within<br>uciary Corre<br>? (Do not ir<br>fidelity bon-<br>ner persons<br>of the bene<br>n?<br>  | the time period described in<br>action Program)<br>include transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>fits under the plan? (See<br>d<br>ind.)<br>totions and 29 CFR<br>notice or one of the<br>es," see instructions and com<br>es," see instructions and com<br>and S500) line 39<br>Mon<br>in 5500), and skip to line 13. | 10a<br>10b<br>10c<br>10d<br>10f<br>10g<br>10h<br>10i<br>10i<br>e or see<br>ctions | Yes<br>X<br>X<br>X<br>X<br>X<br>Scheo<br>ection = | No X X X X A A A A A A A A A A A A A A A           | (Form<br>ERISA? | Amount Amount Yes Pres Pres Pres Pres Pres Pres Pres Pr | 1248<br>14700<br>X No |  |

| C    | 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                | 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 c of 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) t which assets or liabilities were transferred. (See instructions.) | 0                 |           |                     |
| 1    | <b>3c(1)</b> Name of plan(s): 13   | 8 <b>c(2)</b> EIN | l(s)      | <b>13c(3)</b> PN(s) |
|      |  |                   |           |                     |
|      |  |                   |           |                     |
| Part | VIII Trust Information (optional)  |                   | 1         |                     |
| 14a  | lame of trust  | <b>14b</b> Tru    | ust's EIN |                     |
|      |  |                   |           |                     |
|      |  |                   |           |                     |

| Form 5500-SF  | Short Form Annual Return/Report of Small Employ<br>Benefit Plan  |  |   | ee  | OMB Nos, 1210-0110<br>1210-0089 |                                       |  |  |
|---|--|--|---|---|---------------------------------|---------------------------------------|--|--|
| Department of the Treasury<br>Internal Revenue Service  | This form is required to be filed under sections 104 and 4065 of the Employe   |  |   | e   | 2013                            |                                       |  |  |
| Department of Labor<br>Employee Benefits Security Administration  |  | Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(<br>the Internal Revenue Code (the Code). |   |   |                                 | s Open to Public<br>spection          |  |  |
| Pension Benefit Guaranty Corporation  | Complete all entries in according to the second | rdance with the instru   | ctions to the Form 550                  |   |                                 |                                       |  |  |
|   | lentification Information  |  |   | 10/2  | 1/0010                          |                                       |  |  |
| For calendar plan year 2013 or fisca  |  | 01/01/2013   | and ending                              |   | 1/2013                          |                                       |  |  |
| A This return/report is for:  | a single-employer plan   |  | lan (not multiemployer)                 | a   | one-particip                    | ant plan                              |  |  |
| B This return/report is:  | the first return/report  | the final return/report  |   |   |                                 |                                       |  |  |
|   | an amended return/report   | onths)   |   |   |                                 |                                       |  |  |
| C Check box if filing under:  | Form 5558  |  |   |   | DFVC program                    |                                       |  |  |
|   | special extension (enter descript  | ion)   |   |   |                                 |                                       |  |  |
| Part II Basic Plan Inform   | mation enter all requested inf   | ormation   |   |   |                                 |                                       |  |  |
| 1a Name of plan   |  |  |   | 1b Thre   | e-digit<br>number               |                                       |  |  |
| The Healthy Start Co  | alition of Flagler and   | Volusia Counties   | 3 401(k) PSP                            | PN  |                                 | 001                                   |  |  |
|   |  |  |   |   | ctive date o                    | f plan                                |  |  |
| 0.0 Discourse and add   |  | (analayan if far a single  |   |   | 01/2008                         |                                       |  |  |
|   | ress; include room or suite number<br>alition of Flagler and   |  |   | 2b Employer Identification Number<br>(EIN) 59-3163742 |                                 |                                       |  |  |
|   |  |  |   | 2c Sponsor's telephone number<br>(386) 252-4277       |                                 |                                       |  |  |
| 109 Executive Circle  | <b>;</b>   |  |   | (386) 252-4277<br>2d Business code (see instructions) |                                 |                                       |  |  |
| US Daytona Beach  | FL 32114   |  |   |   | 238290                          |                                       |  |  |
| US Daytona Beach<br>3a Plan administrator's name and  |  | sor Name Same as I   | Plan Sponsor Address                    | 3b Adm  | ninistrator's                   | EIN                                   |  |  |
| 4 If the name and/or EIN of the name, EIN, and the plan numl  | plan sponsor has changed since th  | e last return/report filed t   | for this plan, enter the                | 4b ein  |                                 |                                       |  |  |
| a Sponsor's name  | er nom die last returnneport.  |  |   | 4c PN   |                                 |                                       |  |  |
| 5a Total number of participants a   | t the beginning of the plan year   |  | *****                                   | 5a  |                                 | 19                                    |  |  |
|   | • • • • •  |  |   | 5b  | -,                              | 23                                    |  |  |
|   | Total number of participants at the end of the plan year<br>Number of participants with account balances as of the end of the plan year (defined benefit plans do not<br>complete this item)   |  |   |   |                                 | 13                                    |  |  |
| 6a Were all of the plan's assets of   | • · · •  | •  | • ••••••••••••••                        |   | ******                          | 🕱 Yes 🗌 No                            |  |  |
| under 29 CFR 2520.104-46? (   | he annual examination and report o<br>See instructions on waiver eligibility   | y and conditions.)   | *************************************** |   |                                 | XYes No                               |  |  |
|   | er line 6a or line 6b, the plan car  |  |   |   |                                 |                                       |  |  |
| c If the plan is a defined benefit  | plan, is it covered under the PBGC   | insurance program (see   | ERISA section 4021)?                    | ······  | res [_]No                       | Not determined                        |  |  |
| Caution: A penalty for the late o   | r incomplete filing of this return/  | report will be assessed  | l unless reasonable ca                  | use is esta   | ablished.                       | ·                                     |  |  |
| Under penalties of perjury and oth<br>SB or Schedule MB completed an<br>belief, it is true, correct, and comp | d signed by an enrolled actuary, as  |  |   |   |                                 |                                       |  |  |
| Min   |  |  | Dixie M                                 | orges   | e                               | ······                                |  |  |
| HERE Signature of plan admin  | nistrator  | Date 7/1/14  | Enter name of individua                 |   |                                 | nistrator                             |  |  |
| 1 Mar   |  |  |   | Nora  |                                 | 1 11978F 64 597 6                     |  |  |
| HERE Signature of employer  |  | Date 7/1/14  | Enter name of Individua                 | 0   |                                 | or plan sponsor                       |  |  |
| Preparer's name (including firm na  | ·  |  |   |   |                                 | number (optional)                     |  |  |
|   | , , , , , , , , , , , , , , , , , , ,  |  |   |   |                                 | · · · · · · · · · · · · · · · · · · · |  |  |
|   |  |  |   |   |                                 |                                       |  |  |
| For Paperwork Reduction Act N   | otice and OMB Control Numbers  | , see the instructions f   | or Form 5500-SF.                        | 1   | Fi                              | orm 5500-SF (2013)                    |  |  |

Form 5500-SF 2013

| Pa                                 | rt III Financial Information   |                |                                    |             |           |                         | ·····           |  |
|------------------------------------|--|----------------|------------------------------------|-------------|-----------|-------------------------|-----------------|--|
| 7                                  | Plan Assets and Liabilities  |                | (a) Beginning of Year              |             |           |                         | (b) End of Year |  |
| a                                  | Total plan assets  |                |                                    | 09          |           | 109,712                 |                 |  |
| b                                  | Total plan llabilities   |                |                                    |             |           |                         |                 |  |
| C                                  |  |                | 66,0                               | 09          |           |                         | 109,712         |  |
|                                    | Income, Expenses, and Transfers for this Plan Year   |                | (a) Amount                         |             | (b) Total |                         |                 |  |
|                                    | Contributions received or receivable from:<br>(1) Employers  | 8a(1)          |                                    |             |           |                         |                 |  |
| *******                            | (2) Participants   |                | 15,926                             |             |           |                         |                 |  |
|                                    | (3) Others (including rollovers)   | 8a(2)<br>8a(3) | 19,606                             |             |           |                         |                 |  |
|                                    |  |                | L99                                |             |           |                         |                 |  |
|                                    | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c             |                                    |             |           |                         | 44,731          |  |
|                                    | Benefits paid (including direct rollovers and insurance premiums<br>to provide benefits)   | 8d             | 21                                 | 50          |           |                         |                 |  |
| e                                  | Certain deemed and/or corrective distributions (see instructions)  | 8e             |                                    |             |           | identalia<br>Postularia |                 |  |
| -                                  | Administrative service providers (salaries, fees, commissions)   | 8f             | 70                                 | 58          |           |                         |                 |  |
| g                                  | Other expenses   | 8g             |                                    |             |           |                         |                 |  |
| h                                  | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h             |                                    |             | ×.        |                         | 1,028           |  |
| ľ                                  | Net income (loss) (subtract line 8h from line 8c)  | 81             |                                    |             |           |                         | 43,703          |  |
| j                                  | Transfers to (from) the plan (see instructions)  | 8j             |                                    |             |           | 9.31                    |                 |  |
| Pa                                 | rt IV Plan Characteristics   |                |                                    |             |           |                         |                 |  |
| b                                  | 9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions:         2E       2F       2G       2J       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: |                |                                    |             |           |                         |                 |  |
| Pa                                 | rt V Compliance Questions  |                |                                    |             |           |                         |                 |  |
| 10                                 | During the plan year:  |                |                                    |             | Yes       | No                      | Amount          |  |
| a                                  | Was there a failure to transmit to the plan any participant contribut<br>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc  |                |                                    | 10a         |           | x                       |                 |  |
| b                                  | Were there any nonexempt transactions with any party-in-Interest<br>on line 10a.)  |                |                                    | 10b         |           | x                       | A.              |  |
| C                                  | Was the plan covered by a fidelity bond?   | *****          | ******                             | 10c         | x         |                         | 10,000          |  |
| d                                  | Did the plan have a loss, whether or not reimbursed by the plan's t<br>or dishonesty?  |                |                                    | 10d         |           | x                       |                 |  |
| e                                  | Were any fees or commissions paid to any brokers, agents, or oth<br>Insurance service, or other organization that provides some or all<br>instructions.)   | of the bene    | efits under the plan? (See         | 10e         | X         |                         | 1,248.          |  |
| f                                  | Has the plan failed to provide any benefit when due under the plan   | 17             |                                    | 10f         |           | x                       | · ···           |  |
| g                                  | Did the plan have any participant loans? (If "Yes," enter amount as  |                |                                    | 10g         | x         |                         | 14,700          |  |
| h                                  |  |                |                                    | 10h         | x         |                         |                 |  |
| I                                  | If 10h was answered "Yes," check the box if you either provided th<br>exceptions to providing the notice applied under 29 CFR 2520.101   |                |                                    | 10i         | x         |                         |                 |  |
| Part VI Pension Funding Compliance |  |                |                                    |             |           |                         |                 |  |
| 11                                 |  |                |                                    |             |           |                         |                 |  |
| 11a                                | Enter the unpaid minimum required contribution for current year fro  |                |                                    |             |           | 11a                     |                 |  |
| 12                                 |  |                |                                    |             | tion 3    | 02 of                   | ERISA? Yes X No |  |
| 2,3<br>2,3                         | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  |                |                                    |             |           |                         |                 |  |
| a                                  | If a waiver of the minimum funding standard for a prior year is bein granting the waiver   | g amortize     | ed in this plan year, see instruct | ions,<br>th | and e     | nter ti<br>Da           |                 |  |
| lfy                                | If 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                     |                 |  |

Page 3-Form 5500-SF 2013 12c Enter the amount contributed by the employer to the plan for this plan year С Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a d 12d negative amount) ...... Yes 🖾 No 🗌 N/A Will the minimum funding amount reported on line 12d be met by the funding deadline?..... е Plan Terminations and Transfers of Assets Part VII Yes X No 13a Has a resolution to terminate the plan been adopted in any plan year? if "Yes," enter the amount of any plan assets that reverted to the employer this year 13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control b 🗌 Yes 🕱 No of the PBGC?...... If during this plan year, any assets or llabilities were transferred from this plan to another plan(s), identify the plan(s) to C which assets or liabilities were transferred. (See instructions.) 13c(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s): Part VIII Trust Information (optional) 14b Trust's EIN 14a Name of trust