For	m 5500-SF	Short Form Annual Return/Report of Small Employee OMB No Benefit Plan						
	ment of the Treasury al Revenue Service	-	2	2013				
Dej	partment of Labor nefits Security Administration	This form is required to be filed u Retirement Income Security Act of 19 the Internal R		ctions 6057(b) and 6058		This Form i	s Open to Public	
Pension Ber	nefit Guaranty Corporation	Complete all entries in accordar			0-SF.	Ins	pection	
Part I		entification Information						
_	r plan year 2013 or fisca	· · · · ·			<u>2/31/:</u>			
	Irn/report is for:			an (not multiemployer)		a one-partici	oant plan	
<b>B</b> This retu	ırn/report is:		e final return/report			N		
				n/report (less than 12 mo	ontns	_		
	ox if filing under:		utomatic extension			DFVC progra		
Part II	Basic Plan Inform	special extension (enter description)	n					
1a Name o					1b	Three-digit		
	•	FIT SHARING 401(K) PLAN				plan number (PN) ▶	001	
					1c	Effective date o	•	
<b>2a</b> Plan sn	onsor's name and addr	ess; include room or suite number (emp	Nover if for a single	employer plan)	2h	01/01		
	OMNEY, M.D., P.S.	ess, include room of suite number (emp	noyer, il lor a single-	employer plan)		(=)	21111	
1310 SOUTH	I UNION AVE., STE 22-	В			2c	Sponsor's telep 253-750		
TACOMA, W	A 98405				2d	Business code (see instructions) 621111		
3a Plan ac	ministrator's name and	address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's		
							elephone number	
name,	EIN, and the plan numb	lan sponsor has changed since the last er from the last return/report.	t return/report filed fo	or this plan, enter the		EIN		
a Sponso		the beginning of the plan year			40 5a	PN	4	
		the end of the plan year			5a 5b		4	
<b>c</b> Numbe	er of participants with ac	count balances as of the end of the plar	n year (defined bene	fit plans do not	5c		4	
· · · · ·	,	luring the plan year invested in eligible a					X Yes No	
		ne annual examination and report of an See instructions on waiver eligibility and					X Yes No	
-		er line 6a or line 6b, the plan cannot						
C If the p	an is a defined benefit p	blan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)? .		Yes No	Not determined	
Caution: A	penalty for the late or	incomplete filing of this return/repor	t will be assessed u	unless reasonable cau	ise is	established.		
SB or Sche		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a te.						
	Filed with authorized/va	lid electronic signature.						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual się	gning as plan adr	ninistrator	
SIGN HERE								
	Signature of employe		Date	Enter name of individu	_			
Preparer's r	ame (including inm nan	ne, if applicable) and address; include r	oom of suite number	r (optional)	Prep	barer s telephone	number (optional)	

Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ear		
а	Total plan assets	7a	88128	4				11	42671		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	88128	4				11	42671		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
а	Contributions received or receivable from:	0-(4)	329	0							
	(1) Employers	8a(1)	755								
	(2) Participants	8a(2)	100	0							
· · ·	(3) Others (including rollovers) Other income (loss)	8a(3)	25053	8							
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	20000	<u> </u>	_			2	61387		_
	Benefits paid (including direct rollovers and insurance premiums	00			-			2	01307		_
	to provide benefits)	8d									
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									
i	Net income (loss) (subtract line 8h from line 8c)	8i						2	61387		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions			
	2E 2J 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist		ies in t	ne instruct	ons:			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
а	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in			V					
<u> </u>	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х					10000	)0
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			V					
	or dishonesty?			10d		Х					
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		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			V					_
	2520.101-3.)			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			10i							
Dort		1-3		101							_
Part 11	Part VI       Pension Funding Compliance         11       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)								Yes	X N	lo
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	e or se	ection 3	302 of	ERISA?		Yes	X N	١o
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.				, and e	enter th Day	ne date of t	he le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
b	Enter the minimum required contribution for this plan year				[	12b					_

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?		′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 of the PBGC?	control		Yes 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):   1	3 <b>c(2)</b> El	N(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust IG T. ROMNEY, M.D.,P.S. PROFIT S		ust's EIN 11211715	

		T				···	OMB Nos. 1210-0110		
	Form 5500-SF	Short Form Annual R	Return/Report Benefit Plan	of Small Emplo	yee	1210-0066			
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employed Department Labor Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058							2013		
						8(a) of This Form is Open to			
	Anyon Benefits Security Administration		•	•	~ ~ ~		Inspection		
		Complete all entries in acco	rdance with the instr	uctions to the Form of	<u>00-or.</u>	La			
Eor For	Annual Report lo calendar plan year 2013 or fisc	dentification Information	01/01/2013	and ending	12	/31/2013			
		x a single-employer plan	a multiple-employer	plan (not multiemployer)	ſ	] e one-partio	cipant plan		
	This return/report is:	the first return/report	, the final return/repo		-	•			
	(1999) Cronisco Politicas	an amended return/report	J	turn/report (less than 12 i	months)				
~	Sheek hav K films under	Form 5558	automatic extension		Ĺ	DFVC prog	ram		
	Check box if filing under:	special extension (enter description			L				
÷.	Basis Blag Infor	mation enter all requested info			_	<u> </u>			
-	Name of plan					Three-digit	1		
	•	D., P.S. Profit Sharing	401 (k) Plan			pian numb∈r (PN) ►	001		
	Craig T. Rommey, M.	// E.S. FLULLL UNFILM	102(8)			Effective date	ofplan		
)						01/01/198			
2a	Plan sponsor's name and add Craig T. Romney, M.I	ress; include room or suite number ( D., P.S.	(employer, if for a sing	ie-employer plan)		Employer i Jei (EIN) 91-1	ntification Number		
					2c		aphone number		
	1310 South Union Ave	s., Ste 22-B			24	(253) 756			
	_					621111 621111	e (see instructions)		
	Tacona Pian administrator's name and	d address X Same as Plan Spons	or Name Same a	s Plan Sponsor Address	3b	Administrator	's EIN		
				•					
					3c	Administra pr	's telephone number		
4	If the name and/or FIN of the	plan sponsor has changed since the	isst return/report filed	l for this plan, enter the	4b	EIN	<u> </u>		
•		ber from the last return/report.	· · · · · · · · · · · · · · · · · · ·	•					
8	Sponsor's name				<u>4c</u>	PN			
	• •	t the beginning of the plan year			- <u>5a</u> 5b		4		
b	· · ·	t the end of the plan year	plen yoor (defined bo	nefit niens do not	. 00	┽────			
С					<u>5c</u>	<u> </u>	4		
		turing the plan year invested in eligit	=				Yes No		
b		the annual examination and report of (See instructions on waiver eligibility	• •	fied public accountant (IC	2PA)		🔀 Yes 🚺 No		
	-	her line 6a or line 6b, the plan can			_		_		
<u>_</u>	If the plan is a defined benefit	t plan, is it covared under the PBGC	insurance program (si	e ERISA section 4021)?			No Not determined		
C	ution: A penalty for the late of	or incomplete filing of this return/r	eport will be assess	ad unions reasonable c	auso is e	etablished.			
SI		her penalties set forth in the instruction nd signed by an enrolled actuary, as plete.							
		<u></u>	· · ·	CRAIG T. BOMME	Y, M.I				
	ENE Signature of plan admi	histrator	Date 7/17/V	Enter name of Individ			ministrator		
111				V	and the party of the	<u></u>	· · · · · · · · · · · · · · · · · · ·		
	Signature of employer	inian sponsor	Date	Enter name of individ	ual sioni	noioma as or	er or olan sponsor		
Turce	Philippe have a second s	ame, if applicable) and address; Incl					ne number (optional)		
						·	· · ·		
1									
1									

For Paperwork Reduction Act Notice and ONB Control Numbers, see the instructions for Form 6500-SF.

Form 5500-SF (2013) v.130118

Page 2

	Financial Information									
7	Pian Assets and Liabilities		(a) Beginning of Year				(b) E	nd of	fear	
a	Total plan assets	7a	881,2	84				1	,142,671	
b	Total plan Habilities	76				_				
C	Net plan assets (subtract line 7b from line 7a)	7c	881,2	94				1	,142,671	_
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Tot		
a	Contributions received or receivable from:	0-(4)	3,2	20					en e	
	(1) Employers	<u>8a(1)</u>	7,5							
	(2) Participants	8a(2)		10	All statistics of	The second	and the second second	dente de la centre	The second s	
b	(3) Others (including roliovers)	8a(3) 8b	250,53	20						
<u> </u>		80 80			15.23 N		1		251.387	105 E
े त	Benefits paid (including direct rollovers and insurance premiums					- 744 W			100,102	
<u> </u>	to provide benefits)	8d			飅			- in		
e	Certain deemed and/or corrective distributions (see Instructions)	50								
f	Administrative service providers (salaries, fees, commissions)	Bf		_					in silve a	
9.	Cilher expenses	Bg				ciá st		<b>新聞</b>		
h	Total expenses (add lines 8d, 6e, 8f, and 8g)	8h								
ī	Net income (loss) (subtract line 8h from line 8c)	81				_			261,387	
1	Transfers to (from) the plan (see instructions)	8				9 <u>7</u> - 19	<b>教</b> 権 1			
	ar IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Characte	oristic	Code	sinth	ne inst	ruction		
	218 2 <i>J</i> 3D									
h	If the plan provides welfare benefits, enter the applicable welfare fea	entre coder	from the List of Plan Character	istic i	Codes	in the		ctions:		
~										
<u>.</u>	Compliance Questions								· • • •	—
10 10	During the plan year.		······································		Yes	No	<u> </u>	A	nount	
_	Was there a failure to transmit to the plan any participant contribut	ions within	the time period described in		1.41.00					—
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure			10a		X				
Ŀ	Were there any nonexempt transactions with any party-in-interest	7 (Do not in	clude transactions reported			<u> </u>	1			
	on line 10a.)			110b		X	L_			
							1			'
	Was the plan covered by a fidelity bond?			10c	X		<b> </b>		100,0	00
	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bon	d, that was caused by fraud		X	x			100,0	00
	<ul> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> </ul>	-		10c 10d	X	x			100,0	00
	Was the plan covered by a fidelity bond?	er persons	by an insurance carrier,		¥	x			100,0	00
	<ul> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or other plants.</li> </ul>	er persons	by an insurance carrier,		X	x x			100,0	000
	<ul> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all other organization.</li> </ul>	er persons of the bane	by an insurance carrier,	10d	×				100,0	
	<ul> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurarice service, or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> </ul>	er persons of the bene	by an insurance carrier, fits under the plan? (See	10d 10e	X	x		<u> </u>	100,0	
6 f {	<ul> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any feee or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> </ul>	er persons of the bene n? s of year e	by an insurance carrier, fits under the plan? (See	10d 10e 10f	×	x x x			100,0	
6 f {	<ul> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Ware any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>I Did the plan have any participant loans? (If "Yes," enter amount as a service of the plan have any participant loans?</li> </ul>	er persons of the bene n? s of year e	by an insurance carrier, fits under the plan? (See	10d 10e 10f	*	x x x			100,0	
6 f {	<ul> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Ware any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount at 1 if this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 0h was answered "Yes," check the box if you either provided the provided the plan have any enter and the plan have any period.</li> </ul>	er persons of the benc n? s of year er See instru re required	by an insurance carrier, fits under the plan? (See nd.)	10d 10e 10f 10g 10h	*	x x x			100,0	
c e f } i	<ul> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimburged by the plan's or dishonesty?</li> <li>Ware any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount a: 1 If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 0h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	er persons of the benc n? s of year er See instru re required	by an insurance carrier, fits under the plan? (See nd.)	10d 10e 10f	*	x x x			100,0	
c e f 1 1	<ul> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurarice service, or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount a:</li> <li>If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Pension Funding Compliance</li> </ul>	er persons of the bene n? s of year en See instru er required 1-3	by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the	10d 10e 10f 10g 10h		x x x x			100,0	
c e f } i	<ul> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurarice service, or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount at 1 if this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Pension Funding Compliance</li> </ul>	er persons of the bene n? s of year en See instru er required 1-3	by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the	10d 10e 10f 10g 10h		x x x x			100,0	
6 6 6 1 1 1 1	<ul> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurarice service, or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount a:</li> <li>If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided the axceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem</li> </ul>	er persons of the bene s of year en See instru e required I-3 ente? (if ")	by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the	10d 10e 10f 10g 10h	chedu	x x x x				
6 6 6 1 1 1 1	<ul> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>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>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount at 1 if this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 6800) and line 11a below)</li> <li>8 Enter the unpaid minimum required contribution for current year fin</li> </ul>	er persons of the bene s of year e See instru le required i-3 ents? (if ") om Schedi	by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the fes," see instructions and compl de SB (Form 6500) line 39	10d 10f 10f 10h 10h	ctiedu	X X X X Ale SB	(For			No
6 6 1 1 1 1 1 1	<ul> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimburged by the plan's or dishonesty?</li> <li>Ware any feee or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount as 1 if this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 6800) and line 11a below)</li> <li>8 Enter the unpaid minimum required contribution for current year fm</li> <li>Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.</li> </ul>	er persons of the benc s of year en See instru e required i-3 ents? (if ") om Schedu requirement as applice	by an insurance carrier, fits under the plan? (See Ind.) ctions and 29 CFR notice or one of the fes." see instructions and compl de SB (Form 6500) line 39 ints of section 412 of the Code of ble.)	10d 10f 10g 10h 10l	chedu	X X X X 11 2 of E	(Form	······	Yes ∑	No
6 6 1 1 1 1 1 1	<ul> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimburged by the plan's or dishonesty?</li> <li>Ware any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 6800) and line 11a below)</li> <li>8 Entar the unpaid minimum required contribution for current year fm?</li> <li>Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> </ul>	er persons of the benc s of year er See instru e required I-3 ents? (if ") om Schedu requiremen as applice og amortize	by an insurance carrier, fits under the plan? (See Ind.) ctions and 29 CFR notice or one of the res." see instructions and compl de SB (Form 6500) line 39 mts of section 412 of the Code of the.) Ind in this plan year, see instructions	10d 10f 10f 10g 10h 10l 10l	ichedu	X X X X X Ale SB 11a 22 of E	(Fom RISA)	of the J	Yes X	No
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C Enter the amount contributed by the employer to the plan for this plan year	120	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)		<u> </u>
e Will the minimum funding amount reported on line 12d be met by the funding deadline	27	
Part Vie Plan Terminations and Transfers of Assets		
13a Has a resolution to terminate the plan been adopted in any plan year?		es 🗶 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 anoi of the PBGC?		
C If during this plan year, any assets or liabilities were transferred from this plan to anoti which assets or liabilities were transferred. (See instructions.)	ner plan(s), identify the plan(s) to	
13c(1) Name of plan(s):	13c(2) EIN	(s) 13c(3) PN(s)
Part VIII. Trust Information (optional)		
14a Name of trust	14b Ti	rusts Ellv
Craig T. Romey, M.D., P.S. Profit S		91121.1715