## 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

Pensior	Benefit Guaranty Corporation	➤ Complete all entries in accord	dance with the instruc	ctions to the Form 550	0-SF.		peotion		
Part I	Annual Report I	Identification Information							
For cale	ndar plan year 2013 or fis	cal plan year beginning 01/01/2013	3	and ending 1	2/31/2	2013			
	return/report is for:			an (not multiemployer)		a one-partici	pant plan		
<b>B</b> This	return/report is:		the final return/report						
		an amended return/report	a short plan year returi	n/report (less than 12 m	onths)	! <u> </u>			
C Chec	k box if filing under:			DFVC progra	am				
	T =	special extension (enter descriptio	<u>,                                      </u>						
Part II		rmation—enter all requested informa	ation				T		
	ne of plan . PENALVER, M.D., P.S.	401(K) PROFIT SHARING PLAN			1b	Three-digit plan number			
						(PN) <b>•</b>	001		
					1C	Effective date o	•		
	sponsor's name and add I. PENALVER, M.D., P.S.	dress; include room or suite number (er	mployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-12	fication Number 85383		
310 - 5TH	STREET S.W.				2c	Sponsor's telep			
PUYALLU	IP, WA 98371				2d	Business code (	(see instructions)		
<b>3a</b> Plar	administrator's name and	d address Same as Plan Sponsor N	lame Same as Plar	Sponsor Address	3b	Administrator's	EIN		
					3с	Administrator's	telephone number		
4 If th	e name and/or EIN of the	plan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b	EIN			
nar		nber from the last return/report.	·	, ,	4c				
		at the beginning of the plan year			5a		20		
_		at the end of the plan year			5b	+	19		
<b>C</b> Nur	nber of participants with a	account balances as of the end of the p	olan year (defined bene	fit plans do not	5c		19		
_	•	during the plan year invested in eligibl					X Yes No		
<b>b</b> Are	you claiming a waiver of	the annual examination and report of a (See instructions on waiver eligibility a	an independent qualifie	ed public accountant (IQ	PA)		X Yes No		
•		ther line 6a or line 6b, the plan canno					1		
	•	t plan, is it covered under the PBGC in					Not determined		
		or incomplete filing of this return/rep					-61 0-66-1-		
SB or So		ner penalties set forth in the instructions id signed by an enrolled actuary, as we lete.							
SIGN	Filed with authorized/v	valid electronic signature.							
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ninistrator		
SIGN									
HERE		Signature of employer/plan sponsor Date Enter name of individu				ridual signing as employer or plan sponsor			
Prepare	's name (including firm na	ame, if applicable) and address; include	e room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)		

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Da	rt III   Financial Information									
_ <u> </u>			(a) Denimalian of Ven		1		/b\ F	-1 - £ V	·	
	Plan Assets and Liabilities Total plan assets	70	(a) Beginning of Yea				(b) En		ear 373176	
<u>а</u> b	Total plan assets  Total plan liabilities	7a 7b	02100							,
	Net plan assets (subtract line 7b from line 7a)	76 7c	32785	1		373176			3	
8	Income, Expenses, and Transfers for this Plan Year	70					(b)			
	Contributions received or receivable from:		(a) Amount				(D)	Total		
	(1) Employers	8a(1)	1542	8						
	(2) Participants	8a(2)	2773	4						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	1981	6						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							62978	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1765	3						
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							17653	3
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							4532	5
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	S:	
b	<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a	X					1780
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		Χ				
d	<u> </u>	fidelity box	nd, that was caused by fraud	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth			100						
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See		Χ					
	instructions.)			10e		V				2621
	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Г	Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr					11a			-	
12										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th	ne date d	of the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
h	Enter the minimum required contribution for this plan year					12b				

Page	3	- [	1
гаус	J	- 1	

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 country of the PBGC?	ontrol		Yes	X No				
С	C 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.)								
	3c(1) Name of plan(s):	<b>3c(2)</b> EIN(s) <b>13c</b>			PN(s)				
Part	VIII Trust Information (optional)								
	Name of trust DIO M PENALVER MD, PS 401(K) PSP		ust's EIN 11884103						

## Form 5500-SF

Department of the Treatury Internal Revenue Service

## 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

OMB Nos. 1210-0110 1210-0089

2013

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	3(a) of	This Form is Open to Public Inspection						
HE CANADA	Complete all entries in au Identification information		tructions to the Form 550	0-SF.				
For calendar plan year 2013 or flac		01/01/2013	and ending	12	/31/2013			
A This return/report is for:	a single-employer plan		r plan (not multiemployer)	Γ	a one-participant plan			
B This return/report is:	the first return/report	the final return/rep		L	a oue-barrobarr ben			
e ma returneport is.	an amended return/report	H '	eturn/report (less than 12 m	·antha)				
C Charlebay William under	Form 5558	automatic extension	, ,	பாகர் ட	1 00/0			
C Check box if filing under:	님	ш	M.F	L	DFVC program			
	special extension (enter descr	• •			···			
1a Name of plan	mation enter all requested	Information	<del></del>	1467				
•					Three-digit Nan number			
Ovidio M. Penalver,	M.D., P.S. 401(K) Pro	fit Sharing Plan	1	_	PN) ▶ 001			
					Effective date of plan 01/01/1997			
2a Plan sponsor's name and add	iress; include room or suite numb	er (employer, if for a sin	gle-employer plan)		imployer identification Number			
Ovidio M. Penalver,	M.D., P.S.				EIN) 91-1285383			
					Sponsor's telephone number			
319 - 5TH STREET S.	<b>π</b> .				(253) 848-0351			
****	WA 98371				lusiness code (see instructions) 21111			
3a Plan administrator's name an		onsor Name Same	na Plan Sponsor Address		dministrator's EIN			
			20 1 A21 Opolision 7 A201000	"	CALIBRODATOL & CITA			
				3C Administrator's telephone number				
				00 /	or remains a template falling			
	<del></del>	<del>-</del>						
4 If the name and/or EIN of the name, EIN, and the plan num	4b EIN							
a Sponsor's name	ser mont the rest return report.			4c P	iki			
58 Total number of participants a	it the beginning of the plan year			5a	20			
	it the end of the plan year			5b	19			
C Number of participants with a	ccount balances as of the end of t	he plan year (defined be	enefit plans do not					
				5c	19			
6a Were all of the plan's assets of				·····	X Yes			
b Are you claiming a waiver of to under 29 CFR 2520 104-467 i	ne annual examination and report (See instructions on waiver eligibl	· · · · · · · · · · · · · · · · · · ·	med public accountant (IQF	'A)	WVan Clain			
	ter line 6a or line 6b, the plan cr	* ***	F and must instead use i	orm 66	XYes No			
c If the plan is a defined benefit					Yes No Not determined			
Caution: A penalty for the late of Under penalties of persury and ob-								
SB or Schedule MB completed an belief, it is true, correct, and comp	d signed by an enrolled actuary, a	is well as the electronic	vention of this return/report	, and to	the best of my knowledge and			
	<u> </u>	7-22-19	LAURA VARGAS		· · · · · · · · · · · · · · · · · · ·			
Signature of plan admir	A services	Date	Enter name of individua	100 000	920100 <u>000000000000000000000000000000000</u>			
	4	7-22-14		i g(mr				
The second secon	r Digital of the Alexandria (temps	201						
Preparer's name (including firm na		Date			res employer or plan aponsor			
r reparer a rigina (arangang mini na	yne, n approache/ and address, s	MANUFACTOR OF THE STATE OF THE	new (opulorial)	c rabate	er's telephone number (optional)			
/								

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ş. Ş	Financial Information							·	
7		(a) Beginning of Yea	Year (b) End of Year						
a	Total plan assets	7a	327,8	51		373,176			
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	327,8	51				373,176	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	_			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	15,4	2 R		71.7			
_	(2) Participants	8a(2)	27,7						
	(3) Others (including rollovers)	5a(3)							
b	Other income (loss)	8b	19,8	16			a caraci		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						62,978	
<u>ਰ</u>	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	17,6					To Popular Caracity	
	Certain deemed and/or corrective distributions (see instructions)	5e					TELEPHART FULL.	TERMINITATION	
f	Administrative service providers (salaries, fees, commissions)	8f				10 (2)	. Witalia (2)	anculti Kroja	
g	Other expenses	8g		_		ALTO S	ะ <b>ก</b> ล้านักรับกับ	onticopy-2.90%	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						17,653	
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i						45,325	
į,	Transfers to (from) the plan (see Instructions)	8)							
	Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2J 2K 3D	ature code	s from the List of Plan Charact	eristic	Code	s in th	e Instructions:		
b	if the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Characte	ristic (	Codes	In the	instructions:	**	
	Compilance Questions				7		Ι .		
10	During the plan year:  Was there a failure to transmit to the plan any participant contribut	ione uálhio	the time period described in	Τ	Yes	No	Ame	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)	108	x			1,780	
	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	•		10b		x			
	Was the plan covered by a fidelity bond?		***************************************	10c		I			
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?		d, that was caused by fraud	10d		x			
8	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of	or persons of the bene	by an insurance carrier, lifts under the plan? (See						
_	Instructions.)		······································	10 <del>0</del>	×			2,621	
f	Has the plan falled to provide any benefit when due under the plan	!?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	100	i	x			
h	ff this is an individual account plan, was there a blackout period? (5 2520.101-3.)	See instruc	tions and 29 CFR	10h		x		e and injury place. Geography	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101		notice or one of the	101			na zakok. Naranjene	or organización. Company polición	
*	Pension Funding Compliance			<del></del>					
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form								
11:	5500) and line 11a below) Yes X No  11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a								
12	Is this a defined contribution plan subject to the minimum funding n			r secti			RISA? F	Yes 🗷 No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					Ť			
a	If a walver of the minimum funding standard for a prior year is being granting the waiver	g amortize	d in this plan year, see instructi		ind en			ter ruting	
- 11	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
<u></u> b						2b T	***		
	D Enter the minimum required contribution for this plan year								

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	Enter the amount contributed by the employer to the plan for this plan	n year		12c	T	
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minus sign to the left of a	 	12d		
e	Will the minimum funding amount reported on line 12d be met by the Plan Terminations and Transfers of Assets	funding deadline?	**********	<u></u>	Yes	□ No □ N/A
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 emp		*******		es X	l No
b	Were all the plan assets distributed to participants or beneficiaries, true of the PBGC?	ansferred to another plan, or brought und	er the co	13a entrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another plan(s), identify the p	an(s) to		l	LJ 165 EL NO
1	(3c(1) Name of plan(s):		130	(2) EIN(	s)	13c(3) PN(s)
ĐĐ	Trust Information (optional)		<del></del> -	<del></del> .		
14a r	Name of trust			14b Tr	ust's E	IN
	vidio M Penalver MD, PS 401(k) PSP			. !	91-18	84103