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

rensi	on Benefit Guaranty Corporation	Complete all entries in a	ccordance with the instruc	tions to the Form 5500	-SF.		-pootion
Part	I Annual Report	Identification Information	1				
For cal	endar plan year 2013 or fis		1/2013	and ending 12	2/31/20	013	
A This	s return/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)	[a one-partici	pant plan
B This	s return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	/report (less than 12 mo	nths)		
C Che	eck box if filing under:	X Form 5558	automatic extension		[DFVC progra	am
		special extension (enter des	· · · · ·				
Part		rmation—enter all requested in	nformation				1
	me of plan AKSHMI RAMESH M.D. F	P.C. 401(K) PSP				Three-digit plan number	004
						(PN) •	001
					10	Effective date o	/2010
	an sponsor's name and add	dress; include room or suite numl	per (employer, if for a single-	employer plan)		Employer Identi	fication Number
						Sponsor's telep	hone number
1950 KE RICHLA	ENE ROAD BLDG J ND, WA 99352			_	2d	Business code ((see instructions)
3a Pla	an administrator's name an	nd address XSame as Plan Spor	nsor Name Same as Plan	Sponsor Address	3b /	62111 Administrator's	
					3c	Administrator's	telephone number
4 15.							
na	ime, EIN, and the plan nur	e plan sponsor has changed since other from the last return/report.	e the last return/report filed fo	r this plan, enter the	4b		
na _a Sp	ime, EIN, and the plan nur onsor's name	mber from the last return/report.	·	' '	4c		
a Sp 5a To	nme, EIN, and the plan nur onsor's name otal number of participants	at the beginning of the plan year			4c 5a		2
a Sp5a Tob To	ame, EIN, and the plan nur onsor's name otal number of participants otal number of participants	at the beginning of the plan year at the end of the plan year			4c		2
a Sp 5a To b To c No	ame, EIN, and the plan nur consor's name stal number of participants stal number of participants sumber of participants with a	at the beginning of the plan year	f the plan year (defined bene	fit plans do not	4c 5a		
a Sp 5a To b To c Nu co 6a W	ame, EIN, and the plan nur onsor's name otal number of participants otal number of participants umber of participants with a simplete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances are invested in	f the plan year (defined bene eligible assets? (See instruct	fit plans do not	4c 5a 5b 5c	PN	2
7 a Sp 5a To b To c Nu co 6a W b Ar ur	ame, EIN, and the plan nuronsor's name stal number of participants stal number of participants umber of participants with a simplete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in the annual examination and report (See instructions on waiver eligical the annual examination of the plan year at the end of the plan year invested in the end of the end of the plan year invested in the end of the plan year invested in the end of	f the plan year (defined bene eligible assets? (See instruct ort of an independent qualifier bility and conditions.)	fit plans do not ions.)d public accountant (IQP	4c 5a 5b 5c	PN	2
7	ame, EIN, and the plan nuronsor's name otal number of participants otal number of participants otal number of participants otal number of participants with a otal number of participants otal	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the end of the plan year invested in the annual examination and report (See instructions on waiver eliging ther line 6a or line 6b, the plan	f the plan year (defined bene- eligible assets? (See instruct ort of an independent qualifier bility and conditions.)	fit plans do not ions.)d public accountant (IQP	4c 5a 5b 5c 5c PA)	PN	2 X Yes No Yes No
7	ame, EIN, and the plan nuronsor's name otal number of participants otal number of participants otal number of participants otal number of participants with a otal number of participants otal	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in the annual examination and report (See instructions on waiver eligical the annual examination of the plan year at the end of the plan year invested in the end of the end of the plan year invested in the end of the plan year invested in the end of	f the plan year (defined bene- eligible assets? (See instruct ort of an independent qualifier bility and conditions.)	fit plans do not ions.)d public accountant (IQP	4c 5a 5b 5c 5c PA)	PN	2 2 X Yes No
na Sp 5a To b To c Nu cc 6a W b Ar ur If c If t	ame, EIN, and the plan nuronsor's name otal number of participants otal number of participants otal number of participants otal number of participants with a otal number of participants otal	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the end of the plan year invested in the annual examination and report (See instructions on waiver eliging ther line 6a or line 6b, the plan	eligible assets? (See instruct ort of an independent qualifier bility and conditions.)	fit plans do not ions.)d public accountant (IQP and must instead use F ERISA section 4021)?	4c 5a 5b 5c 5c PA)	PN	2 X Yes No Yes No
na Sp 5a To b To c Nu cc 6a W b Ar ur If c If t	ame, EIN, and the plan nuronsor's name otal number of participants otal number of par	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan it plan, is it covered under the PB or incomplete filing of this returned signed by an enrolled actuary,	eligible assets? (See instruct ort of an independent qualifier bility and conditions.)	fit plans do not ions.)	4c 5a 5b 5c	PN 5500. Yes X No established. Cluding, if applic	2 X Yes No Yes No Not determined
na Sp 5a To b To c Nu cc 6a W b Ar ur If c If t Cautio Under p SB or S belief, i	ame, EIN, and the plan nuronsor's name otal number of participants otal number of par	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan it plan, is it covered under the PB or incomplete filing of this returned signed by an enrolled actuary,	eligible assets? (See instruct ort of an independent qualifier bility and conditions.)	fit plans do not ions.)	4c 5a 5b 5c	PN 5500. Yes X No established. Cluding, if applic	2 X Yes No Yes No Not determined
na Sp 5a To b To c Nu cc 6a W b Ar ur If c If t Cautio	ame, EIN, and the plan nuronsor's name otal number of participants otal number of par	at the beginning of the plan year at the end of the plan year at the end of the plan year	eligible assets? (See instruct ort of an independent qualifier bility and conditions.)	fit plans do not ions.)	5a 5b 5c PA) Form 6 ort, income and to	PN 5500. Yes X No established. cluding, if applice the best of my	Z X Yes No X Yes No Not determined Stable, a Schedule knowledge and
na Sp 5a To b To c Nu cc 6a W b Ar ur If c If t Cautio Under SB or S belief, i	ame, EIN, and the plan nuronsor's name otal number of participants otal number of par	at the beginning of the plan year at the end of the plan year at the end of the plan year	eligible assets? (See instruct ort of an independent qualifier bility and conditions.)	fit plans do not ions.)	5a 5b 5c PA) Form 6 ort, income and to	PN 5500. Yes X No established. cluding, if applice the best of my	Z X Yes No X Yes No Not determined Stable, a Schedule knowledge and
a Sp 5a To b To c Nu cc 6a W b Ar ur If C If t Cautio Under SB or S belief, i SIGN HERE	ame, EIN, and the plan nuronsor's name Intal number of participants of partic	at the beginning of the plan year at the end of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eliging ther line 6a or line 6b, the plan it plan, is it covered under the PB or incomplete filing of this returned signed by an enrolled actuary, plete. valid electronic signature. dministrator	eligible assets? (See instruct ont of an independent qualifier bility and conditions.)	fit plans do not ions.)	5a 5b 5c PA) Form Se is soort, income and to	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employed.	2 X Yes No X Yes No Not determined Sable, a Schedule or knowledge and ministrator er or plan sponsor
a Sp 5a To b To c Nu cc 6a W b Ar ur If C If t Cautio Under SB or S belief, i SIGN HERE	ame, EIN, and the plan nuronsor's name Intal number of participants of partic	at the beginning of the plan year at the end of the plan year at the end of the plan year	eligible assets? (See instruct ont of an independent qualifier bility and conditions.)	fit plans do not ions.)	5a 5b 5c PA) Form Se is soort, income and to	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employed.	2 X Yes No X Yes No Not determined Cable, a Schedule or knowledge and

Form 5500-SF 2013 Page **2**

Da	rt III Financial Information									
_ <u> </u>			(a) Deninging of Ver				(h) F.	-1 -6 V		
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) En		ear 15041:	2
<u>а</u> b	Total plan liabilities	7a	12030	1					15041)
	Total plan liabilities	7b	12830	7	-				150413	2
	,	7c			+		(1-1		100+10	,
<u>8</u> а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(a)	Total		
	(1) Employers	8a(1)	452	5						
	(2) Participants	8a(2)	110	0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	1648	1						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							22106	6
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							()
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							2210	6
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 to 2A 2E 2F 2G 2J 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instr	uctions	S :	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Coc	les in t	he instru	ctions:		
Par	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 contribut 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		X				
	Was the plan covered by a fidelity bond?			10c	X					10000
d		fidelity bor	nd, that was caused by fraud	10d		X				10000
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					070
	instructions.)			10e		Χ				678
	Has the plan failed to provide any benefit when due under the plan	n?		10f						
g				10g		X				
h	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 2520.101			10i		X				
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Yes	X No
11a	Enter the unpaid minimum required contribution for current year from					11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	.	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								•	
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th	ne date o	f 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
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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	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

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).

the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information								
For calend	ar plan year 2013 or	fiscal plan year beginning 01/01	1/2013	ar	nd ending '	12/31/	2013	
A This ref	turn/report is for:	a single-employer plan	a multiple-	employer plan (not r	multiemployer)		a one-particip	oant plan
B This ref	turn/report is:	the first return/report	the final re	eturn/report				
		an amended return/report	a short pla	n year return/report	(less than 12 m	onths))	
C Check	box if filing under:		automatic	extension			DFVC progra	m
		special extension (enter desc	cription)				H	
Part II	Basic Plan In	formation—enter all requested in	formation					
1a Name						1b	Three-digit	
	mi Ramesh M.D. P.0	C. 401(k) PSP					plan number	001
							(PN) ▶	001
						10	Effective date of 01/01/2	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Muthulakshmi Ramesh MD PC					2b	Employer Identif		
						2c	Sponsor's telep (509) 62	
1950 Keene	Road Bldg J					2d	Business code (20001808242
Richland, W	/A 99352		41				621111	
3a Plan a	idministrator's name	and address Same as Plan Spon	sor Name S	ame as Plan Sponso	or Address	3b	Administrator's I	ΞIN
						3с	Administrator's t	elephone number
4 If the	nama and/or FINI of	the plan sponsor has changed since	the last return/r	connect filed for this pla	on outortho	Al.		
		number from the last return/report.	the last return/r	eport filed for this pi	an, enter the	40	EIN	10 (d) 10
a Spons	or's name	*				4c	PN	
5a Total	number of participar	nts at the beginning of the plan year.	***************************************			5a		2
b Total	number of participar	nts at the end of the plan year	***************************************			5b		2
		th account balances as of the end of				5c		2
		ets during the plan year invested in				-		X Yes No
		of the annual examination and repo		No. and the amiliar property of the state of				- 1cs - 1to
		46? (See instructions on waiver eligit						X Yes No
		either line 6a or line 6b, the plan						
C If the	plan is a defined ber	nefit plan, is it covered under the PB0	GC insurance pr	rogram (see ERISA s	section 4021)? .		Yes 🛮 No	Not determined
Caution: A	A penalty for the lat	te or incomplete filing of this retur	n/report will be	assessed unless r	easonable cau	ıse is	established.	
Under pen	alties of perjury and	other penalties set forth in the instru	ctions, I declare	that I have examine	d this return/rep	oort, ir	cluding, if applica	able, a Schedule
	edule MB completed true, correct, and co	and signed by an enrolled actuary, amplete.	as well as the el	lectronic version of th	nis return/report	, and	to the best of my	knowledge and
CICN	T NI	Ramed 70	-7 2	31-2014 Muthul	akshmi Ramesl			
SIGN	/ (_				service Treample and	074		a version union resiona
Taxabanasa	Signature of plan	administrator	Date	Enter	name of individ	ual sig	ning as plan adm	ninistrator
SIGN HERE								
		oloyer/plan sponsor	Date				ning as employe	
1 Deservator			aduda room ar	auto number lantion	al)	Dran	arer's telephone	Managar / andiamal\
Preparers	name (including firm	n name, if applicable) and address; in	naude room or :	suite number (option	aij	1 Tep	arer e telepriorie	number (optional)
Preparers	name (including firm	n name, if applicable) and address; ii	naude room or :	suite number (option	aij	Пер	and a telephone	number (optional)
Preparers	name (including film	n name, if applicable) and address; ii	naude room or :	suite number (option	ai)	тер	are comprising	number (optional)

Pai	rt III Financial Information	77-11					
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	T		(b) End of Year
а	Total plan assets	7a	12830				150413
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	12830	7			150413
8	Income, Expenses, and Transfers for this Plan Year	ome, Expenses, and Transfers for this Plan Year (a) Amount					(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	452	5			
	(2) Participants	8a(2)	110	0	0.		
1.	(3) Others (including rollovers)	8a(3)		0	. 8		
b	Other income (loss)	8b	1648	1	23		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					22106
d	Benefits paid (including direct rollovers and insurance premiums			_			
	to provide benefits)	8d		0			
4	Certain deemed and/or corrective distributions (see instructions)	8e		0			
_f	Administrative service providers (salaries, fees, commissions)	8f		0	-		
	Other expenses	8g			58	12.	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i					22106
	Transfers to (from) the plan (see instructions)	8j					
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D	feature cod	es from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	actura cada	e from the List of Dlan Chara	otoriot	io Coo	loo in t	ha lantustions:
D	The plan provides werrare benefits, effer the applicable werrare in	eature code	s nom the List of Flan Chara	cterist	10 000	ies in t	ne instructions.
Pari	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а				10a		X	, and and
b		? (Do not in	clude transactions reported	10b		×	
С				10c	Х		10000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		(5)	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.)	of the bene	fits under the plan? (See	10e	х		678
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 er	nd.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)		The state of the s	10h		х	
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i		x	
Part							
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 fr					11a	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applical	ble.)				
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.		Mon	ith	and e	enter th Day	e date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Forn	n 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year					12b	

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Page	3 -	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
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	0
	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.)		•	
1	3c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	ust's EIN	