## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

## **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).

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

For calend	iar pian year 2014 or tis	scal plan year beginning 01/01/	2014	and ending 12	2/31/2014				
A This re	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)								
		a one-participant plan	a foreign plan						
<b>B</b> This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year ret	urn/report (less than 12 m					
C Check	box if filing under:	1	DFVC program						
		special extension (enter des	cription)						
Part II	Basic Plan Info	rmation—enter all requested i	nformation						
1a Name					1b Three-digit				
SPECK HEALTH PS 401(K) PLAN				plan numbei (PN) ▶	r   001				
					1c Effective dat				
						5/16/2013			
2a Plan s		dress; include room or suite num	ber (employer, if for a sing	le-employer plan)	<b>2b</b> Employer Identification Number (EIN) 91-1751498				
					(EIN) 91  2c Sponsor's te				
805 MADISC	ON STREET, SUITE 40	00			-	6-432-9436			
SEATTLE, V					2d Business code (see instructions)				
3a Plan a	administrator's name ar	nd address XSame as Plan Spor	nsor		812990 <b>3b</b> Administrator's EIN				
Ou Halle		la dadress Poame as Flam opol	11301.		OB Administrato	I S LIIV			
					3c Administrato	r's telephone number			
		e plan sponsor has changed since	e the last return/report filed	I for this plan, enter the	4b EIN				
name	e, EIN, and the plan nur	e plan sponsor has changed since mber from the last return/report.	e the last return/report filed	for this plan, enter the					
name <b>a</b> Spons	e, EIN, and the plan nur sor's name	mber from the last return/report.	·	· 	4c PN	0			
a Spons 5a Total	e, EIN, and the plan nur cor's name number of participants	mber from the last return/report.	· · · · · · · · · · · · · · · · · · ·		4c PN 5a				
a Spons 5a Total b Total	e, EIN, and the plan nur sor's name number of participants number of participants	at the beginning of the plan year at the end of the plan year			4c PN 5a 5b				
a Spons 5a Total b Total c Numb	e, EIN, and the plan nur sor's name number of participants number of participants per of participants with	mber from the last return/report.	of the plan year (defined be	nefit plans do not	4c PN 5a 5b 5c	0			
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	Form 5500-SF 2014		Page <b>2</b>							
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable to the considerable	an indepe and condi	ndent qualified public accounta	ınt (IQ	PA)				Yes	No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)?	[	Yes	No	Not d	etermir	ned
Par	t III Financial Information		_							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Yea	ır	
a	Total plan assets	7a		0					0	
b	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		0					0	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) <sup>-</sup>	Γotal		
	Contributions received or receivable from:  (1) Employers	8a(1)								
	2) Participants	8a(2)								
	3) Others (including rollovers)	8a(3)								
_ b	Other income (loss)	8b								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							0	
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d								
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
	Net income (loss) (subtract line 8h from line 8c)	8i							0	
j	Fransfers to (from) the plan (see instructions)	8i								
Part	IV Plan Characteristics		•							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instru	ctions:		
b	3D 2E 2F 2G 2J 2K	2011112 000	doe from the Liet of Dlan Chare	oto riot	io Coo	laa in t	ha inatrus	ionai		
5	If the plan provides welfare benefits, enter the applicable welfare fe	eature coc	des from the List of Plan Chara	ciensi	ic Coc	ies in t	ne instruc	ions.		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amou	ınt	
а	Was there a failure to transmit to the plan any participant contribution					V				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		· ,	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
C	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	and, that was caused by fraud	100						
	or dishonesty?			10d		X				
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 ber	nefits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as					Χ				
— h	If this is an individual account plan, was there a blackout period? (	•	<u> </u>	10g						
	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	• .									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a		<del> </del>		-
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction :	302 of	ERISA?		Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			-4!				tha 1		
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter th Day		the lette Year	er rulinç	<u></u> _

	Form 5500-SF 2014	Page <b>3</b> - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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).

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

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

Part		t Identification Informatio				
For calend	dar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/201	.4
A This re	eturn/report is for:	X a single-employer plan     □	of participating emplo	plan (not multiemployer oyer information in acco	r) (Filers checking this be ordance with the form ins	ox must attach a list structions)
D		a one-participant plan	a foreign plan			
B This ret	turn/report is	the first return/report	the final return/report			
•		an amended return/report	a short plan year retu	rn/report (less than 12	months)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am
		special extension (enter des	5) 55			
Part II	Basic Plan Inf	ormation—enter all requested i	nformation			
1a Name SPECK I	ofplan HEALTH PS 401	(K) PLAN			1b Three-digit plan number (PN) 1c Effective date o	
2a Plan s	ponsor's name and a	ddress; include room or suite num	har (amplayor if for a single	ampleuse elen)	05/16/201	200
SPECK I	HEALTH PS	suress, include room or suite hum	ber (employer, il for a single	-employer plan)	2b Employer Identi (EIN) 91-175	
1		5200025000 000 M			2c Sponsor's telep	CONTRACTOR OF THE PARTY OF THE
805 MAI	DISON STREET,	SUITE 400			206-432-94	136
SEATTLE	E	WA 98104			2d Business code (812990	(see instructions)
		nd address XSame as Plan Spor	nsor	7.000.000	3b Administrator's	EIN
<ul><li>name,</li></ul>	, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN	
a Spons	, EIN, and the plan nu or's name	mber from the last return/report.			4c PN	
a Sponso	, EIN, and the plan nu or's name number of participants	mber from the last return/report.			4c PN 5a	
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6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
, ~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must instea	ad use	Forn	n 5500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 4	021)?		Yes 🗌	No No	t determin	ed
Pa	art III Financial Information								
7	Plan Assets and Liábilities		(a) Beginning of Ye	ar		,	b) End of Y	'onr	
а	Total plan assets	. 7a	(a) Deginning of te	aı	0		b) Ella of 1	ear	0
	Total plan liabilities								
	Net plan assets (subtract line 7b from line 7a)				0				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from:		(a) ranount				(b) Total		
•	(1) Employers	8a(1)							
7,000	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							7.1 72
	Other income (loss)	8b							
- c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			$\perp$				0
8	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
_ <u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u>	Other expenses	8g						I IA III III	
_ <u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
<u>-</u>	Net income (loss) (subtract line 8h from line 8c)	8i			$\perp$				0
	Transfers to (from) the plan (see instructions)  rt IV Plan Characteristics	8j							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	es in the ir	nstructions:		_
10	During the plan year:				V	No.	1/20		
	Was there a failure to transmit to the plan any participant contribut	tions within	the time period described in		Yes	No	Amo	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		Х			
<u> </u>	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not ir	nclude transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	j	х			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or oth	er persons	by an insurance carrier.	.54					
	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 plan	1?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х		rgi	
' 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	ļ		Ť		T
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	ule SB (Fo	ırm П	Yes 🗍	No
11a	Enter the unpaid minimum required contribution for current year fro					11a			
12	Is this a defined contribution plan subject to the minimum funding				-	02 of ERIS	SA?	Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applical	ble.)						
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortize	d in this plan year, see instruc	tions,	and e	nter the da Day	ate of the let Year		

F	Form 5500-SF 2014	Page 3 -			
If you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	m 5500), and skip to line 13.			
	er the minimum required contribution for this plan year		. 12b		
C Ente	er the amount contributed by the employer to the plan for this plan year		12c		
d Subt	stract the amount in line 12c from the amount in line 12b. Enter the result ative amount)	(enter a minus sign to the left of a			
	the minimum funding amount reported on line 12d be met by the funding			Yes	Лνο Πν/Α
Part VII	Plan Terminations and Transfers of Assets				1
<b>13a</b> Has	a resolution to terminate the plan been adopted in any plan year?		Р	es X N	)
	es," enter the amount of any plan assets that reverted to the employer th				
<b>b</b> Were	re all the plan assets distributed to participants or beneficiaries, transferre ne PBGC?	ed to another plan, or brought under the	ne control		☐ Yes ☒ No
C If du	uring this plan year, any assets or liabilities were transferred from this plan ch assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the plan(	s) to		
	Name of plan(s):		13c(2) Ell	V(s)	13c(3) PN(s)
•		<u> </u>			1
		1			1
Part VIII	Trust Information (optional)				
14a Name			14b Tri	ust's EIN	