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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information										
For calend	ar plan year 2015 or fi	scal plan year beginning 01/01/20	15	and ending 12	2/31/2015							
A This ref	turn/report is for:	a single-employer plan a one-participant plan										
B This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year return	n/report (less than 12 m	Tot multiemployer) (Filers checking this box must attach a per information in accordance with the form instructions) Total (less than 12 months) Three-digit plan number (PN) 001 Total Effective date of plan 05/16/2013 2b Employer Identification Number (EIN) 91-1751498 2c Sponsor's telephone number 206-432-9436 2d Business code (see instructions) 621111 3b Administrator's EIN 3c Administrator's telephone number splan and spl							
C Check	box if filing under:	Form 5558 special extension (enter descrip	automatic extension DFVC program									
Part II	Basic Plan Info	rmation—enter all requested info	rmation									
1a Name	of plan	·			plan numbe	er						
						•						
Mailing	g address (include rooi	m, apt., suite no. and street, or P.O.		uctions)	(EIN) 91-1751498							
B This return/report is the first return/report the final return/report (less than 12 months) C Check box if filing under: Form 5558 and automatic extension the final return/report (less than 12 months) Part II Basic Plan Information—enter all requested information 1a Name of plan SPECK HEALTH PS 401(K) PLAN 1b Three-digit plan number (PN) to 001 1c Effective date of plan 05/6/2013 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SPECK HEALTH PS 2b Employer Identification Number (EIN) 91-1751498 2c Sponsor's telephone number 206-432-9436 2d Business code (see instructions) 621111 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.												
805 MADISC SEATTLE, W	ON STREET, SUITE 40 VA 98104	00										
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponso	or.		3b Administrat	or's EIN						
			ne last return/report filed fo	or this plan, enter the		or's telephone number						
	•				4c PN							
5a Total i	number of participants	at the beginning of the plan year			.	0						
_						0						
C Numb	er of participants with	account balances as of the end of th	e plan year (defined bene	efit plans do not		0						
d(1) Tot	al number of active pa	rticipants at the beginning of the plan	n year		5d(1)	0						
d(2) Tot	al number of active pa	rticipants at the end of the plan year			5d(2)	0						
e Numb	per of participants that 100% vested	terminated employment during the p	plan year with accrued ber	nefits that were less								
SB or Sche		nd signed by an enrolled actuary, as										
SIGN HERE												
						n administrator						
SIGN HERE	F I											
	Signature of emplo		Date			oloyer or plan sponsor						
riepaiei S	parer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number											

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 Were all of the plan's assets during the plan year invested in e Are you claiming a waiver of the annual examination and repor under 29 CFR 2520.104-46? (See instructions on waiver eligibility our answered "No" to either line 6a or line 6b, the plan c 	t of an independility and condition	dent qualified public a	ccount	ant (IQ	PA)			×	Yes Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBG	C insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	determine	ed
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) En	d of Ye	ar	
a Total plan assets				0						
b Total plan liabilities				0					0	
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou	ınt	0			(b)	Total	0	
a Contributions received or receivable from:		(a) Aillot	ant				(1)	TOtal		
(1) Employers	8a(1)									
(2) Participants										
(3) Others (including rollovers)										
b Other income (loss)									0	
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premium									0	
to provide benefits)										
e Certain deemed and/or corrective distributions (see instructions	s) 8e									
f Administrative service providers (salaries, fees, commissions)	8f									
g Other expenses										
h Total expenses (add lines 8d, 8e, 8f, and 8g)									0	
I Net income (loss) (subtract line 8h from line 8c)									0	
	····· 8j									
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension benefits.	sion feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in t	he instr	uctions		
3D 2E 2F 2G 2J 2K 2T			u 0u		JO O O			uo		
B If the plan provides welfare benefits, enter the applicable welfa	are feature code	es from the List of Pla	n Chara	acterist	ic Cod	les in th	e instru	ctions:		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Δma	ount	
Was there a failure to transmit to the plan any participant cont described in 29 CFR 2510.3-102? (See instructions and DOL Program)	's Voluntary Fi	duciary Correction	10a		X			74114	<u> </u>	
b Were there any nonexempt transactions with any party-in-interproted on line 10a.)	erest? (Do not in	nclude transactions	10b		X					
C Was the plan covered by a fidelity bond?			10c		X					
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, o carrier, insurance service, or other organization that provides the plan? (See instructions.)	some or all of t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the			10f		Χ					
g Did the plan have any participant loans? (If "Yes," enter amou	int as of vear er	nd.)	10g		X					
h If this is an individual account plan, was there a blackout perior 2520.101-3.)	od? (See instruc	ctions and 29 CFR	10g 10h		X					
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520	ed the required	notice or one of the	10i							
j Did the plan trust incur unrelated business taxable income? .			10j							
Part VI Pension Funding Compliance			. •,				1			
11 Is this a defined benefit plan subject to minimum funding requision 5500) and line 11a below)								П	Yes	No
11a Enter the unpaid minimum required contribution for all years for						11a		. —	<u> </u>	
12 Is this a defined contribution plan subject to the minimum fund						302 of E	RISA?.	[Yes X	No

	F	orm 5500-SF 2015 Page 3 - 1								
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing			
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui				
b	Enter t	ne minimum required contribution for this plan year		12b						
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c						
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d						
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A			
Part		Plan Terminations and Transfers of Assets			100	110	1471			
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No				
		s," 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 brough	ght under the co	ontrol		Yes X	No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part	: VIII	Trust Information								
14a	Name o	f trust		14b 1	Γrust's EIN	١				
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's			
	Name of trustee of custodian					telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACF harbor test method						
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	Ratio Average benefit t							
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions			
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable				
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	" enter amount		19						
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection**

Part I Annual Repo	<u>rt Identification Information</u>										
For calendar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31/20							
A This return/report is for:	X a single-employer plan		lan (not multiemployer) nployer information in ac								
•	a one-participant plan	a foreign plan	a foreign plan								
B This return/report is	the first return/report	the final return/report									
	an amended return/report	a short plan year return	nonths)								
C Check box if filing under:	Form 5558	automatic extension	DFVC pro	gram							
	special extension (enter des	cription)									
Part II Basic Plan In	formation—enter all requested i	nformation									
1a Name of plan SPECK HEALTH PS 40				1b Three-digit plan number (PN) ▶	001						
	4			1c Effective date 05/16/203							
	loyer, if for a single-employer plan)			2b Employer Iden (EIN) 91-17	tification Number						
	nce, country, and ZIP or foreign pos		ructions)	` ` ` ` ` ` · · · · · · · · · · · · · ·							
SPECK HEALTH PS				2c Sponsor's tele 206-432-9							
805 MADISON STREE	r, SUITE 400			2d Business code 621111	e (see instructions)						
SEATTLE	WA 98104 and address XSame as Plan Spoi			3b Administrator's	S EIN						
Ja Flati autilitistrator s flame	and address Asame as Flan Spor	11301.		OD / Administrator	Line						
4 If the name and/or FIN of	the plan sponsor has changed sinc	e the last return/report filed f	or this plan, enter the	4b EIN							
	number from the last return/report.			4c PN							
				 	0						
	its at the beginning of the plan year			FI-							
c Number of participants wi	nts at the end of the plan year th account balances as of the end o	of the plan year (defined ben	efit plans do not	5c	0						
	participants at the beginning of the			F 1/4)	0						
• •	participants at the end of the plan y			- 1/01	0						
e Number of participants th	at terminated employment during th	ne plan year with accrued be	enefits that were less	5e	0						
	e or incomplete filing of this retu			use is established.	0						
Under penalties of perjury and SB or Schedule MB completed	other penalties set forth in the instr and signed by an enrolled actuary	uctions, I declare that I have	examined this return/re	eport, including, if app	licable, a Schedule ny knowledge and						
sign /9w/ J	implete.	7/29/16	DAN TRIPPS								
HERE Signature of plan	n administrator	Date	Enter name of individ	dual signing as plan a	dministrator						
SIGN HERE	alaysadalay a	Dete	Fotor	dual aigring as seeds	vor or plan anches						
	ployer/plan sponsor n name, if applicable) and address	(include room or suite numb		dual signing as emplo Preparer's telephor							
Preparer's name (moduling im	irriame, ii applicable) and address	(molade room of state name	ei ,	r reparer s telephor	ic Hamber						
•											

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b /	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility f you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi	ndent qualified public ad	ccounta	ant (IQF	PA) 		₽ v. □ v.
C I	the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ction 40	021)? .		Yes	No Not determined
Par	III Financial Information							
7 F	Plan Assets and Liabilities		(a) Beginning	of Yea	ır			(b) End of Year
a	Total plan assets	. 7a			()		
b _	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c			(0		0
8 1	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)						
	2) Participants	8a(2)						
-	3) Others (including rollovers)	8a(3)						page from the
	Other income (loss)	8b			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						0
d	Benefits paid (including direct rollovers and insurance premiums o 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						0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						0
j	Transfers to (from) the plan (see instructions)	- 8j						
Par	IV Plan Characteristics							
B Part					acterist	ic Cod	les in th	e instructions:
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	√oluntary l	Fiduciary Correction	10a		Х		
b	Were there any nonexempt transactions with any party-in-interes					Х		
	reported on line 10a.)			10b				
c	Was the plan covered by a fidelity bond?			10c		Х		
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all o	f the benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the pla		***************************************	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X		
h		(See instr	uctions and 29 CFR	10g 10h		Х		
ī	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10i				
Part	VI Pension Funding Compliance			,		L		
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for all years from						11a	
12	Is this a defined contribution plan subject to the minimum funding							ERISA? Yes X No

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	(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 being amortized in this plan year, see instruction granting the waiver.	ns, and e	nter the Day_		e letter ruli ⁄ear	ng	
lf y	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				
	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?			Yes	X No		
	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 und of the PBGC?				Yes X 1	No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.)	lan(s) to				25 700 - 1 10	
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)	
Part	VIII Trust Information						
	Name of trust		14b Trust's EIN				
			14d	Trustee's	or custodis	in's	
140	Name of trustee or custodian		0.000	telephone			
Part	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		∐ Ye	S	No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employee matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ised safe irbor ethod	ADP test	P/ACP	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m) 2(a)(2)(ii))?		Ye		No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410)(b):	1 1 1	atio ercentage st		rage efit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was adopted E for tax law changes and codes).	nter the	applical	ole code _	(See ir	nstruction	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that advisory letter, enter the date of that favorable letter and the letter's serial number					or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter.		the pla	n's last fav	orable	4.0-200-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	
18 	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has be made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Island		Ye		No		
19	Were in-service distributions made during the plan year?		Ye	:s	No		
	If "Yes," enter amount		19		(
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether retired), as required under section 401(a)(9)?	or not	Ye	es	No	□ N/A	