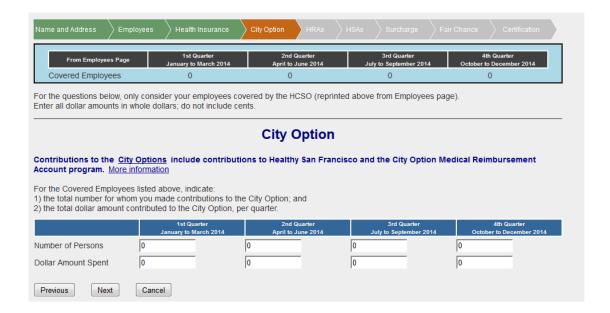
lame and Address Em	nployees Health Insurance	City Option	HRAS HS	As Surcharge	Fair Chance	Certification
	1	Name and	Address	;		
Certificate Number 0	0444444					
Registered Name	MURPHY MCKAY & ASSOCIATE	ES INC				
usiness dba Name						
Mailing Address 1 *			(Required)			
Mailing Address 2						
City *		(Required)				
State	CA ▼					
Zip *						
,						
Required fields.						
usiness Type						
Select if you are a non	profit organization					
	on behalf of several entities in t	the same "control	group" More in	nformation		
, ocicer ii you are iiiiiig (	on behalf of Several entitles in t	ane sume control	group : <u>more n</u>	<u>normation</u>		
lame and Address Em	nployees Health Insurance					
		Busines	ss Size			
ow many <u>persons</u> worke	ed for your business in each qu	arter of 2014? M	ore information			
	1st Quarter January to March 2014	2nd Qı April to Ju	uarter	3rd Quarter July to September	2014 Onto	4th Quarter
	● 0-19	© 0-19		0-19	© 0-19	
Count ALL	© 20-49	© 20-49		20-49	© 20-4	
persons	© 50-99	© 50-99		50-99	◎ 50-9	
including those outside SF	© 100-499	© 100-499		0 100-499	© 100	
	© 500-1999 © 2000+	© 500-1999	(	500-1999	◎ 500-	-1999
		© 2000+	(	2000+	© 200	0+
	n 20 employees in every quarte		se outside Sa	D 2000+ <u>n Francisco</u> ) and	© 200 non-profits with f	
		er ( <u>including tho</u>	se outside Sa			
	n 20 employees in every quarte er are <u>not</u> required to submit th	er ( <u>including tho</u>	se outside Sa Reporting Form.	n Francisco) and		
mployees in every quarte	n 20 employees in every quarte er are <u>not</u> required to submit th	er ( <u>including tho</u> ne HCSO Annual F rees Cove	Reporting Form.	e HCSO	non-profits with f	ewer than 50 total
mployees in every quarte	n 20 employees in every quarter are <u>not</u> required to submit th	er ( <u>including tho</u> ne HCSO Annual F rees Cove	Reporting Form.	e HCSO	non-profits with f	ewer than 50 total
mployees in every quarte	n 20 employees in every quarter are not required to submit the Employ e entitled to health care spendi	er (including tho ne HCSO Annual F Yees Covel ing from your busi	red by th	e HCSO San Francisco HC	non-profits with f	ewer than 50 total ter of 2014?  4th Quarter
ow many employees were lore information	n 20 employees in every quarter are not required to submit the Employ e entitled to health care spendi	er (including tho ne HCSO Annual F  Pees Cove ing from your busi  2nd Qu April to Ju	red by th iness under the	e HCSO San Francisco HC	SO in each quart	ewer than 50 total ter of 2014?  4th Quarter ober to December 2014
mployees in every quarte ow many employees were lore information	n 20 employees in every quarter are not required to submit the Employ e entitled to health care spendi	er (including tho ne HCSO Annual F Yees Covel ing from your busi	red by th	e HCSO San Francisco HC	non-profits with f	ewer than 50 total ter of 2014?  4th Quarter
mployees in every quarte	n 20 employees in every quarter are not required to submit the Employ e entitled to health care spendi	er (including tho ne HCSO Annual F  Pees Cove ing from your busi  2nd Qu April to Ju	red by th iness under the	e HCSO San Francisco HC	SO in each quart	ewer than 50 total ter of 2014?  4th Quarter ober to December 2014
ow many employees were	n 20 employees in every quarter are not required to submit the Employ e entitled to health care spendi	er (including tho ne HCSO Annual F  Pees Cove ing from your busi  2nd Qu April to Ju	red by th	e HCSO San Francisco HC	SO in each quart	der of 2014?  4th Quarter ober to December 2014
ow many employees were dore information  Covered Employees	n 20 employees in every quarter are not required to submit the Employ e entitled to health care spending January to March 2014    O	er (including those HCSO Annual Forces Covering from your busing from your	red by th	e HCSO San Francisco HC	SO in each quart	der of 2014?  4th Quarter ober to December 2014
ow many employees were More information  Covered Employees  Lame and Address  En	n 20 employees in every quarter are not required to submit the Employ e entitled to health care spending and the January to March 2014    O	er (including tho ne HCSO Annual F  rees Cove ting from your busing from your business from	red by th iness under the	e HCSO  San Francisco HC  3rd Quarter July to September  3rd Quarter July to September	SO in each quart	der of 2014?  4th Quarter ober to December 2014  4th Quarter er to December 2014
ow many employees were More information  covered Employees  Employees  From Employees Pag  Covered Employees	e entitled to health care spendid and to health care spendid to heal	er (including tho be HCSO Annual Fores Covering from your busing from your	red by the riness under the larger of the la	e HCSO  San Francisco HC  3rd Quarter July to September  3rd Quarter July to September  0	SO in each quart  2014 Octob	ter of 2014?  4th Quarter obser to December 2014  Certification
ow many employees were More information  Covered Employees  Jame and Address  En  From Employees Pag  Covered Employees or the questions below, of	e entitled to health care spendi  1st Quarter January to March 2014  0  1st Quarter January to March 2014 0  only consider your employees	er (including tho be HCSO Annual Forest Covering from your busing from your business of the forest from your	red by the riness under the larger of the la	e HCSO  San Francisco HC  3rd Quarter July to September  3rd Quarter July to September  0	SO in each quart  2014 Octob	der of 2014?  4th Quarter ober to December 2014  4th Quarter er to December 2014
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ow many employees were More information  Covered Employees  Jame and Address  En  From Employees Pag  Covered Employees or the questions below, of	e entitled to health care spendi  1st Quarter January to March 2014  0  1st Quarter January to March 2014 0  only consider your employees	er (including those HCSO Annual Forces Covered by the HCSO Annual Forces Fo	red by the riness under the larger of the la	e HCSO  San Francisco HC  3rd Quarter July to September  3rd Quarter July to September 0  above from Emplo	SO in each quart  2014 Octob	der of 2014?  4th Quarter ober to December 2014  4th Quarter er to December 2014
ow many employees were More information  Covered Employees  From Employees Pag  Covered Employees  or the questions below, onter all dollar amounts in	n 20 employees in every quarter are not required to submit the Employ e entitled to health care spending and the January to March 2014    O	er (including those HCSO Annual Forces Covering from your busing from your business of the force of the	red by the	e HCSO San Francisco HC  3rd Quarter July to September  3rd Quarter July to September 0 above from Emplo	SO in each quart  2014 Octob	der of 2014?  4th Quarter ober to December 2014  4th Quarter er to December 2014
ow many employees were More information  covered Employees  Iame and Address  En  From Employees Pag  Covered Employees  or the questions below, onter all dollar amounts in	e entitled to health care spending to the entitled to health Insurance the entitled to	er (including those HCSO Annual Forces Covering from your busing from your business of the force of the	red by the	e HCSO San Francisco HC  3rd Quarter July to September  3rd Quarter July to September 0 above from Emplo	SO in each quart  2014 Octob	der of 2014?  4th Quarter ober to December 2014  4th Quarter er to December 2014
ow many employees were lore information  overed Employees  ame and Address  En  From Employees  or the questions below, or the rall dollar amounts in cludes medical, dentator the Covered Employee the total number for wh	n 20 employees in every quarter are not required to submit the Employ e entitled to health care spending the entitled to health care spending to the entitled to health care spending to the entitled to health insurance    1st Quarter   January to March 2014   0	city Option  City Option  City Option  Covered by the Hocents.  Ces Covered by the Hocents.	red by the iness under the large of the larg	e HCSO San Francisco HC  3rd Quarter July to September  3rd Quarter July to September 0 above from Emplo	SO in each quart  2014 Octob	der of 2014?  4th Quarter ober to December 2014  4th Quarter er to December 2014
ow many employees were lore information  overed Employees  ame and Address  En  From Employees  or the questions below, or the rall dollar amounts in cludes medical, dentator the Covered Employee the total number for wh	n 20 employees in every quarter are not required to submit the Employ e entitled to health care spending the desired and the submit the Employee Health care spending to March 2014    Tot Quarter   January to March 2014   O	city Option  City Option  Covered by the Hocents.  Covered by the Hocents.  Covered by the Hocents.  Covered by the Hocents.	red by the iness under the large of the larg	e HCSO San Francisco HC  3rd Quarter July to September  3rd Quarter July to September 0 above from Emplo	SO in each quart  2014 Octobory  Fair Chance  2014 Octobory  yees page).	der of 2014?  4th Quarter ober to December 2014  4th Quarter er to December 2014
ow many employees were dore information  Covered Employees  From Employees  Covered Employees  or the questions below, conter all dollar amounts in the Covered Employees or the Covered Employees or the Covered Employees or the Covered Employees or the total number for who the total dollar amount the total dollar amount the total dollar amount the covered Employees or the Covered Employees the total number for who the total dollar amount	e entitled to health care spending to the set of these health insurance of these health insurance prending you paid health insurance of these health insurance prending you paid health insurance you you paid health insurance you paid health insurance you	city Option  City Option  Covered by the Hocents.  Central Insurance premiums; and miums, per quarted April to Jana Capril To	red by the iness under the ine	e HCSO San Francisco HC  3rd Quarter July to September  3rd Quarter July to September  0 above from Emplo	SO in each quart  2014 Octob  Fair Chance  2014 Octob  yees page).	der of 2014?  4th Quarter ober to December 2014  4th Quarter or to December 2014  0
ow many employees were More information  Covered Employees  From Employees  Covered Employees  or the questions below, conter all dollar amounts in  couldes medical, denta or the Covered Employee ) the total number for wh	e entitled to health care spending to the set of these health insurance of these health insurance presented to submit the set of these health insurance presented to submit the set of these health insurance presented to the set of these health insurance presented to submit the set of these health insurance presented to submit the set of these health insurance presented to submit the set of these health insurance presented to submit the set of these health insurance presented to submit the set of the se	covered by the Hocents.  Health Ir	red by the iness under the ine	e HCSO San Francisco HC  3rd Quarter July to September  3rd Quarter July to September 0 above from Emplo	SO in each quart  2014 Octob  Fair Chance  2014 Octob  yees page).	ewer than 50 total  eer of 2014?  4th Quarter ober to December 2014  Alth Quarter of to December 2014  0  4th Quarter 4th Quarter 4th Quarter 4th Quarter
ow many employees were dore information  Covered Employees  From Employees  Covered Employees  or the questions below, conter all dollar amounts in the Covered Employees or the Covered Employees or the Covered Employees or the Covered Employees or the total number for who the total dollar amount the total dollar amount the total dollar amount the covered Employees or the Covered Employees the total number for who the total dollar amount	e entitled to health care spending to the set of these health insurance of these health insurance prending you paid health insurance of these health insurance prending you paid health insurance you you paid health insurance you paid health insurance you	city Option  City Option  Covered by the Hocents.  Central Insurance premiums; and miums, per quarted April to Jana Capril To	red by the iness under the larter une 2014  HRAS H  CSO (reprinted  CSO (reprinted  CSO (reprinted  CSO (reprinted  CSO (reprinted	e HCSO San Francisco HC  3rd Quarter July to September  3rd Quarter July to September  0 above from Emplo	SO in each quart  2014 Octob  Fair Chance  2014 Octob  yees page).	ewer than 50 total  eer of 2014?  4th Quarter ober to December 2014  Alth Quarter of to December 2014  0  4th Quarter 4th Quarter 4th Quarter 4th Quarter



Name and Address Em	ployees Health Insurance	City Option HRAs	HSAs Surcharge	Fair Chance Certification					
From Employees Page	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter					
Covered Employees	January to March 2014	April to June 2014	July to September 2014	October to December 2014					
For the questions below, only consider employees covered by the HCSO (reprinted above from Employees page).  Enter all dollar amounts in whole dollars; do not include cents.									
	Health Rei	mbursement Ac	counts (HRAs)						
Did you make allocation information	ns to Health Reimburseme	nt Accounts (HRAs) on bel	nalf of your Covered Empl	oyees for 2014? More					
© Yes									
◎ No									
Stand-alone HRAs (accou	unts that are not paired with h	health insurance - more infor	mation )						
<ol> <li>the total number of emp</li> <li>the total dollar amount a</li> </ol>	es with access to a stand-alor doyees for whom you provide allocated to the plan; and eimbursed under the plan, pe	ed a stand-alone HRA;							
	1st Quarter January to March 2014	2nd Quarter April to June 2014	3rd Quarter July to September 2014	4th Quarter October to December 2014					
Number of Persons	0	0	0	0					
Dollar Amount Allocated	0	0	0	0					
Dollar Amount Reimbursed	0	0	0	0					
Who administered the plan?  Self-administered  3rd Party Administered Which services did the plan reimburse? Dental  Vision  Long Term Care  Dependent Expenses Other									
Covered Employees? F expenditure rate) for an el	o an Excepted Benefits HF for a large business, this wou imployee who worked during t x 52 weeks x the \$1.63 expe	ild mean you allocated more the full year. For a medium si	than <b>\$2,637.60</b> (20 hours x 5 zed business, this would mea	52 weeks x the \$2.44					
Yes									

⊚ No

## **HRAs (Continued)**

- For how many employee average of 20 hours per v		an Excepted Benefits H	RA in excess of the r	equired expenditures fo	r an 0			
- Did you "true up" before April 10, 2015 by making replacement expenditures any unused balance in excess of an average of 20 hours per week? ( more information )								
○ Yes ○ No								
- If applicable, what was th	0							
- How did you spend the r information)	eplacement "true up" fu	inds? (insurance payme	ents, City Option Con	tribution, etc.) ( <u>more</u>	0			
Integrated HRAs (those p	paired with health insura	ance - <u>more information</u>	1)					
For the Covered Employee 1) the total number of emp 2) the total dollar amount a 3) the total dollar amount r	oloyees for whom you pr allocated to the plan; an	rovided an integrated HF nd		list:				
	1st Quarter January to March 2		Quarter June 2014	3rd Quarter July to September 2014	4th Quarter October to December 2014			
Number of Persons	0	0	0		0			
Dollar Amount Allocated	0	0	0		0			
Dollar Amount Reimbursed	0	0	0		0			
Who administered the plan Which services did the plan    Medical Services    In	n reimburse?	Dental Vision D	ependent Expenses					
(Your employees may hav for federal health care sul if so, how many employee How much was the total an	bsidies.) es opted out? 0	ngly chosen to opt out o		from before January 1, 2				
(Your employees may have for federal health care sulf so, how many employees How much was the total and Name and Address En	ve voluntarily and knowibsidies.) so opted out? 0 mount relinquished? 0 mployees Health Inst	urance City Option	of their HRA balance	from before January 1, 2	2014 to become eligible			
(Your employees may have for federal health care sulf so, how many employee How much was the total at Name and Address En	ve voluntarily and knowing very voluntarily and knowing soften in the second very very very very very very very very	urance City Option	of their HRA balance  HRAs  HSAs  Quarter June 2014	Surcharge Fa  3rd Quarter July to September 2014	ir Chance Certification  4th Quarter October to December 2014			
(Your employees may have for federal health care sulf so, how many employees How much was the total and Name and Address En	ve voluntarily and knowibsidies.) so opted out? 0 mount relinquished? 0 mployees Health Inst  1st Quart January to Mar 0 only consider your emp	urance City Option  City Option  Ch 2014 April to  Oloyees convered by the	HRAS HSAS	Surcharge Fa  3rd Quarter July to September 2014	ir Chance Certification  4th Quarter October to December 2014			
(Your employees may have for federal health care sulf so, how many employees How much was the total at Name and Address En Covered Employees  For the questions below, or	ve voluntarily and knowin bodices.) es opted out? 0 mount relinquished? 0 mployees Health Insurance  1st Quart January to Mar 0 only consider your emp n whole dollars; do not i	urance City Option  City Option  Ch 2014 April to  Oloyees convered by the	HRAS HSAS  Quarter June 2014  HCSO (reprinted ab	Surcharge Fa  Surcharge Fa  3rd Quarter July to September 2014  0  pove from Employees pa	ir Chance Certification  4th Quarter October to December 2014			
(Your employees may have for federal health care sull if so, how many employee How much was the total at Name and Address Enter Employees Page Covered Employees  For the questions below, center all dollar amounts in This section is limited to	ve voluntarily and knowind baidies.) se opted out? 0 mount relinquished? 0 mployees Health Institute Health	urance City Option  City Option	HRAS HSAS  Quarter Dune 2014  HCSO (reprinted abounts (	Surcharge Fa  Surcharge Fa  3rd Quarter July to September 2014  0  Dove from Employees pa  HSAs)  s covered under a high	ir Chance Certification  4th Quarter October to December 2014			
(Your employees may have for federal health care sull if so, how many employees How much was the total and Name and Address Engloyees Page Covered Employees  For the questions below, content all dollar amounts in this section is limited to (HDHP) and paid irrevolutions.	re voluntarily and knowind bridges.) res opted out? 0 mount relinquished? 0 mount relinq	urance City Option  City Option  City Option  City Option  Control Option  Con	HRAS HSAS  Quarter June 2014  HCSO (reprinted above the property of the proper	Surcharge Fa  Surcharge Fa  3rd Quarter July to September 2014  0  Dove from Employees pa  HSAs)  s covered under a high	ir Chance Certification  4th Quarter October to December 2014 0 age).			
(Your employees may have for federal health care sull if so, how many employee How much was the total at the many many employees. How much was the total at the many many employees. For the questions below, content all dollar amounts in the many employees. This section is limited to (HDHP) and paid irrevolution. For the Covered Employees the total number for who for the total number for who for the care such that the many for the covered Employees the total number for who for the care such that the many for the covered Employees the total number for who for the care such that the many for the covered Employees the total number for who for the care such that the many for the care that th	re voluntarily and knowind bridges.) res opted out? 0 mount relinquished? 0 mount relinq	urance City Option  City Option  City Option  City Option  Control Option  Con	HRAS HSAS  Quarter June 2014  HCSO (reprinted above the property of the proper	Surcharge Fa  3rd Quarter July to September 2014  0  over from Employees pa  HSAs)  6 covered under a high of the employee and new	2014 to become eligible  ir Chance Certification  4th Quarter October to December 2014  0  age).  gh deductible health plan ver return to the employer.			
(Your employees may have for federal health care sull if so, how many employee How much was the total and Manager and Address Engloyees Page Covered Employees  For the questions below, of Enter all dollar amounts in the Covered Employee (HDHP) and paid irrevolution for the Covered Employee 1) the total number for whe 2) the total dollar amount	ve voluntarily and knowibsidies.) es opted out? 0 mount relinquished? 0 mployees Health Inst  1st Quart January to Mar 0 conly consider your emp n whole dollars; do not i  He to payments made to cably to a qualified tr  ves listed in above , indi nom you paid into a Hea of these payments, per	urance City Option  er 2nd April to 0  loyees convered by the nclude cents.  ealth Savings Account (His requarter.	HRAS HSAS  Quarter June 2014  HCSO (reprinted at:  Accounts ( unts for employees ns are the property of SA); and	Surcharge Fa  3rd Quarter July to September 2014  0  over from Employees pa  HSAs)  6 covered under a high of the employee and new	2014 to become eligible  ir Chance Certification  4th Quarter October to December 2014  0  age).  gh deductible health plan ver return to the employer.			

Name and Address	Employees	Health Insurance	City Option	HRAs	HSAs	Surcharge	Fair Chance	Certification	
Surcharge									
Did you impose a surcharge on your customers at any time in 2014 to cover, in whole or in part, the costs of providing health care and/or complying with the HCSO? <u>More information</u>								○ Yes ● No	
If yes, how much did you collect from your customers in 2014 through this surcharge for employee health care?								0	

Name and Address	Employees	Health Insurance	City Option	HRAs	HSAs	Surcharge	Fair Chance	Certification
		Fair Cha	nce Ordir	nance	Repor	ting		
requires employers w	vith 20 or more em	rs passed the Fair Ch ployees to follow st plies to positions that p	rict rules regard	ding the u	se of arre	st and convicti	on records in	
Please find more info	rmation about the	Fair Chance Ordinance	e <u>here</u> .					
education and outrea	ach to employers.	ement (OLSE) is gathe Pursuant to the law, th ne law are required to	e OLSE will not in	mpose pen				
Reporting Instructions	<u>s</u>							
How many employ (including telecommu		pany hire to work in S -)?	an Francisco bet	ween Augı	ust 13, 2014	and December	31, 2014	0
2) During that time, d about arrest or conv		employment applicati	on for jobs in San	Francisco,	, including o	nline application	s, ask	
O Yes O No								
During that time, d     interview with them?		conduct criminal backg	round checks for	any applic	ants before	you conducted	a live	
◯ Yes ◯ No								
An arrest not     A conviction t     Participation ir     A conviction t     A conviction ir	4) The FCO prohibits employers from inquiring about the following at any time:  • An arrest not leading to a conviction, except for unresolved arrests;  • A conviction that is more than 7 years old;  • Participation in a diversion or deferral of judgment program;  • A conviction that has been dismissed, expunged, or otherwise invalidated;  • A conviction in the juvenile justice system;  • An offense other than a felony or misdemeanor, such as an infraction							
between August 13	and December 31	, 2014, did your compa	any inquire about	any the ab	ove?			
◯ Yes ◯ No								
5) Did you change yo	our job application	process to comply wi	ith the Fair Chanc	e Ordinanc	e?			
Yes, we change	d our application a	nd/or background che	ck process.					
No, our existing a	application and/or	background check pro	cess was alread	y compliant	t with the la	W.		
No, we never co	nsidered arrest re	cords or convictions,	and we still do no	ot.				
No, we have not	yet changed our	process to comply wit	h the law.					
6) Did you hire anyon	ne with a convicti	on history between Au	ıgust 13, 2014 an	d Decembe	er 31, 2014?	•		
○ Yes ○ No ○ Do								
If Yes, how many?	0							
Fair Chance Ordina	ance Resources	and Support						
Website: www.sfgo Email: fce@sfgov.org Fair Chance Ordinan	g	554-5192						

Name and Address Employees H	Health Insurance City Option	HRAs	HSAs	Surcharge	Fair Chance	Certification				
Certification										
By submitting this form, I certify that the information on this form is being submitted by the registered owner of the business or a duly authorized representative of the entity. Under the laws of the State of California, I declare under penalty of perjury that I have read the foregoing and that the information being submitted is true, correct, and complete to the best of my knowledge and belief.										
Name *	Email	*								
Title	Telepho	ne *								
* Required fields.										