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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

- Ferision be	enefit Guaranty Corporation	 Complete all entries in accord 	ance with the instruc	ctions to the Form 550	0-SF.			
Part I		dentification Information						
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013	}	and ending 1	2/31/20	013		
A This return/report is for:								
B This ret	urn/report is:							
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)			
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	am	
		special extension (enter description	n)					
Part II	Basic Plan Infor	mation—enter all requested informa	tion					
1a Name	of plan				1b	Three-digit		
LOMBINO M	ARTINO, P.S. 401(K) P	PLAN				plan number		
						(PN) ▶	001	
					1c	Effective date of	f plan	
0- 5						09/01/		
	oonsor's name and addi MARTINO, P.S.	ress; include room or suite number (er	nployer, if for a single-	-employer plan)			fication Number 25260	
40000 FOTU	AVE 0.14				2c	Sponsor's telep		
10009 59TH LAKEWOOD	AVE 5.W.), WA 98499-2775				2d		(see instructions)	
						54111	10	
		d address	ш	n Sponsor Address	3b /	Administrator's I 05-06	EIN 325260	
OMBINO MA	RTINO, P.S.	10009 59TH A\ LAKEWOOD, V			3c		telephone number	
						253-830	0-2700	
A 16.41					41.			
		plan sponsor has changed since the la	ast return/report filed for	or this plan, enter the	4b	EIN		
	EIN, and the plan num	plan sponsor has changed since the laber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b 4c			
name, a Sponso	EIN, and the plan num or's name						44	
name, a Sponso 5a Total r	EIN, and the plan num or's name number of participants a	ber from the last return/report.			4c		44	
name, a Sponso 5a Total r b Total r c Number	EIN, and the plan num or's name number of participants a number of participants a er of participants with ac	at the beginning of the plan year	lan year (defined bene	efit plans do not	4c 5a 5b		41	
name, a Sponso 5a Total r b Total r c Number comple	EIN, and the plan num or's name number of participants a number of participants a er of participants with ac ete this item)	ber from the last return/report. at the beginning of the plan year	lan year (defined bene	efit plans do not	4c 5a 5b 5c	PN		
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name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schebelief, it is t SIGN HERE SIGN HERE	EIN, and the plan number of participants and the plan is a participant of participants and participants and participants with an ete this item)	ber from the last return/report. at the beginning of the plan year	lan year (defined bene- e assets? (See instruc- in independent qualifie- ind conditions.) but use Form 5500-SF surance program (see ort will be assessed i, I declare that I have ill as the electronic ver 03/21/2014 Date Date	efit plans do not etions.)	4c 5a 5b 5c PA) Form 9 see is eport, inco, and to	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employe	Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor	
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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear		
a	Total plan assets	7a	76565				(5) 2.110		76750	9	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	76565	2					76750	9	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) ⁻	Total			
	Contributions received or receivable from:		(a) ranount				(5)	ota.			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	6365	57							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	5130	0							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11495	7	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10660	1							
e	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	649	9							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							11310	0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							185	7	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 3D 2A 2E 2F 2G 2J 2T 2K	feature co	des from the List of Plan Char	acteri	stic Co	odes in	the instru	ction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	tic Cod	des in t	he instruct	ions			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		A	- Curit		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X					
					X					0.04	000
				10c						800	000
	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.)			10e	X					30	677
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	10g		Χ					
h		(See instru	ctions and 29 CFR	10g		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	ne required	I notice or one of the	10ii							
Daw		1-3		101							
Part	<u> </u>		/aa !! aaa inatuustiana and aan		Caba	ام داد	2 / 5	1			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)				<u>.</u>				Yes		No
	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12	Is this a defined contribution plan subject to the minimum funding	-		e or se	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,]				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	th	, and	enter tl Day	ne date of	the le		ıling	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1				
	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

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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Inform						
For calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/2013			
A This return/report is for:	a multiple-employe	er plan (not multiemployer)	a one-participant plan			
B This return/report is:	the final return/rep	ort				
an amended return/re C Check box if filing under: Form 5558 special extension (ent	automatic extension	eturn/report (less than 12 m	onths)			
Part II Basic Plan Information—enter all reque	ested information					
1a Name of plan LOMBINO MARTINO, P.S. 401(K) PLAN	1b Three-digit plan number (PN) 001					
			1c Effective date of plan 09/01/2005			
2a Plan sponsor's name and address; include room or suite Lombino Martino, P.S.	e number (employer, if for a sin	gle-employer plan)	2b Employer Identification Number (EIN) 05-0625260			
10009 59th Ave S.W.			2c Sponsor's telephone number 253 - 830 - 2700			
Lakewood WA 98499	9-2775		2d Business code (see instructions) 541110			
		Plan Sponsor Address	3b Administrator's EIN			
LOMBINO MARTINO, P.S.			05-0625260			
10009 59TH AVE SW			3c Administrator's telephone number 253-830-2700			
LAKEWOOD WA 98499						
4 If the name and/or EIN of the plan sponsor has change name, EIN, and the plan number from the last return/re		ed for this plan, enter the	4b EIN			
a Sponsor's name			4c PN			
 5a Total number of participants at the beginning of the plan b Total number of participants at the end of the plan year 			5a 44			
b Total number of participants at the end of the plan yearc Number of participants with account balances as of the			5b 41			
complete this item)			5c 20			
 Were all of the plan's assets during the plan year inves Are you claiming a waiver of the annual examination ar under 29 CFR 2520.104-46? (See instructions on waive 	nd report of an independent qua	alified public accountant (IQ	PA)			
If you answered "No" to either line 6a or line 6b, the						
c If the plan is a defined benefit plan, is it covered under t	the PBGC insurance program (see ERISA section 4021)? .	Yes No Not determined			
Caution: A penalty for the late or incomplete filing of thi	s return/report will he assess	ed unless reasonable car	use is established.			
Under penalties of perjury and other penalties set forth in the SB or Schedule MB completed and signed by an enrolled ac belief, it is true, correct, and complete.	e instructions, I declare that I ha	ive examined this return/rep	port, including, if applicable, a Schedule			
SIGN Janue h	3-19-19	JOSEPH J.M. LO	OMBINO			
HERE Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator			
SIGN						
Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor			
Preparec's name (including firm name, if applicable) and add	ress; include room or suite nur	nber (optional)	Preparer's telephone number (optional)			

Par	t III Financial Information						
7	Plan Assets and Liabilities	THE SE	(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a		6565	2		767509
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	76	6565	2		767509
8	Income, Expenses, and Transfers for this Plan Year	VE SE	(a) Amount				(b) Total
	Contributions received or receivable from:				0	0=46	
	(1) Employers	8a(1)	*			31.11	
	(2) Participants	8a(2)		6365	7		
	(3) Others (including rollovers)	8a(3)			0		
	Other income (loss)	8b		5130	0		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					114957
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10	0660	1		
	Certain deemed and/or corrective distributions (see instructions)	8e			0	1. 2	
	Administrative service providers (salaries, fees, commissions)	8f		649	9	1000000	
		8g			0	33=1/0	
	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		11/19	1000		113100
	Net income (loss) (subtract line 8h from line 8c)	8i		185	_		1857
	Transfers to (from) the plan (see instructions)				100	-	
Par		8j		_	100		
b	3D 2A 2E 2F 2G 2J 2T 2K If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature code	es from the List of Plan Charac	cterist	ic Cod	les in tl	he instructions:
10	During the plan year:				Yes	No	Amount
a	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		Х	Amount
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
С	Was the plan covered by a fidelity bond?			10c	Х		80000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			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 ben	efits under the plan? (See	10e	х		3677
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 e	nd.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х	
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)						
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	orse	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)				The state of the s
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	ed in this plan year, see instruc	th	, and e	enter th Day	ne date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedul					v.Neuro	
b	Enter the minimum required contribution for this plan year			•••••		12b	

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С	Enter the amount contributed by the employer to the plan for this	s plan year]	12c	T			
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	,		12d				
е	Will the minimum funding amount reported on line 12d be met by					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	٧o	
	If "Yes," enter the amount of any plan assets that reverted to the	employer this year		13a	Т			
b	Were all the plan assets distributed to participants or beneficiarie of the PBGC?		the c	ontro	1		Y	es X No
С	If during this plan year, any assets or liabilities were transferred thich assets or liabilities were transferred. (See instructions.)		ın(s) t	0				
	3c(1) Name of plan(s):		13	3c(2)	EIN(s	3)	130	c(3) PN(s)
1)					_		\top	
						_	_	
Part	VIII Trust Information (optional)							
	Name of trust			14b Trust's EIN				