For	m 5500-SF	Short Form Annual Re	•	of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	B This form is required to be filed	enefit Plan	nd 4065 of the Employee	_	2	2013			
	partment of Labor enefits Security Administration	Retirement Income Security Act of 1		ctions 6057(b) and 6058		This Form i	s Open to Public			
Pension Be	nefit Guaranty Corporation	Complete all entries in accordation	ance with the instruc	ctions to the Form 5500	)-SF.	Ins	spection			
Part I		lentification Information								
_	ar plan year 2013 or fisca			and ending 12 an (not multiemployer)	2/31/2					
	urn/report is for:		a one-partici	bant plan						
B This ret	urn/report is:		he final return/report	a ranget (lagg than 12 mg	(ntho)					
C Check box if filing under:       Form 5558       a short plan year return/report (less than 12 months)										
	box if filing under:	☐ Form 5558 ☐ a	automatic extension		DFVC program					
Part II	Basic Plan Inform	nation—enter all requested informat								
1a Name					1b	Three-digit				
	S. KING, MD, PC, RETI	REMENT PLAN				plan number	001			
				-	10	(PN) Effective date o	001 f plan			
					10	09/01	•			
	oonsor's name and addre S. KING, MD, PC	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 37-15	fication Number 23587			
1107 IRONW	/OOD DRIVE				2c	Sponsor's telephone number 208-667-7459				
	LENE, ID 83814				2d	Business code (see instructions) 621111				
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plar	n Sponsor Address	3b	Administrator's	EIN			
					3с	Administrator's	telephone number			
name,	EIN, and the plan numb	lan sponsor has changed since the las per from the last return/report.	st return/report filed fo	or this plan, enter the		EIN				
a Sponso		the beginning of the plan year			4c 5a	PN	10			
		the end of the plan year		_	5a 5b		9			
C Numbe	er of participants with ac	count balances as of the end of the pla	an year (defined bene	fit plans do not	50 5c		9			
	/	luring the plan year invested in eligible					X Yes No			
under If you	29 CFR 2520.104-46? ( answered "No" to eith	ne annual examination and report of ar See instructions on waiver eligibility ar er line 6a or line 6b, the plan cannot	nd conditions.) t use Form 5500-SF	and must instead use I	Form	5500.	Yes No			
C If the p	lan is a defined benefit p	blan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?		Yes No	Not determined			
		incomplete filing of this return/repo								
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.								
SIGN	Filed with authorized/va	lid electronic signature.								
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator			
SIGN										
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ial sig	ning as employe	r or plan sponsor			
Preparer's	HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)									

7 Plan Assets and Liabilit	es		(a) Beginning of Yea	ır			(b) End (	of Year	
a Total plan assets		. 7a	50244	1				699591	
<b>b</b> Total plan liabilities		. 7b		0				0	
<b>C</b> Net plan assets (subtra-	ct line 7b from line 7a)	7c	50244	1				699591	
8 Income, Expenses, and	Transfers for this Plan Year		(a) Amount				(b) To	otal	
a Contributions received of			6593	0					
		8a(1)	3043						
• • •		8a(2)	225						
	llovers)	8a(3)	10205	-					
<b>X Y</b>	$9_{0}(1)$ $9_{0}(2)$ $9_{0}(2)$ and $9_{0}(2)$	8b	10203	<u> </u>				200682	
	8a(1), 8a(2), 8a(3), and 8b) direct rollovers and insurance premiums	8c						200002	
		8d	25	5					
e Certain deemed and/or	corrective distributions (see instructions)	. 8e		0					
f Administrative service p	roviders (salaries, fees, commissions)	. 8f		0					
g Other expenses		8g	327	7					
h Total expenses (add lin	es 8d, 8e, 8f, and 8g)	8h						3532	
	ract line 8h from line 8c)							197150	
<b>j</b> Transfers to (from) the	olan (see instructions)	- 8j		0					
<b>b</b> If the plan provides well	fare benefits, enter the applicable welfare f	eature codes	s from the List of Plan Charac	cteristi	c Cod	es in tl	ne instructio	ons:	
Part V Compliance	Questions								
Part V Compliance	Questions				Yes	No		Amount	
<ul><li>During the plan year:</li><li>Was there a failure to</li></ul>	Questions transmit to the plan any participant contribu (See instructions and DOL's Voluntary Fide			10a	Yes	No X		Amount	
<ul> <li>During the plan year:</li> <li>Was there a failure to 29 CFR 2510.3-102?</li> <li>Were there any nonex</li> </ul>	transmit to the plan any participant contribu	uciary Correct t? (Do not inc	ction Program) clude transactions reported	10a 10b	Yes			Amount	
<ul> <li>During the plan year:</li> <li>a Was there a failure to 29 CFR 2510.3-102?</li> <li>b Were there any nonex on line 10a.)</li> </ul>	transmit to the plan any participant contribu (See instructions and DOL's Voluntary Fide empt transactions with any party-in-interest	uciary Correct t? (Do not inc	ction Program) clude transactions reported		Yes	Х		Amount	1000
<ul> <li>During the plan year:</li> <li>Was there a failure to 29 CFR 2510.3-102?</li> <li>Were there any nonex on line 10a.)</li> <li>Was the plan covered</li> <li>Did the plan have a lo</li> </ul>	transmit to the plan any participant contribu (See instructions and DOL's Voluntary Fide empt transactions with any party-in-interest	(Do not in fidelity bonc	ction Program) clude transactions reported  d, that was caused by fraud	10b		Х		Amount	1000
<ul> <li>During the plan year:</li> <li>Was there a failure to 29 CFR 2510.3-102?</li> <li>Were there any nonex on line 10a.)</li> <li>Was the plan covered</li> <li>Did the plan have a lo or dishonesty?</li> <li>Were any fees or com insurance service, or or or service.</li> </ul>	transmit to the plan any participant contribu (See instructions and DOL's Voluntary Fide empt transactions with any party-in-interest by a fidelity bond?	fidelity bonc fidelity bonc	ction Program) clude transactions reported  d, that was caused by fraud  by an insurance carrier, fits under the plan? (See	10b 10c		x x		Amount	1000
<ul> <li>During the plan year:</li> <li>Was there a failure to 29 CFR 2510.3-102?</li> <li>Were there any nonex on line 10a.)</li> <li>Was the plan covered</li> <li>Did the plan have a lo or dishonesty?</li> <li>Were any fees or com insurance service, or o instructions.)</li> </ul>	transmit to the plan any participant contribu (See instructions and DOL's Voluntary Fide empt transactions with any party-in-interest I by a fidelity bond? ss, whether or not reimbursed by the plan's missions paid to any brokers, agents, or oth other organization that provides some or all	fidelity bonc fidelity bonc for persons of the benef	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e		x x x		Amount	1000
<ul> <li>During the plan year:</li> <li>Was there a failure to 29 CFR 2510.3-102?</li> <li>Were there any nonex on line 10a.)</li> <li>Was the plan covered</li> <li>Did the plan have a lo or dishonesty?</li> <li>Were any fees or com insurance service, or or instructions.)</li> <li>f Has the plan failed to</li> </ul>	transmit to the plan any participant contribu (See instructions and DOL's Voluntary Fide empt transactions with any party-in-interest by a fidelity bond? ss, whether or not reimbursed by the plan's missions paid to any brokers, agents, or oth other organization that provides some or all provide any benefit when due under the pla	iciary Correct (? (Do not ind fidelity bonc ner persons of the benef	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f		× × × × ×		Amount	1000
<ul> <li>During the plan year:</li> <li>a Was there a failure to 29 CFR 2510.3-102?</li> <li>b Were there any nonex on line 10a.)</li> <li>c Was the plan covered</li> <li>d Did the plan have a lo or dishonesty?</li> <li>e Were any fees or com insurance service, or or instructions.)</li> <li>f Has the plan failed to</li> <li>g Did the plan have any</li> <li>h If this is an individual a</li> </ul>	transmit to the plan any participant contribu (See instructions and DOL's Voluntary Fide empt transactions with any party-in-interest I by a fidelity bond? ss, whether or not reimbursed by the plan's missions paid to any brokers, agents, or oth other organization that provides some or all provide any benefit when due under the plan participant loans? (If "Yes," enter amount a account plan, was there a blackout period?	fidelity bonc fidelity bonc ner persons of the benef n? (See instruc	ction Program) clude transactions reported  d, that was caused by fraud 	10b 10c 10d 10e 10f 10g		x x x x		Amount	1000
<ul> <li>During the plan year:</li> <li>a Was there a failure to 29 CFR 2510.3-102?</li> <li>b Were there any nonex on line 10a.)</li> <li>c Was the plan covered</li> <li>d Did the plan have a lo or dishonesty?</li> <li>e Were any fees or com insurance service, or or instructions.)</li> <li>f Has the plan failed to</li> <li>g Did the plan have any</li> <li>h If this is an individual a 2520.101-3.)</li> <li>i If 10h was answered "</li> </ul>	transmit to the plan any participant contribu (See instructions and DOL's Voluntary Fide empt transactions with any party-in-interest I by a fidelity bond? ss, whether or not reimbursed by the plan's missions paid to any brokers, agents, or oth other organization that provides some or all provide any benefit when due under the plan participant loans? (If "Yes," enter amount a	fidelity bonc fidelity bonc ner persons of the benef n? s of year en (See instruc	ction Program) clude transactions reported 	10b 10c 10d 10e 10f		× × × × × ×		Amount	1000
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to 29 CFR 2510.3-102?</li> <li>b Were there any nonex on line 10a.)</li> <li>c Was the plan covered</li> <li>d Did the plan have a lo or dishonesty?</li> <li>e Were any fees or com insurance service, or or instructions.)</li> <li>f Has the plan failed to</li> <li>g Did the plan have any</li> <li>h If this is an individual a 2520.101-3.)</li> <li>i If 10h was answered " exceptions to providin</li> </ul>	transmit to the plan any participant contribu (See instructions and DOL's Voluntary Fide empt transactions with any party-in-interest by a fidelity bond?	fidelity bonc fidelity bonc ner persons of the benef n? s of year en (See instruc	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h		× × × × × ×		Amount	1000
<ul> <li>During the plan year:</li> <li>a Was there a failure to 29 CFR 2510.3-102?</li> <li>b Were there any nonex on line 10a.)</li> <li>c Was the plan covered</li> <li>d Did the plan have a lo or dishonesty?</li> <li>e Were any fees or com insurance service, or or instructions.)</li> <li>f Has the plan failed to</li> <li>g Did the plan have any</li> <li>h If this is an individual a 2520.101-3.)</li> <li>i If 10h was answered "exceptions to providin"</li> <li>Part VI Pension Functional</li> </ul>	transmit to the plan any participant contribu (See instructions and DOL's Voluntary Fide empt transactions with any party-in-interest I by a fidelity bond? ss, whether or not reimbursed by the plan's missions paid to any brokers, agents, or oth other organization that provides some or all provide any benefit when due under the pla participant loans? (If "Yes," enter amount a account plan, was there a blackout period? Yes," check the box if you either provided t	in construction for the second	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	(Form	Amount	1000
<ul> <li>During the plan year:</li> <li>a Was there a failure to 29 CFR 2510.3-102?</li> <li>b Were there any nonex on line 10a.)</li> <li>c Was the plan covered</li> <li>d Did the plan have a lo or dishonesty?</li> <li>e Were any fees or com insurance service, or or instructions.)</li> <li>f Has the plan failed to</li> <li>g Did the plan have any</li> <li>h If this is an individual a 2520.101-3.)</li> <li>i If 10h was answered "exceptions to providin Part VI Pension Functions of the plan have and the plan hav</li></ul>	transmit to the plan any participant contribu (See instructions and DOL's Voluntary Fide empt transactions with any party-in-interest by a fidelity bond? ss, whether or not reimbursed by the plan's missions paid to any brokers, agents, or oth other organization that provides some or all provide any benefit when due under the plan participant loans? (If "Yes," enter amount a account plan, was there a blackout period? Yes," check the box if you either provided to g the notice applied under 29 CFR 2520.10 ding Compliance t plan subject to minimum funding requirem	iciary Correct (Do not ind fidelity bond ner persons of the benef in? is of year en (See instruct he required in 1-3	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	(Form		
<ul> <li>During the plan year:</li> <li>a Was there a failure to 29 CFR 2510.3-102?</li> <li>b Were there any nonex on line 10a.)</li> <li>c Was the plan covered</li> <li>d Did the plan have a lo or dishonesty?</li> <li>e Were any fees or com insurance service, or or instructions.)</li> <li>f Has the plan failed to</li> <li>g Did the plan have any</li> <li>h If this is an individual a 2520.101-3.)</li> <li>i If 10h was answered "exceptions to providin exceptions to providin 11 Is this a defined benef 5500) and line 11a bel</li> </ul>	transmit to the plan any participant contribu (See instructions and DOL's Voluntary Fide empt transactions with any party-in-interest I by a fidelity bond?	in construction of the beneficiary correction of the beneficiary correction of the beneficiary construction of the beneficiary construction of the required in 1-3	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X Ulle SE	3 (Form		
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to 29 CFR 2510.3-102?</li> <li>b Were there any nonex on line 10a.)</li> <li>c Was the plan covered</li> <li>d Did the plan have a lo or dishonesty?</li> <li>e Were any fees or com insurance service, or or instructions.)</li> <li>f Has the plan failed to</li> <li>g Did the plan have any</li> <li>h If this is an individual a 2520.101-3.)</li> <li>i If 10h was answered "exceptions to providin exceptions to providin 11 Is this a defined benef 5500) and line 11a beil</li> <li>11a Enter the unpaid minini</li> <li>12 Is this a defined contract or the second seco</li></ul>	transmit to the plan any participant contribu (See instructions and DOL's Voluntary Fide empt transactions with any party-in-interest by a fidelity bond?	iciary Correct (Do not ind fidelity bond ner persons of the benef in? is of year en (See instruct he required in 1-3 hents? (If "Year rom Schedul i requiremen	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39 tts of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X Ulle SE	3 (Form	Yes	
<ul> <li>During the plan year:</li> <li>a Was there a failure to 29 CFR 2510.3-102?</li> <li>b Were there any nonex on line 10a.)</li> <li>c Was the plan covered</li> <li>d Did the plan have a lo or dishonesty?</li> <li>e Were any fees or com insurance service, or or instructions.)</li> <li>f Has the plan failed to</li> <li>g Did the plan have any</li> <li>h If this is an individual a 2520.101-3.)</li> <li>i If 10h was answered "exceptions to providin</li> <li>Parsion Functional service of the minini</li> <li>12 Is this a defined contra (If "Yes," complete line</li> <li>a If a waiver of the minini</li> </ul>	transmit to the plan any participant contribu (See instructions and DOL's Voluntary Fide empt transactions with any party-in-interest by a fidelity bond? ss, whether or not reimbursed by the plan's missions paid to any brokers, agents, or oth other organization that provides some or all provide any benefit when due under the plan participant loans? (If "Yes," enter amount a account plan, was there a blackout period? Yes," check the box if you either provided t g the notice applied under 29 CFR 2520.10 ding Compliance It plan subject to minimum funding requirem ow)	in?	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com le SB (Form 5500) line 39 tts of section 412 of the Code ole.) d in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i e or se	X Sched	X X X X X X X Ulle SE Ulle SE Ulle SE Ulle SE	B (Form B (Form ERISA?	☐ Yes	

C	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?	۱ 🗌 ۱	′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 of the PBGC?	control		Yes 🗙 No			
С	C 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):   1	<b>3c(2)</b> El	N(s)	<b>13c(3)</b> PN(s)			
Part	VIII Trust Information (optional)						
	Name of trust ATHAN S. KING, MD, PC, RETIREMEN	14b Trust's EIN 260786295					

## 5500-SF Electronic Filing Authorization

 Plan Name:
 JONATHAN S. KING, MD, PC, RETIREMENT PLAN

 EIN/PN:
 37-1523587/001

 Plan Year:
 01/01/2013 - 12/31/2013

I hereby authorize Magnuson, McHugh & Co, PA to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator	Plan Sponsor
(sign) Upplul	(sign)
(date)	(date)

Form 5500-SF		Short Form Annual F	Return/Report of Benefit Plan	Small Employe	e		OMB Nos. 1210-01 1210-000		
	Department of the Treasury Internal Revenue Service	This form is required to be fil		2	013				
Emp	Department of Labor loyee Benefits Security Administration	Retirement Income Security Act the Inter		of This Form is Open to Publ Inspection					
P	ension Benefit Guaranty Corporation	► Complete all entries in acco	rdance with the instruct	ions to the Form 5500	-SF.		spection		
		dentification Information	01 (01 (0010		10/	21 /001 2	<u> </u>		
	calendar plan year 2013 or fisc		01/01/2013	and ending	-	31/2013			
	This return/report is for:	x a single-employer plan	a multiple-employer pla	n (not multiemployer)	Ц	a one-particip	ant plan		
B	This return/report is:	the first return/report	the final return/report						
		an amended return/report	4	/report (less than 12 mo	onths)				
C	Check box if filing under:	Form 5558	automatic extension		DFVC program				
-		special extension (enter descript	ion)						
		mation enter all requested inf	ormation		<u> </u>				
1a	Name of plan					ree-digit an number			
	JONATHAN S. KING, MD, PC, RETIREMENT PLAN			(P	?N) ►	001	<u> </u>		
						1c Effective date of plan 09/01/2007			
2a	Plan sponsor's name and ad JONATHAN S. KING, M	dress; include room or suite number	(employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 37–1523587				
					<b>2c</b> S	Sponsor's telephone number			
	1107 IRONWOOD DRIVE				(208) 667-7459 2d Business code (see instructions)				
US	COEUR D ALENE	ID 83814			6	21111	- -		
3a	Plan administrator's name ar	nd address 🕱 Same as Plan Spon	sor Name 🗌 Same as P	lan Sponsor Address	<b>3b</b> A	dministrator's	EIN		
					2- 1				
					JC A	dministrators	telephone numbe	ſ	
4		e plan sponsor has changed since th	e last return/report filed fo	or this plan, enter the	<b>4b</b> E	IN			
		nber from the last return/report.			<b>4</b> c P	N			
	Sponsor's name	at the beginning of the plan year			5a		10		
b		at the end of the plan year			5b		9		
č	Number of participants with	account balances as of the end of th	e plan year (defined bene	fit plans do not			•		
	complete this item)		******	*******************************	5c		9		
6a		during the plan year invested in elig			••••••	*****	XYes N	J	
b		the annual examination and report of the second s		a public accountant (IQ			X Yes N	0	
		ther line 6a or line 6b, the plan ca					Excentral Businessed		
с		fit plan, is it covered under the PBG					o 🔲 Not determ	ined	
		or incomplete filing of this return							
		ther penalties set forth in the instruct					licable, a Schedul	 e	
SE	or Schedule MB completed and constraints of perjury and constraints of perj	and signed by an enrolled actuary, a	s well as the electronic ve	rsion of this return/repo	rt, and to	o the best of r	ny knowledge and		
1235		100		Jonathan S. Kin	a				
11216	IGN IERE Signature of plan adn	appetrator	Date 122/14	Enter name of individu	al signin	a as plan adm	ninistrator		
		nyistrator	<u></u>			3			
	SIGN		Date	Enter name of individu	al signin	a as emplove	r or plan sponsor		
	IERE Signature of employe	name, if applicable) and address; in			· · · · · · · · · · · · · · · · · · ·		e number (optiona	l)	
11	eparers name (moldoling inm								
					100000000000000000000000000000000000000		in and the part of the second seco	100.000	
		·····							
		Notice and OMD Operation No. 1999	a aca the instructions f	TOTAL			Form 5500-SE (20	121	

## Part III Financial Information

7 Dian Associa and Liabilitian	308963-00451		1			(h) End of	Voor
7 Plan Assets and Liabilities		(a) Beginning of Year				(b) End of `	
a Total plan assets	7a	502,441					699,591
b Total plan liabilities	7b	· (					0
c Net plan assets (subtract line 7b from line 7a)	7c	502,441	L			699,59	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			al Maria and an and a same
a Contributions received or receivable from: (1) Employers	8a(1)	65,939	9				
(2) Participants	8a(2)	30,43					
	8a(3)	2,250					
(3) Others (including rollovers) b Other income (loss)	8b	102,05					
	8c		1997-19				200 622
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>			<u> </u>	200,68			200,002
to provide benefits)	8d	25	5				
e Certain deemed and/or corrective distributions (see instructions)	8e		0				
f Administrative service providers (salaries, fees, commissions)	8f		0				- 法教育的建筑的
<b>q</b> Other expenses	8g	3,27	7				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1433				3,532
i Net income (loss) (subtract line 8h from line 8c)	8i						197,150
	8j	<u>i i na mandra de la Constanti de Constanti de Constanti de Constanti de Constanti de Constanti de Constanti de</u>	<u></u>				
Transfers to (from) the plan (see instructions)           Part IV         Plan Characteristics	၀၂		<u> </u>	allandar.	AN CHENNESS	1999 - 1999	
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Character	ristic	Code	s in the	e instruction	IS:
Part V Compliance Questions							
10 During the plan year:		en dan series and series		Yes	No	A	mount
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)	ciary Corre	ction Program)	10a		x		
<b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x		
<b>C</b> Was the plan covered by a fidelity bond?			10c	х			10,000
	fidelity ho						10,000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x		10,000
<ul> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> </ul>	her person	s by an insurance carrier, efits under the plan? (See	10d 10e		x x		10,000
<ul> <li>or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)</li> </ul>	her person of the ben	s by an insurance carrier, efits under the plan? (See	-				10,000
<ul> <li>or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	her person of the ben	s by an insurance carrier, efits under the plan? (See	10e 10f		x x		10,000
<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period?</li> </ul>	her person of the ben in? as of year of (See instru-	s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR	10e		x		10,000
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<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)</li> </ul>	her person of the ben as of year of (See instru- the require 11-3	s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com	10e 10f 10g 10h 10i		x x x x	B (Form	
<ul> <li>or dishonesty?</li></ul>	her person of the ben as of year of (See instru- the require 11-3 ments? (If	s by an insurance carrier, efits under the plan? (See end.)  d notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39	10e 10f 10g 10h 10i		x x x dule S		Yes 🗵 No
<ul> <li>or dishonesty?</li></ul>	her person of the ben as of year of (See instru- the require 11-3 ments? (If from Schee g requirem	s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39  ents of section 412 of the Code	10e 10f 10g 10h 10i		x x x dule S		Yes 🗵 No
<ul> <li>or dishonesty?</li></ul>	her person of the ben as of year of (See instru- the require 11-3 from Schee g requirem v, as applic ing amorti	s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR "Yes," see instructions and com dule SB (Form 5500) line 39 ents of section 412 of the Code of cable.) zed in this plan year, see instructions	10e 10f 10g 10h 10i plete or se	ction :	x x x x dule S 11a 302 of enter t	ERISA?	Yes X No
<ul> <li>or dishonesty?</li></ul>	her person of the ben as of year of (See instru- the require 11-3 ments? (If from Schee g requirem- v, as applic ing amorti	s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39 ents of section 412 of the Code of cable.) zed in this plan year, see instruc	10e 10f 10g 10h 10i plete or se	ction :	x x x x dule S 11a 302 of enter t	ERISA? he date of t	Yes X No

Form 5500-SF 2013

Page 3-

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?	Ye	s 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	Ľ	Yes X No				
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0		,				
1	3c(1) Name of plan(s): 13	c <b>(2)</b> EIN(	s)	13c(3) PN(s)				
Part	Part VIII Trust Information (optional)							
14a I	Name of trust	<b>14b</b> T	rust's EIN					

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JONATHAN S. KING, MD, PC, RETIREMEN

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