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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

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Part	I Annual Report	Identification	n Informatio	n					
For cal	endar plan year 2013 or fis	scal plan year be	eginning 01/0	01/2013		and ending	12/31/	2013	
A Thi	s return/report is for:	X a single-em	ıployer plan	a multi	ple-employer pla	an (not multiemploye	er)	a one-partici	pant plan
B This	s return/report is:	the first retu	ırn/report	the fina	al return/report				
		an amende	d return/report	a short	plan year return	/report (less than 12	months)	
C Che	eck box if filing under:	Form 5558		automa	atic extension			DFVC progra	am
	, and the second	special exte	ension (enter de	scription)					
Part	II Basic Plan Info	rmation—ent	er all requested	information					
	me of plan						1b	Three-digit	
	RD CONCERNS COUNCIL	401K PROFIT	SHARING PLAN	N				plan number	
								(PN) •	001
							1c	Effective date o	•
23 DI	an sponsor's name and ad	droop: include re	om or quito nun	nhor (omployo	r if for a single o	omployer plan)	26		/1998
	RD CONCERNS COUNCI		on Suite nun	ilbei (elliploye	i, ii ioi a sirigie-e	silipioyei piaii)	20	Employer Identi (EIN) 20-29	112450
							2c	Sponsor's telep	phone number
3311 W	CLEARWATER AVENUE							509-78	
SUITE D	0200						2d	Business code ((see instructions)
KEININE	NICK, WA 99336-0000							56149	90
3a Pla	an administrator's name ar	ıd address XSa	ime as Plan Spo	onsor Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
							3c	Administrator's	telephone number
								714	10.0p.10.10 11d.11.20.
	the name and/or EIN of the	e plan sponsor h	as changed sind	re the last retu	rn/report filed fo	r this nlan enter the	I 4h	EIN	
n	ama EINI and tha nian nur	phor from the las	et return/report	oc the last reta	ini/report illed to	r triis plan, criter trie	70	LIIN	
	ame, EIN, and the plan nur onsor's name	mber from the la	st return/report.		mireport med to	i tilio piari, criter trie			
a Sp	ame, EIN, and the plan nur onsor's name otal number of participants					·	4c	PN	2
a Sp 5a To	onsor's name	at the beginning	of the plan yea	ır			4c 5a		2 2
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a Sp 5a To b To c No	onsor's name otal number of participants otal number of participants umber of participants with a omplete this item)	at the beginning at the end of the account balance	g of the plan yea e plan year es as of the end	of the plan yea	ar (defined benef	it plans do not	4c 5a 5b 5c	PN	2
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End o	f Vos	or.		
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella c		0826		
	Total plan liabilities	7b		0					0		
	Net plan assets (subtract line 7b from line 7a)	76 7c		163275		210820		0826			
	Income, Expenses, and Transfers for this Plan Year	70							0020		
	Contributions received or receivable from:		(a) Amount				(b) To	itai			
	(1) Employers	8a(1)	1301	2							
	(2) Participants	8a(2)	1020	0							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2433	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	7551		
	Benefits paid (including direct rollovers and insurance premiums to 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									
i	Net income (loss) (subtract line 8h from line 8c)	8i						4	7551		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	,	L								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruction	ns:			
Don	W Compliance Overtions										
Par					Vac	No	I				
10	During the plan year: Was there a failure to transmit to the plan any participant contribute.	tiono withir	n the time period described in	Г	Yes	No	•	Amou	ınt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X					
N	on line 10a.)	,		10b		X					
				100	Χ				10	0000	000
				10c					10	0000	J00
d	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					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end)	10q		Χ					
h		(See instru	uctions and 29 CFR	10g		X					
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the								
Dani	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part 11	Is this a defined benefit plan subject to minimum funding requirem								V	<u>. </u>	NI-
	5500) and line 11a below)								Yes	X	No
	Enter the unpaid minimum required contribution for current year fr		,			11a	<u> </u>				_
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day		e lette Year	er ruli	ng	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			-		I				
b	Enter the minimum required contribution for this plan year					12b	ĺ				

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 section 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

	art I Annual Report Identification Information				
For	calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/20	13
Α	This return/report is for:	a multiple-employer p	lan (not multiemployer)	a one-p	participant plan
В	This return/report is:	the final return/report			
	an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	
С	Check box if filing under: Form 5558	automatic extension		☐ DFVC p	program
	special extension (enter descrip	otion)			
P	art II Basic Plan Information enter all requested in	nformation	·,		
***************************************	Name of plan	normation	·	1b Three-digi	it
	HANFORD CONCERNS COUNCIL 401K PROFIT SHARI	NC DLAN		plan numb	per 001
	HANFORD CONCERNS COUNCIL 401K PROFIL SHARL	NG FIAN		(PN) ▶ 1c Effective of	
				01/01/1	•
2a	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)			2b Employer	Identification Number
	HANFORD CONCERNS COUNCIL			(EIN) 20)-2912450
					telephone number
	3311 W CLEARWATER AVENUE				783-5695
	SUITE D200	•		20 Business 561490	code (see instructions)
	KENNEWICK WA 99336-0000 Plan administrator's name and address X Same as Plan Spor	neor Name Same as I	Plan Sponeor Address	3b Administra	ator's FIN
vu	That administrators marke and address [25] Game as Fran Opon	nsor rume curic us i	an opensor Address	OB Administra	3101 5 2114
				3c Administra	ator's telephone number
				, GG / Karriin iistire	ator o telepriorie Hamber
4	If the name and/or EIN of the plan sponsor has changed since to	he last return/report filed	for this plan, enter the	4b EIN	
	name, EIN, and the plan number from the last return/report.			4	
a				4c PN 5a	2
5a b	Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year			5b	2
C	Number of participants with account balances as of the end of the				
_	complete this item)			5c	2
6a	Were all of the plan's assets during the plan year invested in elig	•			X Yes No
b	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibili				XYes No
	If you answered "No" to either line 6a or line 6b, the plan ca	-	and must instead use		മിടേ 🗀 🙌
c	If the plan is a defined benefit plan, is it covered under the PBG				No ☐ Not determined
_				<u> </u>	
	aution: A penalty for the late or incomplete filing of this return				
	nder penalties of perjury and other penalties set forth in the instruct or Schedule MB,completed and signed by an enrolled actuary, a				
	lief, it is true, correct, and complete.	11.			
Ş	IGN SALMALUMRA	578/14	Sherry	D. Ar	70!d
	ERE Signature of plen administrator	Date	Enter name of individua	al signing as plan	administrator
	Dr. of	5/15/14	Jonathan B	Smile.	
					loyer or plan sponsor
	eparer's name (including firm name, if applicable) and address; in				hone number (optional)
			, ,		` ,
					22.46
					4400

Pi	rt III Financial Information											
7	Plan Assets and Liabilities	- 1	(a) Beginning of Year	•			(b) End of Year					
а	Total plan assets	. 7a	163,2	75	210,8							
b	Total plan liabilities	7b		0			0					
C	Net plan assets (subtract line 7b from line 7a)	7c	163,2	75			210,826					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total					
а	Contributions received or receivable from:	9-(4)	13,01	12								
	(1) Employers	8a(1) 8a(2)	10,20									
-	(3) Others (including rollovers)	8a(3)	10/20				444					
b	Other income (loss)	8b	24,33	 39								
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					47,551					
d	Benefits paid (including direct rollovers and insurance premiums						Secretary 18					
	to provide benefits)	8d			14							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				<u> </u>						
<u>†</u>	Administrative service providers (salaries, fees, commissions)	8f										
<u>g</u>	Other expenses	8g										
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-							
÷	Net income (loss) (subtract line 8h from line 8c)	8i					47,551					
	Transfers to (from) the plan (see instructions)	8j										
	rt IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	les from the List of Plan Charac	teristi	c Cod	es in t	the instructions:					
\rightarrow	2E 2G 2J 3D											
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	ristic	Code	s in th	e instructions:					
Pa	rt V Compliance Questions											
10	During the plan year:				Yes	No	Amount					
а				10a		х						
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		x						
	Was the plan covered by a fidelity bond?			10c	х		1,000,000					
d				-		 -						
	or dishonesty?			10d		х						
е	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See	40-								
	instructions.)			10e		X						
	Has the plan failed to provide any benefit when due under the plan	n'?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		х						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	-		10h		x	April 1985					
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								
Pa	rt.VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)											
11	a 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	or sec	tion 3	02 of	ERISA? Yes X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	as applic	ab l e.)									
	(11 1 20, 0011.01011110 120 01 11100 120, 120, 120, 1210 120 1011	, ac appac					a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver					
a	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instruc		and e	_						
	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instruct		and e	_						
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver	ng amortiz • MB (For	ed in this plan year, see instruc Mor m 5500), and skip to line 13.	ith _		_						