## 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.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I		rt Identification Information							
For caler	dar plan year 2013 or	fiscal plan year beginning 11/01/2013	3	and ending 0	ling 02/28/2014				
<b>A</b> This r	eturn/report is for:	X a single-employer plan     ☐	a multiple-employer p	lan (not multiemployer)	er) a one-participant plan				
<b>B</b> This r	eturn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)				
<b>C</b> Chec	box if filing under:	Form 5558	automatic extension		DFVC program				
		special extension (enter descriptio	n)						
Part II	Basic Plan Inf	formation—enter all requested informa	ation						
1a Nam					1b	Three-digit			
KENNETH	H. Z. ISAACS, M.D.,	P.S. 401(K) PROFIT SHARING PLAN TR	RUST			plan number (PN) ▶	002		
					1c	Effective date o			
						11/01			
		address; include room or suite number (el	mployer, if for a single-	employer plan)	2b Employer Identification Number				
KENNETE	H. Z. ISAACS, M.D.,	P.5.			(EIN) 91-1157613				
5 MEOT D	OD! 4D OT OUTE O				2C	Sponsor's telep			
	OPLAR ST. SUITE 23 ALLA, WA 99362-280				2d		(see instructions)		
						11			
3a Plan	administrator's name	and address Same as Plan Sponsor N	ame Same as Plar	Sponsor Address	3b	Administrator's			
KENNETH I	I. Z. ISAACS, M.D., P	.S. 5 WEST POPL	AR ST. SUITE 230 A, WA 99362-2800		30		telephone number		
		WALLA WALLA	A, WA 99302-2000		30	509-552			
4 If the					41-				
		the plan sponsor has changed since the land the land the land the land the last return/report.	ast return/report filed to	or this plan, enter the	40	EIN			
<b>a</b> Spor	sor's name	•			4c	PN			
<b>5a</b> Tota	I number of participan	its at the beginning of the plan year			5a		6		
<b>b</b> Tota	I number of participan	ts at the end of the plan year			5b				
		h account balances as of the end of the p	, ,	•	5c		0		
	·	ets during the plan year invested in eligibl					X Yes No		
		of the annual examination and report of a							
und	er 29 CFR 2520.104-4	6? (See instructions on waiver eligibility a	and conditions.)				X Yes No		
-		either line 6a or line 6b, the plan canno					7		
C If the	plan is a defined ben	nefit plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)? .	Ц	Yes No	Not determined		
Caution:	A penalty for the lat	e or incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ıse is	established.			
		other penalties set forth in the instructions							
	s true, correct, and co	and signed by an enrolled actuary, as we mplete.	en as the electronic ver	sion of this return/report	., and i	to the best of my	knowledge and		
	Filed with authorize	ed/valid electronic signature.	05/27/2014	KENNETHI Z 1044	20 M	D.			
SIGN HERE				KENNETH H.Z. ISAAC	·				
	Signature of plan	administrator	Date	Enter name of individu	vidual signing as plan administrator				
SIGN HERE									
		oloyer/plan sponsor	Date	Enter name of individu					
Preparer	s name (including firm	n name, if applicable) and address; include	e room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)		
				l.					
				ļ					

Form 5500-SF 2013 Page **2** 

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Ves				(h) End of Voca	
_ <u>'</u> _a		0.540000			+		(b) End of Year	
<u>a</u>	Tu T						0	
	otal plan liabilities			0			0	
8	, ,		-					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
и	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	1229	7				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					12297	
d	Benefits paid (including direct rollovers and insurance premiums		050000	_				
	to provide benefits)	8d	252338					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f	800					
<u>g</u>	Other expenses	. 8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2531395	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					-2519098	
	Transfers to (from) the plan (see instructions)	8j		0				
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D 2J 2K	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in t	he instructions:	
_								
	Part V Compliance Questions							
10	During the plan year:			ı	Yes	No	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ		
					Χ		300000	
	Did the plan have a loss, whether or not reimbursed by the plan's			10c			300000	
	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				10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X		
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	1011				
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39							
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	ne date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule							
	Enter the minimum required contribution for this plan year					12b		

Page	3 -	. 1	
гаус	J		

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?	X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			X Yes	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.)	:0			
1	3c(1) Name of plan(s):	3 <b>c(2)</b> EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	<b>14b</b> 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 Information							
For calenda		/01/2013	and ending	02/28/20	14			
A This ret	urn/report is for: 🔲 a single-employer plan 🔲 a	a multiple-employer pla	an (not multiemployer)	a one-participant plan				
<b>B</b> This ret	urn/report is:	the final return/report						
	an amended return/report	a short plan year return	/report (less than 12 mo	onths)				
C Check b	pox if filing under: Form 5558	automatic extension		DFVC prog	gram			
	special extension (enter description	٦)						
Part II	Basic Plan Information—enter all requested information	tion						
1a Name	of plan			1b Three-digit				
KENNETI	H H. Z. ISAACS, M.D., P.S. 401(K) PRO	OFIT SHARING P	LAN TRUST	plan number (PN) ▶	002			
				1c Effective date 11/01/198				
	consor's name and address; include room or suite number (em	nployer, if for a single-	employer plan)	2b Employer Idea				
1/11/1/11	11. 2. 10/2/00, 11.0., 2.0.		}	(EIN) 91-11  2c Sponsor's tele				
5 WEST	POPLAR ST. SUITE 230			509-525-	•			
WALLA V	WALLA WA 99362-2800			2d Business code 621111	e (see instructions)			
	dministrator's name and address Same as Plan Sponsor Na	ame   Same as Plan	Sponsor Address	3b Administrator	's EIN			
	H H. Z. ISAACS, M.D., P.S.	L		91-11576				
				3c Administrator 509-552-:	s telephone number			
5 WEST	POPLAR ST. SUITE 230			509-552	1084			
WALLA V	WALLA WA 99362-2800							
A 1645	name and/or EIN of the plan sponsor has changed since the la	st return/report filed fo	r this plan enter the	4b EIN				
- irrner								
	EIN, and the plan number from the last return/report.							
	EIN, and the plan number from the last return/report.			4c PN				
name, <b>a</b> Sponso	EIN, and the plan number from the last return/report.	·		_	6			
a Sponso 5a Total r b Total r	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year  number of participants at the end of the plan year			4c PN	6			
a Sponso 5a Total r b Total r C Number	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year	ian year (defined bene	fit plans do not	4c PN 5a	0			
name, a Sponso 5a Total r b Total r c Number comple 6a Were	EIN, and the plan number from the last return/report.  or's name number of participants at the beginning of the plan year  number of participants at the end of the plan year  er of participants with account balances as of the end of the planete this item)  all of the plan's assets during the plan year invested in eligible	an year (defined bene e assets? (See instruct	fit plans do not	4c PN 5a 5b 5c	0			
name, a Sponso 5a Total r b Total r c Numbe comple 6a Were b Are yo	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year  er of participants with account balances as of the end of the plantet this item)	ian year (defined bene e assets? (See instruct n independent qualifie	fit plans do not ions.)d public accountant (IQF	4c PN 5a 5b 5c	0 X Yes No			
name, a Sponso 5a Total r b Total r c Numbe comple 6a Were b Are younder	EIN, and the plan number from the last return/report.  or's name number of participants at the beginning of the plan year  er of participants with account balances as of the end of the planete this item)  all of the plan's assets during the plan year invested in eligible or claiming a waiver of the annual examination and report of all 29 CFR 2520.104-46? (See instructions on waiver eligibility all	an year (defined bener e assets? (See instruct n independent qualifier nd conditions.)	fit plans do not ions.)d public accountant (IQF	4c PN 5a 5b 5c	0			
name, a Sponss 5a Total r b Total r C Numbe comple 6a Were b Are younder If you	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year  er of participants with account balances as of the end of the plantet this item)	an year (defined bene e assets? (See instruct n independent qualifier nd conditions.) ot use Form 5500-SF a	fit plans do not  ions.)d public accountant (IQF	4c PN 5a 5b 5c PA) Form 5500.	0 X Yes No			
name, a Sponso 5a Total r b Total r c Numbe compl 6a Were b Are younder If you c If the p	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year	e assets? (See instruct n independent qualifier nd conditions.) of use Form 5500-SF a surance program (see	ions.)d public accountant (IQF and must instead use I	4c PN 5a 5b 5c PA) Form 5500. Yes No	0 0 X Yes No X Yes No			
name, a Sponso 5a Total r b Total r c Numbe compl 6a Were b Are younder If you c If the p Caution: A	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year	e assets? (See instruct n independent qualifier nd conditions.)	ions.)d public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable cauexamined this return/rep	4c PN 5a 5b 5c PA) Form 5500. Yes No use is established. Fort, including, if app	0  X Yes No X Yes No Not determined			
name, a Sponso 5a Total r b Total r c Numbe compl 6a Were b Are younder If you c If the p Caution: A Under penass or Sche	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year  number of participants at the end of the plan year  er of participants with account balances as of the end of the plantet this item)	e assets? (See instruct n independent qualifier nd conditions.)	ions.)d public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable cauexamined this return/rep	4c PN 5a 5b 5c PA) Form 5500. Yes No use is established. Fort, including, if app	0  X Yes No X Yes No Not determined			
name, a Sponso 5a Total r b Total r c Numbe compl 6a Were b Are younder If you c If the p Caution: A Under penass or Sche	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year	e assets? (See instruct n independent qualifier nd conditions.)	ions.)	4c PN 5a 5b 5c PA) Form 5500. Yes No ise is established. Fort, including, if app, and to the best of n	0  X Yes No X Yes No Not determined			
name, a Sponso 5a Total r b Total r C Numbe comple 6a Were b Are younder If you C If the p Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year	e assets? (See instruct n independent qualifier nd conditions.)	ions.)d public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable cauexamined this return/rep	4c PN 5a 5b 5c PA) Form 5500. Yes No use is established. Fort, including, if app, and to the best of n	0 X Yes No X Yes No Not determined  licable, a Schedule my knowledge and			
name, a Sponso 5a Total r b Total r C Numbe compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year	e assets? (See instruct in independent qualifier ind conditions.)	ions.)	4c PN 5a 5b 5c PA) Form 5500. Yes No use is established. Fort, including, if app, and to the best of n	0 X Yes No X Yes No Not determined  licable, a Schedule my knowledge and			
name, a Sponso 5a Total r b Total r c Numbe compl 6a Were b Are younder lf you c If the p Caution: A Under pena SB or Schebelief, it is t SIGN HERE SIGN HERE	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year	an year (defined beneficial assets? (See instruct in independent qualifier indiconditions.)	ions.)	4c PN 5a 5b 5c PA) Form 5500. Yes No use is established. Fort, including, if app, and to the best of n USAACS, M.D. LISAACS, M.D	0  X Yes No  X Yes No  Not determined  licable, a Schedule ny knowledge and  dministrator  yer or plan sponsor			
name, a Sponso 5a Total r b Total r c Numbe compl 6a Were b Are younder lf you c If the p Caution: A Under pena SB or Schebelief, it is t SIGN HERE SIGN HERE	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year  number of participants at the end of the plan year  er of participants with account balances as of the end of the plan  et et this item)  all of the plan's assets during the plan year invested in eligible  ou claiming a waiver of the annual examination and report of an  29 CFR 2520.104-46? (See instructions on waiver eligibility an  answered "No" to either line 6a or line 6b, the plan canno  plan is a defined benefit plan, is it covered under the PBGC instructions of perjury and other penalties set forth in the instructions,  dule MB completed and signed by an enrolled actuary, as well  arrue, correct and complete.  Signature of plan administrator	an year (defined beneficial assets? (See instruct in independent qualifier indiconditions.)	ions.)	4c PN 5a 5b 5c PA) Form 5500. Yes No use is established. Fort, including, if app, and to the best of n USAACS, M.D. LISAACS, M.D	0  X Yes No X Yes No Not determined  licable, a Schedule ny knowledge and			
name, a Sponso 5a Total r b Total r c Numbe compl 6a Were b Are younder lf you c If the p Caution: A Under pena SB or Schebelief, it is t SIGN HERE SIGN HERE	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year	an year (defined beneficial assets? (See instruct in independent qualifier indiconditions.)	ions.)	4c PN 5a 5b 5c PA) Form 5500. Yes No use is established. Fort, including, if app, and to the best of n USAACS, M.D. LISAACS, M.D	0  X Yes No  X Yes No  Not determined  licable, a Schedule ny knowledge and  dministrator  yer or plan sponsor			
name, a Sponso 5a Total r b Total r c Numbe compl 6a Were b Are younder lf you c If the p Caution: A Under pena SB or Schebelief, it is t SIGN HERE SIGN HERE	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year	an year (defined beneficial assets? (See instruct in independent qualifier indiconditions.)	ions.)	4c PN 5a 5b 5c PA) Form 5500. Yes No use is established. Fort, including, if app, and to the best of n USAACS, M.D. LISAACS, M.D	0  X Yes No  X Yes No  Not determined  licable, a Schedule ny knowledge and  dministrator  yer or plan sponsor			

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ər			(b) End	of Year	·
а	Total plan assets	. 7a		1909	8	•			C
b	Total plan liabilities	. 7b			0			•	- 0
С	Net plan assets (subtract line 7b from line 7a)	7c	25	1909	8		•		C
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	îotal	
а	Contributions received or receivable from: (1) Employers	8a(1)			0				X X X
	(2) Participants	8a(2)			0	:		PANTE TO THE	
	(3) Others (including rollovers)	8a(3)			0		A 13	\$ <sup>1</sup> .	\$ 4 1
b	Other income (loss)	8b		1229	97			W"	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							12297
d	Benefits paid (including direct rollovers and insurance premiums		25	2338			28/1	•	
_	to provide benefits)	. 8d		2330	_	<u> </u>	<u>ian Air Gr</u> Daile	_	2.49
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			9		HALES C.		
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f		800		-			
<u>g</u>	Other expenses	8g			0			· 	<u>. 1992</u>
<u></u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		,					2531395
	Net income (loss) (subtract line 8h from line 8c)	8i	n ne ver er e	<u></u>	-			_	2519098
, <u>, , , , , , , , , , , , , , , , , , </u>	Transfers to (from) the plan (see instructions)  **TIV Plan Characteristics**	8j			0				· · · · · ·
9a b	If the plan provides pension benefits, enter the applicable pension 2E 3D 2J 2K  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for								
10	During the plan year:		<u></u>		Yes	No	l —	Amoun	<del></del>
a				10a		х			·
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	lude transactions reported	10b		х			
c	Was the plan covered by a fidelity bond?		***************************************	10c	Х				300000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
е		er persons b	y an insurance carrier, s under the plan? (See	10e		х			
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 end	.)	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			7 B		- <del>1</del>
Pari	VI Pension Funding Compliance		- · · · · · · · · · · · · · · · · · · ·						_
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Y	es 📗 No
_11a	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	or se	ction	302 of	ERISA?	Ye	es 🗓 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ıg amortized	in this plan year, see instruc		and e	enter th Day	ne date of t	he letter Year	ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule								
h	Enter the minimum required contribution for this plan year				[	12b			