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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	ctions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I		Identification Information					
For calend	ar plan year 2013 or fis	scal plan year beginning 01/01/2	013	and ending 1	2/31/2	2013	
A This ref	turn/report is for:	a single-employer plan		lan (not multiemployer)		a one-partici	pant plan
B This ref	turn/report is:	the first return/report	the final return/report				
_		an amended return/report	H	n/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
D (!!	5 . 5	special extension (enter descrip	·				
Part II		rmation—enter all requested info	rmation		4.		T
1a Name	of plan V OFFICES, PLLC 401	(K) DI ANI			1b	Three-digit plan number	
TANDO LAV	V OFFICES, FLEC 401	(K) FLAIN				(PN) ▶	001
					1c	Effective date o	f plan
•						12/01	
	ponsor's name and add W OFFICES, PLLC	dress; include room or suite number	· (employer, if for a single-	-employer plan)	2b	Employer Identi (EIN) 45-38	fication Number 00409
2115 N. 30T	TH STREET, SUITE 20	4			2c	Sponsor's telep	
TACOMA, V					2d	Business code	(see instructions)
3a Plan a	dministrator's name an	nd address XSame as Plan Sponso	r Name Same as Plar	n Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
		e plan sponsor has changed since the	ne last return/report filed for	or this plan, enter the	4b	EIN	
	, EIN, and the plan nun or's name	nber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a	1	2
b Total	number of participants	at the end of the plan year			5b		2
		account balances as of the end of th		•	5c		
	•	during the plan year invested in eli					X Yes No
_		the annual examination and report	=				
		? (See instructions on waiver eligibili	•				X Yes No
•		ther line 6a or line 6b, the plan ca				. – –	1
C If the	plan is a defined benefi	it plan, is it covered under the PBG0	insurance program (see	ERISA section 4021)?	····· <u></u>	Yes No L	Not determined
Caution: A	A penalty for the late of	or incomplete filing of this return/	report will be assessed	unless reasonable cau	ıse is	established.	
SB or Sche		ner penalties set forth in the instructi nd signed by an enrolled actuary, as					
bellet, it is	· · · · · ·		T	1			
SIGN HERE	Filed with authorized/v	valid electronic signature.	05/27/2014	DAVID A. YANDO			
HERE	Signature of plan a	dministrator	Date	Enter name of individe	ual sig	ıning as plan adr	ministrator
SIGN HERE							
	Signature of employer/plan sponsor Date Enter name of individ						
Preparer's	name (including firm n	ame, if applicable) and address; inc	luae room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)
				ſ			

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o	f Voca	-		
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella c		5166		
	Total plan liabilities	7b		0					0		
	Net plan assets (subtract line 7b from line 7a)	76 7c	15465		1:			155	5166		
	Income, Expenses, and Transfers for this Plan Year	70					(b) To				
	Contributions received or receivable from:		(a) Amount				(b) To	tai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	50	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							507		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
ī	Net income (loss) (subtract line 8h from line 8c)	8i							507		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	<u> </u>									
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Co	des in t	he instructio	ns:			
_											
Par	•										
10	During the plan year:			1	Yes	No	,	Amou	nt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
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		• •			X					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan			10f		^					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					209	976
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 require	d notice or one of the	_							
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	.	1.0.461	· · · · · · · · · · · · · · · · · · ·		0.1		2 /5				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
_11a	1a 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	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA?)	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
a	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										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
	Enter the minimum required contribution for this plan year					12b	<u> </u>				

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	14b Trust'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	TO WILL THE MICHAELE					
	01/2013 an	and ending	12/31/2013			
	multiple-employer plan (not n	multiemployer)	a one-participant plan			
	e final return/report		_			
	hort plan year return/report ((less than 12 months)			
	Itomatic extension	•	DFVC program			
special extension (enter description)						
Part II Basic Plan Information—enter all requested informati	ND					
1a Name of plan	ЛІ	1b	Three-digit			
YANDO LAW OFFICES, PLLC 401(k) PLAN			plan number (PN) 001			
		1c	Effective date of plan			
	t to the second	() Ob	12/01/2011			
2a Plan sponsor's name and address; include room or suite number (emptyANDO LAW OFFICES, PLLC	lloyer, if for a single-employe	ver plan) 2b	Employer Identification Number (EIN) 45-3800409			
2115 N. 30TH STREET, SUITE 204		2c	Sponsor's telephone number 253-284-9909			
, 3322 =		2d	Business code (see instructions)			
TACOMA WA 98403			541110			
3a Plan administrator's name and address Same as Plan Sponsor Name	ne XSame as Plan Sponso	or Address 3b	Administrator's EIN			
		3c	Administrator's telephone number			
4 If the name and/or EIN of the plan sponsor has changed since the las	return/report filed for this pla	olan, enter the 4b	EIN			
name, EIN, and the plan number from the last return/report.	rotalinoport mod for time pic	45				
a Sponsor's name		4c	PN			
5a Total number of participants at the beginning of the plan year		5a	2			
b Total number of participants at the end of the plan year			2			
C Number of participants with account balances as of the end of the pla complete this item)		II E a	1			
6a Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)		X Yes No			
b Are you claiming a waiver of the annual examination and report of an	independent qualified public	c accountant (IQPA)				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility an If you answered "No" to either line 6a or line 6b, the plan cannot						
C If the plan is a defined benefit plan, is it covered under the PBGC insu						
Caution: A penalty for the late or incomplete filing of this return/repo						
Under penalties of perjury and other penalties set forth in the instructions, SB or Schedule MB completed and signed by an enrolled actuary, as well	I declare that I have examine as the electronic version of the	ned this return/report, i this return/report, and	ncluding, if applicable, a Schedule to the best of my knowledge and			
belief, it is true, correct, and complete	as the electronic version of the	tino rotarriroport, arra	to and beet or my time mange and			
SIGN ALACTE	/ / DAVI	ID A. YANDO				
HERE Signature of plan administrator	Date 5/2017 Enter	r name of individual si	gning as plan administrator			
SIGN // Cety		ID A. YANDO	×			
HERE Signature of employer/plan sponsor	Date 5 /30//Y Enter	r name of individual si	gning as employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address; include			parer's telephone number (optional)			
V						
			market transport Assessment and a			

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	
а	Total plan assets	7a		5465	9				155166
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	1	5465	9				155166
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
а	Contributions received or receivable from:	0-(4)			100				200
	(1) Employers	8a(1)			0			H .	
	(2) Participants	8a(2)			0	74			
	(3) Others (including rollovers)	8a(3) 8b		50	7			No.	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		30					507
	Benefits paid (including direct rollovers and insurance premiums	"				T	10 10 10	d i	gin ij
	to provide benefits)	8d			0	2001111			
	Certain deemed and/or corrective distributions (see instructions)	8e			0	WI			
_ <u>f</u>	Administrative service providers (salaries, fees, commissions)	8f				-			2
<u>g</u>	Other expenses	8g			0				0
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	NE TO SERVICE SERVICE						0
+	Net income (loss) (subtract line 8h from line 8c)	. 8i				-,			507
	Transfers to (from) the plan (see instructions) It IV Plan Characteristics	8j							
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 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:				Yes	No	1	Amoun	+
a				10a		Х		Alloui	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not i	nclude transactions reported	10b		Х			
	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		-	10d		Х			
е		her persons of the bene	s by an insurance carrier, efits under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	х				20976
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 to exceptions to providing the notice applied under 29 CFR 2520.10			10i				11 11 11	
Par	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								es No
118	Enter the unpaid minimum required contribution for current year f	rom Sched	ule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	j requireme	nts of section 412 of the Code	or se	ction	302 of	ERISA?	Y	es 🛭 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	able.)						
a	granting the waiver.			th	, and e	enter th Day	ne date of	the letter Year _	ruling
H	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.			are a constant	r		
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 pl	lan year		12c				
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 the	he 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?				Yes	X	10	
	If "Yes," enter the amount of any plan assets that reverted to the er	mployer this year		. 13a				
b	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?				1		∏ Ye	es 🛭 No
С	If during this plan year, any assets or liabilities were transferred fro which assets or liabilities were transferred. (See instructions.)	om this plan to another plan(s), identify the	plan(s)	to				
	3c(1) Name of plan(s):			13c(2)	EIN(s)	13c	(3) PN(s)
							-	
£								
Part	VIII Trust Information (optional)				_			
	Name of trust			14b	Trus	t's EIN		