## 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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Per	nsion Be	nefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.		pection
Pai	rt I	Annual Report I	dentification Information					
For c	alenda	ar plan year 2013 or fis	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
		urn/report is for:			an (not multiemployer)		a one-partici	pant plan
B T	his ret	urn/report is:	the first return/report the	ne final return/report				
			an amended return/report a	short plan year return	n/report (less than 12 mo	onths	)	
<b>C</b> C	heck b	oox if filing under:	Form 5558 a a	utomatic extension			DFVC progra	am
		D : DI I (						
Par			rmation—enter all requested information	on				ī
		of plan ASSOCIATES, LLC 4	01(K) PROFIT SHARING PLAN			16	Three-digit plan number	004
						10	(PN) •	001
						10	Effective date o	•
		consor's name and add	dress; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identi	
		,				2c	Sponsor's telep	hone number
		REET, SUITE 36 VA 98101				2d	Business code (	(see instructions)
2							53131	10
<b>3a</b> ⊦	Plan ad	dministrator's name and	d address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3D	Administrator's	EIN
						3с	Administrator's	telephone number
4	f the n	name and/or EIN of the	plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN	
			nber from the last return/report.			4-		
	•	or's name					PN	
_			at the beginning of the plan year			5a		4
b ·	Total r	number of participants a	at the end of the plan year			5b		4
			account balances as of the end of the pla	•	•	5с		4
6a	Were	all of the plan's assets	during the plan year invested in eligible	assets? (See instruct	tions.)			X Yes No
			the annual examination and report of an (See instructions on waiver eligibility an					X Yes No
	If you	answered "No" to eit	ther line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	1 5500.	
C	f the p	olan is a defined benefit	t plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)? .		Yes No	Not determined
Caut	ion: A	penalty for the late o	or incomplete filing of this return/repor	rt will be assessed u	unless reasonable cau	se is	established.	
SB o	r Śche		ner penalties set forth in the instructions, d signed by an enrolled actuary, as well elete.					
SIGN		Filed with authorized/v	valid electronic signature.					
HERI	E	Signature of plan ac	dministrator	Date	Enter name of individu	ual sig	gning as plan adr	ministrator
SIGN		•						
HERI	E	Signature of employer/plan sponsor Date Enter name of individ				ual sig	gning as employe	er or plan sponsor
Prepa	arer's		ame, if applicable) and address; include	room or suite number				number (optional)
					-			

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Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of	Year		
·a	Total plan assets	7a	6105				(b) Liid Oi	9839	2	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	6105	8				9839	2	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al		
	Contributions received or receivable from:		(a) Amount				(b) 100	ai		
	(1) Employers	8a(1)	1000	0						
	(2) Participants	8a(2)	1750	00						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	983	34						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						37334		
d	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								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						3733	4	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
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	odes in	the instruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructior	ıs:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		mount		
a	Was there a failure to transmit to the plan any participant contribut			10a		X		inount		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported			X				
	on line 10a.)			10b		X				
c	Was the plan covered by a fidelity bond?			10c		^				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		X				
е	, , , ,									
	insurance service, or other organization that provides some or all instructions.)		. `	10e		Χ				
f	Has the plan failed to provide any benefit when due under the plan			10f		Х				
					X				005	
g				10g					2258	36
	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 exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part						l .				
11	Is this a defined benefit plan subject to minimum funding requirem							☐ Yes	V N	No
44-	5500) and line 11a below)							168	^ I	40
	Enter the unpaid minimum required contribution for current year fr		,			11a	EDIC: 1		<u>.</u>	.1-
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	ĿRISA?	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otic := :	مد ما	onto- 11	o data af the	lotter	line	
	If a waiver of the minimum funding standard for a prior year is beingranting the waiver.		Mon	th	, and (	enter tr Day		ear	ıırıg	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•	•		П	40:	1			
b	Enter the minimum required contribution for this plan year					12b	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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## Form 5500-SF

Department of the Treasury

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

P	arti Annual Report	dentification information					
For	calendar plan year 2013 or fi	scal plan year beginning	01/01/2013	and ending	12/	/31/2013	
Α	This return/report is for:	🗙 a single-employer plan	a multiple-employer pl	an (not mu <mark>l</mark> tiemployer)		a one-particip	ant plan
В	This return/report is:	the first return/report	the final return/report				
	1	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)		
C	Ohaali hay if filing under	Form 5558	automatic extension	oport (loop tilain 12 iii		DFVC progra	m
C	Check box if filing under:	special extension (enter descri				Di vo progra	
(SA)	SHEAR						
		ormation enter all requested in	nformation		1h =	broo diait	
Та	Name of plan					hree-digit lan number	
	Pastakia & Associa	tes, LLC 401(k) Profit S	Sharing Plan			PN) ►	001
						ffective date of	f plan
2a	Plan snonsor's name and a	ddress; include room or suite numbe	er (employer if for a single-	emnlover plan)			fication Number
	Pastakia & Associa		ar (employer, ir for a emgle	omproyor plany		EIN) 27-22	
					2c s	ponsor's telepl	hone number
	94 Pike Street, Su	ite 36				206) 682-0	
	34 FIRe Science, Su	100 30					(see instructions)
	Seattle	WA 98101				31310	
3a	Plan administrator's name a	and address X Same as Plan Spo	nsor Name [] Same as F	Plan Sponsor Address	3b A	dministrator's	EIN
					3c A	dministrator's	telephone number
4	If the name and/or FIN of th	ne plan sponsor has changed since t	he last return/report filed fo	or this plan enter the	4b E	IN	***************************************
7		imber from the last return/report.	no last return/opert med to	Tillo plan, office tho			
_a	Sponsor's name		<u> </u>		4c P	N	
5a	Total number of participants	s at the beginning of the plan year			5a		4
b	Total number of participants	s at the end of the plan year			5b		4
С		account balances as of the end of t			5c		4
62		s during the plan year invested in eli			1 00		X Yes No
b		of the annual examination and report			PA)		EE
•		?? (See instructions on waiver eligibil					X Yes No
	If you answered "No" to e	either line 6a or line 6b, the plan ca	annot use Form 5500-SF	and mu <mark>st ins</mark> tead use l	orm 55	00.	
С	If the plan is a defined bene	efit plan, is it covered under the PBG	C insurance program (see	ERISA section 4021)?		]Yes   No	Not determined
C	aution: A penalty for the late	e or incomplete filing of this return	n/report will be assessed	unless reasonable car	ıse is es	stablished.	
Uı	nder penalties of periury and	other penalties set forth in the instruc	ctions, I declare that I have	examined this return/re	port, incl	uding, if applic	able, a Schedule
SI	3 or Schedule MB completed	and signed by an enrolled actuary, a	as well as the electronic ve	rsion of this return/repor	t, and to	the best of my	knowledge and
be	elief, it is true, correct, and cor	npiete.	-10-10 w				
9	SIGN	h	5/27/2014	Tejal Pastakia			
ŀ	IERE Signature of plan ad	ministrator	Date	Enter name of individua	al signing	g as plan admi	nistrator
S	BIGN						
123250	HERE Signature of employ		Date	Enter name of individua			
Pi	reparer's name (including firm	name, if applicable) and address; ir	nclude room or suite numbe	er (optional)	Prepar	er's telephone	number (optional)
					( ) ( ) ( ) ( ) ( )		
1					NEWSCHOOLS OF THE PARTY OF THE	APER STREET, PROPERTY AND ADDRESS. AND	

Par	III Financial Information						SOUTH FRONT TO THE TAXABLE PROPERTY.
<b>7</b> P	lan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
ат	otal plan assets	7a	61,05	8			98,392
b T	otal plan liabilities	7b					
C N	et plan assets (subtract line 7b from line 7a)	7c	61,05	8			98,392
8 Ir	come, Expenses, and Transfers for this Plan Year		(a) Amount		00.00		(b) Total
	ontributions received or receivable from:	8a(1)	10,00	00			
-	Participants	8a(2)	17,50	00			
	Others (including rollovers)	8a(3)					
-	ther income (loss)	8b	9,83	34			
C T	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)enefits paid (including direct rollovers and insurance premiums	8c			10000		37,334
	provide benefits)	8d					
e c	ertain deemed and/or corrective distributions (see instructions)	8e					
f A	dministrative service providers (salaries, fees, commissions)	8f					
g	ther expenses	8g					
-	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h					
iN	et income (loss) (subtract line 8h from line 8c)	8i					37,334
jT	ransfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
b If	2E 2G 2J 3D  the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Character	istic (	Codes	in the	instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	and the second	The state of the second	10b		х	
С	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 tor 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 c instructions.)	of the ben	efits under the plan? (See	10e		х	
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		x	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	х		22,586
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 2520.101			10i			
Par	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 from	om Sched	lule 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 o	r sect	tion 30	2 of E	RISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver	The second second	18 이 18 M - 18				e date of the letter ruling y Year
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year		***************************************			12b	

	Form 5500-SF 2013 Page <b>3-</b>							
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			
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?		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?							
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):	(2) EIN	(s)	130	(3) PN(s)			
Part	VIII Trust Information (optional)							
					14b Trust's EIN			