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

	• •	Complete all entries in accord	ance with the instruc	ctions to the Form 550	JU-5F.						
Part	Annual Report	Identification Information									
For cal	endar plan year 2013 or fi	scal plan year beginning 01/01/2013	3	and ending	12/31/2	2013					
A This	return/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer)	oloyer) a one-participant plan						
B This	return/report is:	the first return/report	the final return/report								
		an amended return/report	a short plan year returi	n/report (less than 12 m	nonths))					
C Che	ck box if filing under:		DFVC progra	ım							
		special extension (enter description	n)			_					
Part	I Basic Plan Info	rmation—enter all requested informa	ition								
1a Na	ne of plan				1b	Three-digit					
PREPAR	ED RESPONSE, INC. RE	TIREMENT PLAN				plan number	004				
					10	(PN) ▶ Effective date o	001				
					'	01/01/					
	n sponsor's name and ad	dress; include room or suite number (er	mployer, if for a single-	employer plan)	2b	Employer Identif	fication Number				
					2c	Sponsor's telep	hone number				
3518 - 6	TH AVE., SUITE 200B					253-272					
	A, WA 98406				2d	Business code (
3a Pla	n administrator's name ar	nd address XSame as Plan Sponsor N	ame Same as Plar	Sponsor Address	3b	Administrator's I	EIN				
					3c	Administrator's t	elephone number				
							•				
4 164	a a mana and/an FINI of the				41-						
		e plan sponsor has changed since the lamber from the last return/report.	ast return/report filed to	or this plan, enter the	4b	EIN					
	onsor's name				4c	PN					
5a To	tal number of participants	at the beginning of the plan year			5a		29				
b To	tal number of participants	at the end of the plan year			5b		25				
		account balances as of the end of the p	• '	•	5c		23				
6a w	ere all of the plan's assets	s during the plan year invested in eligibl	e assets? (See instruc	tions.)			X Yes No				
b Ar	e you claiming a waiver of	f the annual examination and report of a	in independent qualifie	ed public accountant (IC	PA)						
		? (See instructions on waiver eligibility a					X Yes No				
		ither line 6a or line 6b, the plan canno					1				
C If t	ne plan is a defined benef	fit plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes No	Not determined				
Cautio	n: A penalty for the late	or incomplete filing of this return/rep	ort will be assessed	unless reasonable ca	use is	established.					
		her penalties set forth in the instructions									
	chedule MB completed at is true, correct, and com	nd signed by an enrolled actuary, as we plete.	Il as the electronic ver	sion of this return/repor	t, and	to the best of my	knowledge and				
SIGN HERE	Filed with authorized/	valid electronic signature.	06/23/2014	CAROL SPARLING							
HEKE	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	gning as plan adn	ninistrator				
SIGN											
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor				
Prepare		name, if applicable) and address; include	e room or suite numbe				number (optional)				
					1						

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Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	'ear			
a	Total plan assets	\(\tau\)			735387							
b	Total plan liabilities	. 7b										
	Net plan assets (subtract line 7b from line 7a)								735387	7		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total				
	Contributions received or receivable from:		(a) Amount				(5)	Total				
	(1) Employers	8a(1)										
	(2) Participants	8a(2)	5032	1								
	(3) Others (including rollovers)	. 8a(3)										
b	Other income (loss)	. 8b	13136	7								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							181688	3		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	2287	9								
<u>e</u>	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							2287	9		
i	Net income (loss) (subtract line 8h from line 8c)								15880	9		
j	Transfers to (from) the plan (see instructions)	8j										
Pa	rt IV Plan Characteristics											
9a		feature cod	les from the List of Plan Char	acteris	stic Co	des in	the instru	uction	s:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions				
Par	t V Compliance Questions											
10	During the plan year:				Yes	No		۸m	ount			
	Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in		163	140		AIII	ount			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidult) Were there any nonexempt transactions with any party-in-interest	uciary Corre	ection Program)	10a		X						
~	on line 10a.)	•	•	10b		X						
	Was the plan covered by a fidelity bond?			10c	X					100000		
d				100						100000		
	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					3755		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X						
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd)	10q		Χ						
h		(See instru	ctions and 29 CFR	10g 10h		X						
i	,	he required	notice or one of the									
	exceptions to providing the notice applied under 29 CFR 2520 TO			10i								
D												
Part	VI Pension Funding Compliance				0.1							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "Y			<u>.</u>			. [Yes	No		
11	t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	nents? (If "Y			<u>.</u>			.][Yes	No		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "Y	ule SB (Form 5500) line 39			11a			Yes Yes			
11 11a 12	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Be Enter the unpaid minimum required contribution for current year from the subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	rom Schedu requireme	ule SB (Form 5500) line 39 nts of section 412 of the Code ble.)	e or se	ection	11a 302 of	ERISA?	<u>. [</u>	Yes	X No		
11 11a 12	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	rom Schedu requireme , as applica	ule SB (Form 5500) line 39 nts of section 412 of the Code ble.) d in this plan year, see instru	e or se	ection	11a 302 of	ERISA?	f the le	Yes etter ru	X No		
11 11a 12	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	rom Schedu requireme , as applica	ule SB (Form 5500) line 39 nts of section 412 of the Code ble.) rd in this plan year, see instru	e or se	ection	11a 302 of	ERISA?		Yes etter ru	X No		

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		Identification Information							
For calenda	r plan year 2013 or f	scal plan year beginning 01/0	1/2013	and ending	12/31/2013				
A This retu	ım/report is for:) a one-	participant plan						
B This retu	ım/report is:	report		Val					
		an amended return/report	a short plan yea	r return/report (less than 12 i	months)				
C Check b	ox if filing under:	Form 5558	automatic exter			program			
	355. TE 1 9 5			Program					
Part II	Basic Plan Info	special extension (enter des	Section Control of the Control of th						
1a Name o		ornor an requested	nonnation .		1b Three-did	nil .			
	RESPONSE, INC. R	ETIREMENT PLAN			plan num	ber			
					(PN) ▶	001			
	Zi demag Kali				1c Effective	date of plan 01/01/2005			
	onsor's name and a RESPONSE, INC.	ddress; include room or suite num	ber (employer, if for a	single-employer plan)		Identification Number 91-2061089			
3518 _ 6TH 4	AVE., SUITE 200B					s telephone number 53) 272-1483			
TACOMA, W						code (see instructions) 541990			
3a Plan ac	dministrator's name a	nd address Same as Plan Spo	nsor Name Same	as Plan Sponsor Address	3b Administr	ator's EIN			
					3c Administr	rator's telephone number			
		Name and the second							
		ne plan sponsor has changed sinc	e the last return/repor	t filed for this plan, enter the	4b EIN	50.00.00.00.00			
name, a Sponse	A CONTRACTOR OF THE PARTY OF TH	umber from the last return/report.			4c PN	Ac DN			
	Marie 1 - 100 - 10	s at the beginning of the plan yea			A MONEY CHARLES	29			
	5 CO ACM	s at the end of the plan year				25			
		account balances as of the end			35				
					5c	23			
6a Were	all of the plan's asse	els during the plan year invested in	eligible assets? (See	instructions.)		X Yes No			
b Are yo	ou claiming a waiver	of the annual examination and rep	ort of an independent	qualified public accountant (IQPA)	D ∨ D			
		6? (See instructions on waiver eliq either line 6a or line 6b, the pla				X Yes No			
		efit plan, is it covered under the P				No. Not determined			
		or incomplete filing of this ret							
SB or Sche	alties of perjury and o edule MB completed true, correct, and cor	other penalties set forth in the inst and signed by an enrolled actuary nplete.	ructions, I declare that r, as well as the electr	I have examined this return/ onic version of this return/rep	report, including, i ort, and to the bes	i applicable, a Schedule It of my knowledge and			
	1 /2 - 1	0 0:0		1	1.				
SIGN	* Carox	sparing	16.17	14 XJ (ARO)	parling				
HERE	Signature of plan	administrator U	Date	Enter name of indiv	vidual signing as p	lan administrator			
SIGN									
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of indiv	vidual signing as e	mployer or plan sponsor			
Preparer's		name, if applicable) and address	; include room or suite	number (optional)		ephone number (optional)			
					9	manner in the property of the 2018			
					I				

Pa	t III Financial Information										
7	Plan Assets and Liabilities (a) Beginning of Yea						(b) End of Year				
а	otal plan assets					10 PV 72	735387				
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)						735387				
8	Income, Expenses, and Transfers for this Plan Year (a) Amount					(b) Total					
а	Contributions received or receivable from:										
	(1) Employers										
-	(2) Participants 8a(2) 5032										
-	(3) Others (including rollovers)										
-	Other income (loss)	8b	131367		+		V Chief de Cop Galled Sevi en				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-		181688				
u	to provide benefits)	8d	22879)							
е	Certain deemed and/or corrective distributions (see instructions)	8e			T	1 SEC.					
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	economic y y		T		22879				
i	Net income (loss) (subtract line 8h from line 8c)	81					158809				
j	Transfers to (from) the plan (see instructions)	- 8j				100000					
Pa	rt IV Plan Characteristics			===		19-15	TOTAL SAMPLES				
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Chara	cteris	tic Co	des in	the instructions:				
1000	2E 2G 2J 2K 2T 3D			G (4 (8)	a helatir w						
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Plan Charac	cteristi	c Cod	es in th	ne instructions:				
Par	t V Compliance Questions			in e							
10	During the plan year:				Yes	No	Amazont				
-	Was there a failure to transmit to the plan any participant contribu	itions with	in the time period described in		100	140	Amount				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		Х					
J	Were there any nonexempt transactions with any party-in-interes on line 10a.)	55 M -500/07		10b		х					
(Was the plan covered by a fidelity bond?		••••	10c	X		100000				
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	ond, that was caused by fraud								
	or dishonesty?			10d		Х					
	Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al				v		outcomes.				
0	instructions.)		<u></u>	10e	- 1		3755				
	Has the plan failed to provide any benefit when due under the plants			10f		Х					
	Did the plan have any participant loans? (If "Yes," enter amount	conficients connection	TO COUNTY SECTION AND THE CONTRACTOR OF THE CONTRACTOR OF THE COUNTY	10g		Х					
	1 If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х					
99	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3										
Pai	t VI Pension Funding Compliance	33									
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)										
11	a Enter the unpaid minimum required contribution for current year				-	11a					
12	Is this a defined contribution plan subject to the minimum fundin	g requiren	nents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No				
1987-0	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as appli	cable.)								
69	If a waiver of the minimum funding standard for a prior year is be granting the waiver.				, and	enter th Day	ne date of the letter ruling Year				
	f you completed line 12a, complete lines 3, 9, and 10 of Schedu D Enter the minimum required contribution for this plan year		William Co. (1)								

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?		ПΥ	es	Π	No	П	N/A
Part	/II Plan Terminations and Transfers of Assets							33-37 (337.00)
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	χN	Vo.			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						70.00
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	ontrol		2.43	Ī	Ye	s 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) twhich assets or liabilities were transferred. (See instructions.)		2000					
	3c(1) Name of plan(s):	ic(2) E	EIN(s)			13c((3) P	N(s)

14a Name of trust

14b Trust's EIN