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

						tions to the Form 55						
Par	t I Annual Rep	ort Identi	fication Informati	on								
For ca	alendar plan year 2013	or fiscal plar	າ year beginning 01	/01/2013		and ending	12/31/	2013				
A Th	nis return/report is for:	× a s	ingle-employer plan	aı	multiple-employer pl	an (not multiemployer	yer) a one-participant plan					
B Th	nis return/report is:	the	first return/report	the	e final return/report							
		n/report (less than 12 i	nonths)								
C Ch	C Check box if filing under: Form 5558 automatic extension							DFVC progra	am			
	_	☐ sp∈	ecial extension (enter de	escription)				_				
Part	II Basic Plan I	Information	n—enter all requested	d informatio	on							
	lame of plan						1b	Three-digit				
THE AK	K GROUP RETIREMEN	NT PLAN						plan number				
							4-	(PN) •	001			
							10	Effective date o	•			
	rlan sponsor's name an	nd address; ir	nclude room or suite nu	ımber (emp	loyer, if for a single-	employer plan)	2b	Employer Identi				
THE A	(GROOF, LLO						20	(=111)	14689			
14450	N.E. 29TH PL., SUITE	118					20	Sponsor's telep				
	VUE, WA 98007						2d	Business code ((see instructions)			
								54199	90			
3a ₽	lan administrator's nam	ne and addre	ess XSame as Plan Sp	oonsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN			
							3с	Administrator's	telephone number			
A 14	* * * * * * * * * * * * * * * * * * *	- f the le		46- 14			41-	=				
			ponsor has changed sir om the last return/report		return/report filed fo	r this plan, enter the	4b	EIN				
r			ponsor has changed sir om the last return/report		return/report filed fo	r this plan, enter the		EIN PN				
a s	name, EIN, and the plar sponsor's name	an number fro		i. 		· 			46			
a S	name, EIN, and the plar sponsor's name Total number of particip	an number fro	m the last return/report	ar			4c - 5a		46			
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a s 5a T b T c N	name, EIN, and the plan sponsor's name Total number of particip Total number of particip Number of participants v complete this item)	pants at the b	peginning of the plan ye end of the plan year balances as of the end	ard of the plar	n year (defined bene	fit plans do not	4c 5a 5b 5c	PN	37			
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a S 5a T b T c N 6a N	name, EIN, and the plan sponsor's name Fotal number of particip Fotal number of particip Number of participants of complete this item) Were all of the plan's as Are you claiming a waiv under 29 CFR 2520.104	pants at the because with account cassets during ver of the annual case in the	peginning of the plan year do f the plan year do f the plan year balances as of the end the plan year invested mual examination and renstructions on waiver elements the plan year invested must be plan year inve	ard of the plar in eligible a eport of an i	n year (defined bene assets? (See instruction independent qualified conditions.)	fit plans do not tions.)d public accountant (I	4c 5a 5b 5c QPA)	PN	13			
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	ear	
a	Total plan assets	7a	41519				(2) =::		713297	,
_	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	41519	8			713297			,
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		(a) runount				(5)	- Otal		
	(1) Employers	8a(1)	3237	3						
	(2) Participants	8a(2)	17091	4						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	9529	3						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	298580	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	48	1						
e	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							481	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							298099)
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	3:	
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 instru	ctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Λm	ount	
	Was there a failure to transmit to the plan any participant contribution	tions within	n the time period described in		. 00			AIII	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X				
I.	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X				
					Χ					50000
				10c						50000
	Did the plan have a loss, whether or not reimbursed by the plan's 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		X				
						X				
<u>9</u>			,	10g						
• •	2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the			40:						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	<u> </u>	1.0.4510	7 H 1 1 1 1 1		0.1		\ /F	ı		
<u>11</u>	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes	No
11a	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			or se	ection	302 of	ERISA?	.	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day	ne date o	f the le		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		1		Ī			
l.	Enter the minimum required contribution for this plan year					12b	I			

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 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

Pension Ber	nefit Guaranty Corporation	▶ Complete all entries in accordant	ce with the instruct	ions to the Form 5500	SF.	1110	spection			
Part I		Identification Information								
For calenda	r plan year 2013 or fi	scal plan year beginning 01/01/2013		and ending 1	2/31/2	013				
A This retu	um/report is for:		nultiple-employer pla e final retum/report	ın (not multiemployer)		a one-partici	pant plan			
D IIIIs lett	inineport is.		4	report (less than 12 mg	anthe)					
C Check box if filing under: Form 5558 automatic extension special extension (enter description)						DFVC progra	ım			
Daw II	Pasis Blan Info									
Part II	tere of the	prmation—enter all requested information	n		41	- Parities - a sale				
1a Name o	or pian DUP RETIREMENT F	JI AN				Three-digit plan number				
THE AN GIVE	JOF RETIREMENT	LAIN				(PN)	001			
				,	1c	Effective date o				
2a Plan sp THE AK GRO	onsor's name and ad DUP, LLC	ddress; include room or suite number (emp	loyer, if for a single-e	employer plan)		Employer Identi (EIN) 27-011				
					_	Sponsor's telep (425) 44	phone number			
14450 N.E. 2 BELLEVUE,	9th PL., SUITE 118				2d		(see instructions)			
		nd address Same as Plan Sponsor Nam	ie Same as Plan	Sponsor Address	3b	Administrator's				
					3с	Administrator's	telephone number			
4 If the n	ame and/or EIN of th	e plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	FIN	(EXX)			
		mber from the last return/report.	,		710					
a Sponso		www.wasanani.co.ica			4c	PN				
		s at the beginning of the plan year			5a		46			
		s at the end of the plan year		and see an interest to the control of the control o	5b		37			
comple	ete this item)	account balances as of the end of the plan		······································	5c		13			
		ts during the plan year invested in eligible a					Yes No			
under	29 CFR 2520.104-46	of the annual examination and report of an 6? (See instructions on waiver eligibility and either line 6a or line 6b, the plan cannot	d conditions.)	············	,		Yes No			
							1			
C If the p	olan is a defined bene	ofit plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?	∐	Yes No	Not determined			
Caution: A	penalty for the late	or incomplete filing of this return/repor	t will be assessed (ınless reasonable cau	se is	established.				
SB or Sche	alties of perjury and o dule MB completed a rue, correct, and com	ther penalties set forth in the instructions, and signed by an enrolled actuary, as well aplete.	declare that I have eas the electronic vers	examined this return/report	oort, in , and t	cluding, if applic to the best of my	able, a Schedule knowledge and			
	Van An M		1111	1/10/1 /10	اراف	WILL TO	(25)			
SIGN	× MM/ NAC		1/11/1	X KIM JU	71/	71014				
112100	Signature of plan	administrator	Date	Enter name of individe	ual sig	ning as plan adr	ministrator			
SIGN										
HERE		oyer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor			
Preparer's	name (including firm	name, if applicable) and address; include	oom or suite numbe	r (optional)	Prep	arer's telephone	e number (optional)			
						1				

9, p4-19-00737 37 80 84**5**-0000

1 0	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	T		(b) En	d of Y	ear		
а	Total plan assets								713297	7	
b	Total plan liabilities	n liabilities									
C	Net plan assets (subtract line 7b from line 7a)					713297					
8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b)	Total			
а	Contributions received or receivable from:		2007				11.			ite av	
	(1) Employers	8a(1)	32373		-					igaline "	
((2) Participants	8a(2)	17091	4	ani						
<u> </u>	(3) Others (including rollovers)	8a(3)	0.000		-			1515			
	Other income (loss)	8b	9529	3	-		3,41.2	-			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	transmitted to the second of t	-	_			2	98580)	
	to provide benefits)	8d	48	1							
е	Certain deemed and/or corrective distributions (see instructions)	8e					7			Martin .	
f	Administrative service providers (salaries, fees, commissions)	8f						7			
g	Other expenses	8g						100	A Light		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1				481	i	
i	Net income (loss) (subtract line 8h from line 8c)	8i			+				298099		
j	Transfers to (from) the plan (see instructions)	8j				-3.41			Tela		
Par	t IV Plan Characteristics	·							100000	GL CTHEN	
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions			
	2G 2J 2K 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charac	cterist	ic Cod	es in t	he instruc	tions:			
Par	t V Compliance Questions										
10	t V Compilation addesirons										
	During the plan year:			-	Vaa	NI_			_		
779000	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in		Yes	No		Amo	ount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	ciary Corr	ection Program)	10a	Yes	No X		Amo	ount		
a	Was there a failure to transmit to the plan any participant contribu	ciary Corr	ection Program)nclude transactions reported	10a 10b	Yes	11000000		Amo	ount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corr ? (Do not i	ection Program)nclude transactions reported	10b	Yes	х		Ame	ount	50000	
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<u> </u>	inter the amount contributed by the employer to the plan for this plan year	12c			
d s	subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a egative amount)	12d			
e \	Vill the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	☐ No	
Part V	Plan Terminations and Transfers of Assets				
13a	las a resolution to terminate the plan been adopted in any plan year?	. T Y	res X	No	
	"Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			_

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

Part VIII Trust Information (optional)

14a Name of trust

14b Trust's EIN

N/A