## 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

Don't I	Benefit Guaranty Corporation	Complete all entries in act	cordance with the inst	ructions to the Form 5500	0-SF.		
Part I	Annual Report I	Identification Information					
For calen	idar plan year 2013 or fis	cal plan year beginning 01/01/	/2013	and ending 1	2/31/2	2013	
<b>A</b> This r	eturn/report is for:	a single-employer plan	a multiple-employer	r plan (not multiemployer)		a one-particip	pant plan
B This return/report is: ☐ the first return/report ☐ the final return/report							
		an amended return/report	a short plan year ret	turn/report (less than 12 mo	onths)		
C Check	k box if filing under:	Form 5558	automatic extension	n		DFVC progra	am
		special extension (enter descr	· · · · ·				
Part II		rmation—enter all requested inf	formation				T
1a Nam					1b	Three-digit	
RD TAX 40	01(K) PROFIT SHARING	PLAN				plan number (PN) ▶	001
					10	Effective date of	
						01/01/	
	sponsor's name and add	dress; include room or suite numbers, INC.	er (employer, if for a sing	le-employer plan)	2b	Employer Identii (EIN) 20-44	fication Number
245 W/ MI					2c	Sponsor's telep	
SUITE 200	LL PLAIN BOULEVARD ) /ER, WA 98660				2d		(see instructions)
<b>3a</b> Plan	administrator's name an	d address XSame as Plan Spons	sor Name Same as P	lan Sponsor Address	3b	Administrator's I	
		_	_		3c	Administrator's t	telephone number
							•
<b>A</b> 1641-			41144	d for this rate of the	41.		
		plan sponsor has changed since nber from the last return/report.	the last return/report filed	for this plan, enter the	4b	EIN	
Han							
a Spor	nsor's name	ilber from the last return/report.			4c	PN	
	nsor's name	at the beginning of the plan year			4c 5a	PN	4
<b>5a</b> Tota	nsor's name Il number of participants a	•				PN	4
5a Tota b Tota c Num	nsor's name  Il number of participants a  Il number of participants a  Iber of participants with a	at the beginning of the plan year	the plan year (defined be	enefit plans do not	5a	PN	<u> </u>
5a Tota b Tota c Num	nsor's name  Il number of participants a  Il number of participants a  Inber of participants with a  plete this item)	at the beginning of the plan year at the end of the plan year	the plan year (defined be	enefit plans do not	5a 5b 5c		4
<ul><li>5a Tota</li><li>b Tota</li><li>c Numcom</li><li>6a Wee</li><li>b Are</li></ul>	nsor's name  Il number of participants a Il number of participants a Inber of participants with a Inplete this item)  Tre all of the plan's assets You claiming a waiver of	at the beginning of the plan year at the end of the plan year account balances as of the end of the end of the plan year invested in each of the annual examination and report	the plan year (defined be	enefit plans do not ructions.)	5a 5b 5c		4
5a Tota b Tota c Num com 6a Wee b Are under	nsor's name  Il number of participants and number of participants and plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the count balances as of the end of the during the plan year invested in each the annual examination and report (See instructions on waiver eligib	the plan year (defined be eligible assets? (See instr rt of an independent qual bility and conditions.)	enefit plans do not ructions.) ified public accountant (IQI	5a 5b 5c		4
5a Tota b Tota c Num com 6a Wee b Are unde	nsor's name  all number of participants and number of participants with a splete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end	the plan year (defined be eligible assets? (See instr rt of an independent qual bility and conditions.) cannot use Form 5500-5	ructions.)ified public accountant (IQI	5a 5b 5c PA)	5500.	4  X Yes No  Yes No
5a Tota b Tota c Num com 6a Wee b Are unde	nsor's name  all number of participants and number of participants with a splete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the count balances as of the end of the during the plan year invested in each the annual examination and report (See instructions on waiver eligib	the plan year (defined be eligible assets? (See instr rt of an independent qual bility and conditions.) cannot use Form 5500-5	ructions.)ified public accountant (IQI	5a 5b 5c PA)	5500.	4 X Yes No
5a Tota b Tota c Num com 6a Wei b Are under if yo	nsor's name  Il number of participants a Il number of participants a Inber of participants with a Inber	at the beginning of the plan year at the end of the plan year account balances as of the end	the plan year (defined be eligible assets? (See instruct of an independent qual bility and conditions.)cannot use Form 5500-8	ructions.)ified public accountant (IQI  SF and must instead use ee ERISA section 4021)?	5a 5b 5c PA)	5500. Yes No	4  X Yes No X Yes No
5a Tota b Tota c Num com 6a Wee b Are under if you c If the Caution: Under pe SB or Sci	nsor's name  Il number of participants and number of participants and plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in each the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this returnment penalties set forth in the instructed signed by an enrolled actuary, and	the plan year (defined be eligible assets? (See instrat of an independent qual bility and conditions.)cannot use Form 5500-SGC insurance program (som/report will be assessed tions, I declare that I have	ructions.)	5a 5b 5c PA) Form see is	5500.  Yes No established.  Including, if applic	4  X Yes No X Yes No Not determined
5a Tota b Tota c Num com 6a Wee b Are unde if yo c If the Caution: Under pe SB or Sc belief, it is	nsor's name  Il number of participants and number of participants and plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in each the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this returnment penalties set forth in the instructed signed by an enrolled actuary, and	the plan year (defined be eligible assets? (See instrat of an independent qual bility and conditions.)cannot use Form 5500-SGC insurance program (som/report will be assessed tions, I declare that I have	ructions.)	5a 5b 5c PA) Form see is	5500.  Yes No established.  Including, if applic	4  X Yes No X Yes No Not determined
5a Tota b Tota c Num com 6a Wee b Are unde if yo c If the Caution: Under pe SB or Sc belief, it is	nsor's name  Il number of participants and number of participants and plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligibether line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this returnment penalties set forth in the instructed signed by an enrolled actuary, a plete.	the plan year (defined be eligible assets? (See instrat of an independent qual bility and conditions.)cannot use Form 5500-SGC insurance program (som/report will be assessed tions, I declare that I have	ructions.)	5a 5b 5c PA) Form see is	5500.  Yes No established.  Including, if applicate to the best of my	4  X Yes No X Yes No Not determined  Stable, a Schedule knowledge and
5a Tota b Tota c Num com 6a Wee b Are unde if yo c If the Caution: Under pe SB or Sc belief, it is	nsor's name  Il number of participants and number of participants and number of participants with a splete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligibether line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this returnment penalties set forth in the instructed signed by an enrolled actuary, a plete.	the plan year (defined be eligible assets? (See instruct of an independent qualibility and conditions.)cannot use Form 5500-SGC insurance program (som/report will be assessed tions, I declare that I have as well as the electronic value.	ructions.)	5a 5b 5c PA) Form see is	5500.  Yes No established.  Including, if applicate to the best of my	4  X Yes No X Yes No Not determined  Stable, a Schedule knowledge and
5a Tota b Tota c Num com 6a Wee b Are under if you c If the Caution: Under pe SB or Sc belief, it is	nsor's name  all number of participants and number of participants and number of participants with a splete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filling of this returnment penalties set forth in the instructed signed by an enrolled actuary, a solete.  Invalid electronic signature.	the plan year (defined be eligible assets? (See instruct of an independent qualibility and conditions.)cannot use Form 5500-SGC insurance program (som/report will be assessed tions, I declare that I have as well as the electronic value.	ructions.)	5a 5b 5c PA) Form see is soort, in, and the	5500.  Yes No established. Including, if applicate to the best of my	4  X Yes No X Yes No Not determined  Sable, a Schedule or knowledge and
5a Tota b Tota c Num com 6a Wee b Are under lf yo C If the Caution: Under pe SB or Sc belief, it is SIGN HERE	nsor's name  all number of participants and number of participants and plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filling of this returnment penalties set forth in the instructed signed by an enrolled actuary, a solete.  Invalid electronic signature.	the plan year (defined be	enefit plans do not  ructions.)  ified public accountant (IQI  SF and must instead use ee ERISA section 4021)?  ed unless reasonable cau we examined this return/report,  report section of this return/report,  Enter name of individu	5a 5b 5c PA) Form see is soort, irri, , and the	5500.  Yes No established. Including, if applicate to the best of my	4  X Yes No X Yes No Not determined  Sable, a Schedule or knowledge and
5a Tota b Tota c Num com 6a Wee b Are under if yo C If the Caution: Under pe SB or Sc belief, it is SIGN HERE	nsor's name  all number of participants and number of participants and plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the account balances as of the end of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this returnment penalties set forth in the instructed signed by an enrolled actuary, a plete.  In a displacement of the plan year.  In a displacement of the plan year invested in each of the plan of t	the plan year (defined be	enefit plans do not  ructions.)  ified public accountant (IQI  SF and must instead use ee ERISA section 4021)?  ed unless reasonable cau we examined this return/report,  report section of this return/report,  Enter name of individu	5a 5b 5c PA) Form see is soort, irri, , and the	5500.  Yes No established. Including, if applicate to the best of my	4  X Yes No X Yes No Not determined  Stable, a Schedule or knowledge and  ministrator  er or plan sponsor

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	d of Y	'ear	
a	Total plan assets	7a	14947				(8) =:		21332	5
	Total plan liabilities	7b		0					(	0
	Net plan assets (subtract line 7b from line 7a)	7c	14947	'1					21332	5
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		(4) / 111104111				(40)	, 1010.		
	(1) Employers	8a(1)	1723	6						
	(2) Participants	8a(2)	2864	14						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	1797	'4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							63854	ļ.
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
e	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							(	0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							6385	4
j	Transfers to (from) the plan (see instructions)	8j		0						
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uction	s:	
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 instru	ctions		
Par	Part V Compliance Questions									
10	During the plan year:				Yes	No		Δm	ount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X		Alli	ount	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		X				
_					X					.=
	<u> </u>			10c						17000
	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	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ				
	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	end )	10g		Χ				
h		(See instru	uctions and 29 CFR	10g		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	ne required	d notice or one of the	10ii						
Dow		1-0		101						
Part	<u> </u>		Van II ann innturetions and ann		Cabaa	J. J. O.	) /Fama	1		
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)				<u>.</u>				Yes	X No
	11a 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			e or se	ection	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>			
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mon	th	, and e	enter th Day	ne date d	of the lo		ling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•					1			
1	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	<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	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 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

E	art I Annual Report Identification Information									
For	calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/2013						
Α	This return/report is for: x a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-participant plan						
В	This return/report is:	s return/report is:								
	an amended return/report	a short plan year retu	irn/report (less than 12 m	nonths)						
С	Check box if filing under: X Form 5558	automatic extension		Пс	OFVC program					
	special extension (enter descriptio	n)								
D	Part II Basic Plan Information enter all requested information									
	Name of plan	madon		1b Thre	ee-digit					
	RD TAX 401(k) PROFIT SHARING PLAN				n number N ▶ 001					
	AD IAA 401(k) FROFII SHAKING FHAN				l) ► 001 ective date of plan					
				1	/01/2007					
2a	Plan sponsor's name and address; include room or suite number (e	mployer, if for a single	e-employer plan)	2b Emp	ployer Identification Numbe	er				
	RD FINANCIAL & TAX ADVISORS, INC.			(EIN	N) 20-4409571					
					onsor's telephone number					
	315 W. MILL PLAIN BOULEVARD				60) 597-1501					
me	SUITE 200 VANCOUVER WA 98660				siness code (see instruction 3900	15)				
$\frac{\text{US}}{3a}$		r Name Same as	Plan Sponsor Address	<b>3b</b> Adn	ministrator's EIN					
				3c Adn	ninistrator's telephone num	ber				
					······					
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/report filed t	or this plan, enter the	4b EIN						
а				<b>4c</b> PN						
	Total number of participants at the beginning of the plan year			5a	4	***************************************				
b	Total number of participants at the end of the plan year		***************************************	5b	4					
С	Number of participants with account balances as of the end of the p	• •	-	Ea	4					
	complete this item)		fione \	5c	▼IVos □	INO				
b	Are you claiming a waiver of the annual examination and report of a	•			<u>A</u> 100	1110				
_	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				XYes	No				
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Form 5500-SF	and must instead use I	Form 5500.						
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?	Y	∕es	mined				
Ca	ution: A penalty for the late or incomplete filing of this return/rep	oort will be assessed	l unless reasonable cau	use is esta	blished.					
	der penalties of perjury and other penalties set forth in the instruction									
	or Schedule MB completed and signed by an enrolled actuary, as wi lief, it is true, correct, and complete.	ell as the electronic ve	ersion of this return/report	t, and to the	best of my knowledge and	d				
		7-22-14	RALPH DOGGETT							
13163350	GN FIGURE Signature of plan administrator	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		al alanina a	a nian administrator					
	Circ   Signature of pian administrator	Date 7-22-14	Enter name of individua  RALPH DOGGETT	a signing a	s pian aunimistrator					
200000000000000000000000000000000000000	ERE Signature of employer/plan sponsor		<del></del>							
21:31 20:30	ERE Signature of employer/plan sponsor eparer's name (including firm name, if applicable) and address; included	Date	•		s employer or plan sponsor s telephone number (option	-				
' '	sparer's frame (moluting infinitions, if applicable) and address, include	e room of saile name	ci (optional)	Treparers	s telephone number (option	iai)				
1										

Pa	art III Financial Information				<del></del>				
7_	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year	
a	Total plan assets	7a	149,471					213,325	
b	Total plan liabilities	7b		0	ļ			0	
С	Net plan assets (subtract line 7b from line 7a)	7c	149,4	71				213,325	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al	
а	Contributions received or receivable from:  (1) Employers	8a(1)	17,2	36					
	(2) Participants	8a(2)	28,64						_
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	17,9	74					M
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						63,854	241240
	Benefits paid (including direct rollovers and insurance premiums			_					
	to provide benefits)	8d		0					
-	Certain deemed and/or corrective distributions (see instructions)	8e		0					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0	2000000				
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						63,854	1368
j	Transfers to (from) the plan (see instructions)	8j		0					
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	Code	s in th	ne instructions	s:	
	2E 2F 2G 2J 2K 2R 3D								_
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	ristic (	Codes	in the	e instructions:		
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	Ar	nount	_
а				10a		х			
b	Were there any nonexempt transactions with any party-in-interesta	-		10b		x			
С	Was the plan covered by a fidelity bond?		***************************************	10c	x			17,000	)
d	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 othe insurance service, or other organization that provides some or all constructions.)	of the bene	efits under the plan? (See	10e		х			_
f	Has the plan failed to provide any benefit when due under the plan			10f		х			_
			13	-					
<u>g</u> h		<u>_</u>		10g		х			
	2520.101-3.)			10h		X			
	exceptions to providing the notice applied under 29 CFR 2520.101			10i					
Pa	rt VI Pension Funding Compliance								_
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	ents? (If "\	es," see instructions and comp	lete S	chedu	ıle SB	(Form	☐ Yes 🕱 No	)
11:	a Enter the unpaid minimum required contribution for current year from	om Schedi	ule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding r	equiremer	nts of section 412 of the Code of	r sect	ion 30	2 of E	RISA?	Yes X No	_
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								_
а		g amortize	ed in this plan year, see instructi					etter ruling Year	_
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forn	n 5500), and skip to line 13.						_
b						12b			
									_

	Form 5500-SF 2013 Pa	age <b>3</b> -			
				<b>,</b>	
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 min negative amount)		12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [	□ No □ N/A
Pari	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		☐ Ye	es 🗓 N	lo
	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 of the PBGC?			[	Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)	plan(s), identify the plan(s) to			
•	3c(1) Name of plan(s):	130	(2) EIN(	s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			