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

	on Benefit Guaranty Corporation	 Complete all entries in a 	accordance with the instru	ctions to the Form 550	0-SF.		
Part		Identification Information	n				
For cale	endar plan year 2013 or fi	scal plan year beginning 01/0	1/2013	and ending 1	2/31/2	2013	
A This	s return/report is for:	a single-employer plan		olan (not multiemployer)		a one-particip	oant plan
B This	s return/report is:	the first return/report	the final return/report				
		an amended return/report	H	rn/report (less than 12 m	onths)		
C Che	eck box if filing under:	Form 5558 special extension (enter des	automatic extension			DFVC progra	ım
Part	II Pasia Plan Info	<u> </u>	· · · · · ·				
	•	rmation—enter all requested in	niormation		1h	Thurs dist	
	me of plan 「GUARD RETIREMENT II	NCOME SECURITY PLAN			10	Three-digit plan number (PN)	003
					1c	Effective date of	
						03/01/	
	an sponsor's name and ad SPONSE, INC	dress; include room or suite num	ber (employer, if for a single	e-employer plan)	2b	Employer Identif	
∆11 FIR 9	ST AVENUE SOUTH SUI	FE 205			2c	Sponsor's telep	
	E, WA 98104	2.200			2d	Business code (
		nd address Same as Plan Spor	_	n Sponsor Address	3b	Administrator's I	EIN 54793
ENEFIIC	GUARD, LLC	877 EAS OREM, L	T 1200 SOUTH #1272 JT 84097-1272		3с	Administrator's t	telephone number
		e plan sponsor has changed since	e the last return/report filed f	for this plan, enter the	4b	EIN	
	ime, EIN, and the pian nui onsor's name	mber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a		22
_		at the end of the plan year			5b		21
C Nu	ımber of participants with	account balances as of the end o	f the plan year (defined ben	efit plans do not	5c		
	•						16
		during the plan year invested in	eligible assets? (See instru				X Yes No
	e you claiming a waiver of	s during the plan year invested in f the annual examination and repo	ort of an independent qualifi	ctions.)ed public accountant (IQ	 PA)		X Yes No
un	re you claiming a waiver of oder 29 CFR 2520.104-46	f the annual examination and report (See instructions on waiver eligi	ort of an independent qualifi ibility and conditions.)	ctions.)ed public accountant (IQ	PA)		
un If :	e you claiming a waiver of ider 29 CFR 2520.104-46° you answered "No" to e	f the annual examination and report (See instructions on waiver eligination of the planation); ither line 6a or line 6b, the planation	ort of an independent qualifi ibility and conditions.) cannot use Form 5500-SF	ctions.)ed public accountant (IQ	PA) Form	5500.	X Yes No X Yes No
un If :	e you claiming a waiver of ider 29 CFR 2520.104-46° you answered "No" to e	f the annual examination and report (See instructions on waiver eligi	ort of an independent qualifi ibility and conditions.) cannot use Form 5500-SF	ctions.)ed public accountant (IQ	PA) Form	5500.	X Yes No
un If t	e you claiming a waiver of ider 29 CFR 2520.104-46' you answered "No" to el he plan is a defined benef n: A penalty for the late	f the annual examination and report (See instructions on waiver eliginate in the fine 6a or line 6b, the plan it plan, is it covered under the PB or incomplete filing of this return.	ort of an independent qualifi ibility and conditions.) cannot use Form 5500-SF GC insurance program (see rn/report will be assessed	ed public accountant (IQ F and must instead use ERISA section 4021)?	PA) Form	5500. Yes No established.	X Yes No X Yes No Not determined
C If t Caution Under p SB or S	e you claiming a waiver of der 29 CFR 2520.104-46' you answered "No" to end the plan is a defined benefine A penalty for the late poenalties of perjury and ot	f the annual examination and report (See instructions on waiver eliginate in the fine 6a or line 6b, the plan it plan, is it covered under the PB or incomplete filing of this return the penalties set forth in the instruction of signed by an enrolled actuary,	ort of an independent qualifi ibility and conditions.) cannot use Form 5500-SF GC insurance program (see rn/report will be assessed uctions, I declare that I have	ed public accountant (IQ F and must instead use ERISA section 4021)? unless reasonable cau examined this return/re	Form	5500. Yes No established. noluding, if applications	Yes No Yes No Not determined able, a Schedule
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Caution Under p SB or S belief, i SIGN HERE	re you claiming a waiver of order 29 CFR 2520.104-46* you answered "No" to ender the plan is a defined beneficiary and of the later of penalties of perjury and of the completed and the strue, correct, and completed with authorized/ Signature of plan and Signature of employed.	f the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan fit plan, is it covered under the PB or incomplete filing of this returned signed by an enrolled actuary, plete. Ivalid electronic signature. dministrator	ort of an independent qualificibility and conditions.) cannot use Form 5500-SF GC insurance program (see rn/report will be assessed actions, I declare that I have as well as the electronic ve	ed public accountant (IQ F and must instead use ERISA section 4021)? Unless reasonable cau e examined this return/report SPENCER BARCLAY Enter name of individ	Form se is oort, in , and	5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employe	X Yes No X Yes No Not determined able, a Schedule knowledge and

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End o	f Voor		
	Total plan assets	7a	(a) beginning of Tea				(b) Liid 0	996	70	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	4402	9				996	70	
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) Total			
	Contributions received or receivable from:		(a) Amount				(6) 10	Lai		
	(1) Employers	8a(1)	4163	5						
	(2) Participants	8a(2)	6217	3						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	669	4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1105)2	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1612	1						
е	Certain deemed and/or corrective distributions (see instructions)	8e	3727	6						
f	Administrative service providers (salaries, fees, commissions)	. 8f	146	4						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						548	61	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						556	41	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:		
Par	•						Ī			
10	During the plan year:				Yes	No	,	mount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		Χ				
C	Was the plan covered by a fidelity bond?			10c	X				500	0000
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 oth									
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	X					783
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 required	notice or one of the							
David	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	plete	Sched	dule SE	3 (Form			
	5500) and line 11a below)							Ye	S	No
	Enter the unpaid minimum required contribution for current year fr		, ,			11a			_	1
_12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	Ye	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_4! - ·			a det : ("	- 1-44		
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and 6	enter th Day		e letter ⁄ear	uling) ——
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•					ı			
b	Enter the minimum required contribution for this plan year					12b				

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).

▶ 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	Annual Report Idei	ntification Information					
	ar plan year 2013 or fiscal p		01/01/2013	and ending		12/31/2013	3
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)	[a one-particip	pant plan
B This ret	turn/report is:	the first return/report	the final return/report				
	=	an amended return/report	a short plan year return	n/report (less than 12 m	onths)		
C Check b	box if filing under:	Form 5558	automatic extension		[DFVC progra	am
• • • • • • • • • • • • • • • • • • • •	Jew II IIII i g Grideri	special extension (enter descri			·		
Part II		ation—enter all requested info					
1a Name				1411	1b	Three-digit	
		nt Income Security	Plan			plan number	003
						(PIN)	
						Effective date of 03/01/2012	
2a Plan sp	ponsor's name and address	s; include room or suite numbe	er (employer, if for a single-	employer plan)	2b	Employer Identif	fication Number
	sponse, Inc	4			1	(EIN) 90-071	
25		2			2c	Sponsor's telep	hone number
411 Fi	rst Avenue South	Suite 205				206-995-80	***************************************
0		00104			1	,	(see instructions)
Seattle		WA 98104	ar Nama - Doama as Blan	Cooper Address		519100 Administrator's E	EIN
		Idress Same as Plan Spons	or Name Same as Plar	Sponsor Address		20-5354793	
Benerit	tGuard, LLC				3c	Administrator's t	telephone number
877 Fac	st 1200 South #1:	272			8	877-860-26	564
o// Eas	st 1200 Bouth #1.	212					
Orem	Ţ	UT 84097-1272					
XX-S-CONTONN	name and/or FIN of the plan	n sponsor has changed since the	he last return/report filed for	or this plan enter the	4b	EIN	
			ne last return report lilea it	i this plan, criter the	70	LIIV	
name,	EIN, and the plan number	from the last return/report.					
a Sponso	Laure d'America	from the last return/report.			4c	PN	
a Sponso	or's name	ne beginning of the plan year			4c 5a	PN	22
a Sponso	or's name number of participants at th					PN	22
a Sponso 5a Total r b Total r c Number	or's name number of participants at th number of participants at th er of participants with acco	ne beginning of the plan year ne end of the plan year unt balances as of the end of the	he plan year (defined bene	efit plans do not	5a 5b	PN	21
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Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar .			(b) End	of Ve	ar	
	Total plan assets	7a	` ` · · · · · · · · · · · · · · · · · ·	4402	9		(b) Liiu	01 166		99670
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		4402	9					99670
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	Γotal		
	Contributions received or receivable from:						(2)	- Ctur		
	(1) Employers	8a(1)		4163						
	(2) Participants	8a(2)	(6217	3					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		669	4					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	10502
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1612	_					
е	Certain deemed and/or corrective distributions (see instructions)	8e	:	3727	6					
f	Administrative service providers (salaries, fees, commissions)	8f		146	4					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								54861
i	Net income (loss) (subtract line 8h from line 8c)	8i								55641
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension f 2A 2E 2F 2J 2K 2T 3D	eature co	odes from the List of Plan Chara	acteris	tic Co	des in	the instru	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instruct	ions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amou	unt	
а	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		Х				
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	•	•	10b		Х				
С				10c	Х				5	00000
d		fidelity bo	nd, that was caused by fraud	10d		Х				
	Were any fees or commissions paid to any brokers, agents, or oth			100						
C	insurance service, or other organization that provides some or all of					Х				
	instructions.)			10e		Λ				
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	Х					783
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	e required	d notice or one of the	10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirement							Гп	Yes	□ No
110	5500) and line 11a below)							ш	. 03	
	Enter the unpaid minimum required contribution for current year fro		,			11a	EDIO:	\Box	V	77 K!-
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA?	Ш	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	224	ontor +1	no doto of	the lett	or mil	na
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	<u></u>	Mon		and 6	Day		Year		<u>-</u>
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	,				401	<u> </u>			
h	Enter the minimum required contribution for this plan year					12b	ı			

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 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 unof the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s)	to		
•	3c(1) Name of plan(s):	1	3c(2) Ell	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				1
14a Name of trust					

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