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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instruc	ctions to the Form 5500	0-SF.		
Part I	Annual Report I	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/20	14	and ending 0	4/11/2	014	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
B This ret	turn/report is:						
		n/report (less than 12 mo	onths)				
C Check I	box if filing under:			DFVC progra	am		
		special extension (enter descripti	ion)				
Part II	Basic Plan Infor	mation—enter all requested inform	nation				
1a Name					1b	Three-digit	
RMC ARCHI	ITECTS, PLLC 401(K) F	PLAN				plan number	
						(PN) ▶	001
					1c	Effective date o	f plan
						12/15	/2011
	ponsor's name and add ITECTS, PLLC	ress; include room or suite number (employer, if for a single-	employer plan)			fication Number 38685
1223 RAILR					2c	Sponsor's telep	
	M, WA 98225				2d	Business code ((see instructions)
						54131	10
		d address Same as Plan Sponsor	Name XSame as Plar	Sponsor Address	3b	Administrator's 91-13	EIN 338685
MC ARCHIT	ECTS, PLLC				3с		telephone number
		plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN	
name		plan sponsor has changed since the last return/report.	last return/report filed for	or this plan, enter the	4b 4c		
name	, EIN, and the plan num or's name		· 	·			16
a Sponse 5a Total r	, EIN, and the plan num or's name number of participants a	ber from the last return/report.			4c		16
a Spons 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the	plan year (defined bene	efit plans do not	4c 5a		
name, a Spons 5a Total r b Total r c Numb compl	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	plan year (defined bene	efit plans do not	4c 5a 5b 5c	PN	0
name, a Spons 5a Total r b Total r c Numb compl 6a Were b Are yo	EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report of	plan year (defined bene ble assets? (See instruc f an independent qualifie	efit plans do not tions.)	4c 5a 5b 5c	PN	0 0 X Yes No
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name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan, is it covered under the PBGC is r incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as v	plan year (defined bene- ble assets? (See instruct f an independent qualifier and conditions.) not use Form 5500-SF insurance program (see eport will be assessed ns, I declare that I have	efit plans do not tions.)	4c 5a 5b 5c PA) Form see is export, income, in	PN 5500. Yes No established. Cluding, if applic	0 X Yes No X Yes No Not determined able, a Schedule
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is i	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan, is it covered under the PBGC is r incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as v	plan year (defined bene- ble assets? (See instruct f an independent qualifier and conditions.) not use Form 5500-SF insurance program (see eport will be assessed ns, I declare that I have	efit plans do not tions.)	4c 5a 5b 5c PA) Form see is export, income, in	PN 5500. Yes No established. Cluding, if applic	0 X Yes No X Yes No Not determined able, a Schedule
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is for	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan, is it covered under the PBGC in r incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as velete. alid electronic signature.	plan year (defined bene- ble assets? (See instruct f an independent qualifier and conditions.) not use Form 5500-SF insurance program (see eport will be assessed ns, I declare that I have	efit plans do not tions.)	4c 5a 5b 5c PA) Form see is coort, inc, and to	PN 5500. Yes No established. cluding, if applic of the best of my	O X Yes No X Yes No Not determined Able, a Schedule knowledge and
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Form 5500-SF 2013 Page **2**

Do	t III Financial Information									
Pa	t III Financial Information		T .		1					
	Plan Assets and Liabilities	(7, 23					(b) End	of Yea		
	Total plan assets								0	
	Total plan liabilities	7b	70000		-					
	Net plan assets (subtract line 7b from line 7a)	7c	72920	729209			0			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	320	2						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3202	
	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d	73229	1						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	12	0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						732	2411	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-729	9209	
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 2F 2G 2J 2K 2R 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	es in t	he instruction	ons:		
Par	V Compliance Questions									
					Yes	No	I	A		
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono withi	n the time period described in		162	NO		Amou	nt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X				
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X				
С	· · · · · · · · · · · · · · · · · · ·			10c	X				40	0000
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	of the ben	efits under the plan? (See			X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
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 exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П、	Yes X	No
11a	Enter the unpaid minimum required contribution for current year fr					11a			[.]	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection 3	302 of	ERISA?		Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th	ne date of th	ne lette Year _	r ruling	J
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	e MB (For	m 5500), and skip to line 13.							
h	Enter the minimum required contribution for this plan year					12b				

Page	3 -	. 1	
raye	J		

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?	X	es No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	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.)	:0					
1	3c(1) Name of plan(s):	3 c(2) EI	N(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

	Report Identification Information						
For calendar plan year 2	013 or fiscal plan year beginning	01/01/2014	and ending	04/11,	/2014		
A This return/report is f	or: X a single-employer plan	a multiple-employer pl	an (not multiemployer)) a one-participant plan			
B This return/report is:	the first return/report	X the final return/report					
	an amended return/report	🛚 a short plan year return	n/report (less than 12 m	onths)			
C Check box if filing un	der: Form 5558	automatic extension		DFVC program			
	special extension (enter desc	cription)					
Part II Basic Pla	an Information—enter all requested in	formation					
1a Name of plan				1b Three-digi			
RMC Architec	ts, PLLC 401(k) Plan			plan numb	er 001		
				1c Effective of			
				12/15/			
2a Plan sponsor's nam RMC Architec	e and address; include room or suite numb	per (employer, if for a single-	employer plan)		dentification Number		
				Control 1000	telephone number		
1223 Railroa	d Avro				576-7733		
	d Ave				ode (see instructions)		
Bellingham			98225	541310 3b Administra	tada FIN		
RMC Architects, PLLC	name and address Same as Plan Spon	sor Name X Same as Plan	Sponsor Address	91-133	8685		
				3c Administra	tor's telephone number		
	EIN of the plan sponsor has changed since plan number from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN			
a Sponsor's name				4c PN			
5a Total number of par	ticipants at the beginning of the plan year.			5a	16		
	ticipants at the end of the plan year			5b	0		
	nts with account balances as of the end of			5c	0		
	i's assets during the plan year invested in e				X Yes No		
	waiver of the annual examination and repo 0.104-46? (See instructions on waiver eligit				X Yes ☐ No		
	No" to either line 6a or line 6b, the plan				👸 🚨		
c If the plan is a defin	ed benefit plan, is it covered under the PB0	GC insurance program (see	ERISA section 4021)?	Yes N	Not determined		
Caution: A penalty for	the late or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	use is establishe	d.		
Under penalties of perjuing SB or Schedule MB combelief, it is true, correct, a	y and other penalties set forth in the instru pleted and signed by an enrolled actuary, and complete.	ctions, I declare that I have as well as the electronic ver	examined this return/report	port, including, if a t, and to the best	pplicable, a Schedule of my knowledge and		
SIGN BY	dean	24 AV& 14	Brad Cornwell				
HERE Signature of	of plan administrator	Date	Enter name of individ	ual signing as pla	n administrator		
SIGN BY	Many	24 AVG 14	Brad Cornwell				
Signature of	of employer/plan sponsor	Date	Enter name of individ		ployer or plan sponsor		
Preparer's name (includi	ng firm name, if applicable) and address; in	nciude room or suite numbe	r (optional)	Preparer's telep	hone number (optional)		

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of Year	
а	Total plan assets	7a	729	9,20	9				0
ь	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	lan assets (subtract line 7b from line 7a)							0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1) 0							
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		3,20)2				
$\overline{}$	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3,202
	Benefits paid (including direct rollovers and insurance premiums		731	2,29	31		A Light A Common		
_	to provide benefits)	8d	132	_, _ :	-				
	Certain deemed and/or corrective distributions (see instructions)	8e		1.	-				
_ <u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		14	20				
<u>g</u>	Other expenses	8g							20 411
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				32,411
<u></u>	Net income (loss) (subtract line 8h from line 8c)	81			4			(72	9,209)
<u>j</u>	Transfers to (from) the plan (see instructions)	8]							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D	feature co	odes from the List of Plan Char	acteri	stic Co	des in	the instruc	tions:	
ь	if the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cteris	tic Coo	les in 1	the instructi	ons:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
8	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Con	rection Program)	10a	Yes	No X		Amount	
8	Was there a failure to transmit to the plan any participant contribu	uciary Con !? (Do not	rection Program)include transactions reported	10a 10b	Yes			Amount	
8	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uctary Con t? (Do not	include transactions reported			х		Amount	40,000
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(360) 734-9900 (800) SATURNA

Fax: (360) 734-0755

Authorization to Electronically Sign and File 5500

I hereby authorize Saturna Capital Corporation ("Service Provider") to electronically sign and file 5500 forms on my behalf for the following filing year(s): 01/01/14 - 04/11/14.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to Service Provider.

Dated: 24 AVG-2014 By: BRAD

BRAD P. CONNI