## 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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.		peonon
Part I	Annual Report I	dentification Information					
For calend	lar plan year 2013 or fisc	cal plan year beginning 01/01/2014		and ending 0	6/30/2	2014	
	turn/report is for:			an (not multiemployer)		a one-particip	oant plan
<b>B</b> This ref	turn/report is:		ne final return/report				
		an amended return/report X a	short plan year return	/report (less than 12 mo	onths)	)	
C Check	box if filing under:	Form 5558 a a	utomatic extension			DFVC progra	am
Dowt II	Dania Dian Infor	<u> </u>					
Part II		mation—enter all requested informat	on		4 15	T	
1a Name	•	(IZ) DI ANI			10	Three-digit plan number	
YANDO LAV	N OFFICES, PLLC 401(	(K) PLAN				(PN) ▶	001
					1c	Effective date of	
						12/01/	•
	ponsor's name and add W OFFICES, PLLC	lress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 45-38	fication Number
					2c	Sponsor's telep	hone number
2115 N. 30T TACOMA, V	TH STREET, SUITE 204 VA 98403	4			2d	Rusiness code (	(see instructions)
					20	54111	,
3a Plan a	administrator's name and	d address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
4 If the	name and/or FIN of the	plan sponsor has changed since the las	et return/report filed fo	r this plan enter the	4h	EIN	
		ber from the last return/report.	st return/report med to	i tilis pian, enter the	40	EIIN	
<b>a</b> Spons	sor's name	·			4c	PN	
<b>5a</b> Total	number of participants a	at the beginning of the plan year			5a		1
<b>b</b> Total	number of participants a	at the end of the plan year			5b		0
		ccount balances as of the end of the pla	•	•	5c		0
	•	during the plan year invested in eligible					X Yes No
	·	the annual examination and report of ar	•	•			
		(See instructions on waiver eligibility ar					X Yes No
-		her line 6a or line 6b, the plan cannot					-
C If the	plan is a defined benefit	t plan, is it covered under the PBGC inst	urance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	A penalty for the late o	- !	#4 will be seesed .	inless reasonable cou	se is	established.	
Under pen		r incomplete filing of this return/repo	rt will be assessed t	illiess reasonable cau			
	alties of perjury and oth	er penalties set forth in the instructions,	I declare that I have	examined this return/rep	ort, in		
SB or Sche	alties of perjury and oth	er penalties set forth in the instructions, d signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	ort, in		
SB or Sche	alties of perjury and othe edule MB completed and true, correct, and compl	er penalties set forth in the instructions, d signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	ort, in		
SB or Sche belief, it is	alties of perjury and othedule MB completed and true, correct, and completed with authorized/v	er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete.  valid electronic signature.	I declare that I have eas the electronic vers	examined this return/repsion of this return/report,	ort, in , and t	to the best of my	knowledge and
SB or Sche belief, it is	alties of perjury and othe edule MB completed and true, correct, and compl	er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete.  valid electronic signature.	I declare that I have as the electronic vers	examined this return/repsion of this return/report,	ort, in , and t	to the best of my	knowledge and
SB or Sche belief, it is SIGN HERE	alties of perjury and othedule MB completed and true, correct, and completed with authorized/v	er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete.  ralid electronic signature.  dministrator	I declare that I have eas the electronic vers  08/28/2014  Date	examined this return/repsion of this return/report,  DAVID A. YANDO  Enter name of individu	oort, in , and t	to the best of my	knowledge and
SB or Schebelief, it is  SIGN HERE  SIGN HERE	alties of perjury and othedule MB completed and true, correct, and completed with authorized/v  Signature of plan ad  Signature of employ	er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete.  ralid electronic signature.  dministrator	I declare that I have eas the electronic vers  08/28/2014  Date  Date	DAVID A. YANDO  Enter name of individuents of	oort, in , and t ual sig	ning as plan adn	knowledge and
SB or Schebelief, it is  SIGN HERE  SIGN HERE	alties of perjury and othedule MB completed and true, correct, and completed with authorized/v  Signature of plan ad  Signature of employ	er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete.  ralid electronic signature.  dministrator  ver/plan sponsor	I declare that I have eas the electronic vers  08/28/2014  Date  Date	DAVID A. YANDO  Enter name of individuents of	oort, in , and t ual sig	ning as plan adn	ninistrator or plan sponsor
SB or Schebelief, it is  SIGN HERE  SIGN HERE	alties of perjury and othedule MB completed and true, correct, and completed with authorized/v  Signature of plan ad  Signature of employ	er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete.  ralid electronic signature.  dministrator  ver/plan sponsor	I declare that I have eas the electronic vers  08/28/2014  Date  Date	DAVID A. YANDO  Enter name of individuents of	oort, in , and t ual sig	ning as plan adn	ninistrator or plan sponsor
SB or Schebelief, it is  SIGN HERE  SIGN HERE	alties of perjury and othedule MB completed and true, correct, and completed with authorized/v  Signature of plan ad  Signature of employ	er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete.  ralid electronic signature.  dministrator  ver/plan sponsor	I declare that I have eas the electronic vers  08/28/2014  Date  Date	DAVID A. YANDO  Enter name of individuents of	oort, in , and t ual sig	ning as plan adn	ninistrator or plan sponsor
SB or Schebelief, it is  SIGN HERE  SIGN HERE	alties of perjury and othedule MB completed and true, correct, and completed with authorized/v  Signature of plan ad  Signature of employ	er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete.  ralid electronic signature.  dministrator  ver/plan sponsor	I declare that I have eas the electronic vers  08/28/2014  Date  Date	DAVID A. YANDO  Enter name of individuents of	oort, in , and t ual sig	ning as plan adn	ninistrator or plan sponsor

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Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End c	f Vo:	or.		
	Total plan assets	7a	(a) Beginning of Tea				(b) Liid C	1 166	0		
	Total plan liabilities	7b		0	+				0		
	Net plan assets (subtract line 7b from line 7a)	7c	15516	6					0		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal			
	Contributions received or receivable from:		(a) Amount				(6) 10	tai			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)	3a(3) 0								
b	Other income (loss)	8b	28	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							280		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	15544	6							
е	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						15	55446		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						-15	5166		
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 2J 2K 2F 2G 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruct	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Coc	les in t	he instruction	ns:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No	1	Amou	ınt		
a		tions withi	n the time period described in		103	140	· ·	AIIIOU	anı		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X					
N	on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X					
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100							
C	insurance service, or other organization that provides some or all					Χ					
	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		X					
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		-									
11	Is this a defined benefit plan subject to minimum funding requirem							<u>—</u>	Yes	П	No
11-	5500) and line 11a below)								103	Ц	140
	Enter the unpaid minimum required contribution for current year fr		,			11a		一	Va -	V	N1-
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,			otion -	ond :	onto- #	no doto of the	o lett	or = .!!	n~	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and 6	Day		e letti Year	er ruli	ng	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	40:	1				
b	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 <b>c(2)</b> EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	<b>14b</b> 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 I	Annual Report	Identification Information								
For calenda	ar plan year 2013 or t	iscal plan year beginning	01/01/2014	and ending	06/30/20	14				
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-participant plan					
	urn/report is:	the first return/report	x the final return/report							
		an amended return/report	<b>=</b>	n/report (less than 12 mg	onths)					
C Check h	oox if filing under:	Form 5558	automatic extension	• •	DFVC pro	ogram				
O OHOOK L	Jox II IIIII g dilder.	special extension (enter descr				J				
Part II	Racio Plan Infe	ormation—enter all requested inf	<u> </u>							
1a Name		Officiation—enter all requested in	ormation		1b Three-digit					
7.4	•	PLLC 401(k) Plan			plan number					
111110		101(11, 11011			(PN)	001				
					1c Effective dat 12/01/20					
2a Plan as	anner's name and a	ddyssa inglude room er suite numbe	or (ampleyer if for a single	ampleyer plan)						
	ponsors name and a LAW OFFICES,	ddress; include room or suite numbe PLLC	er (employer, it for a single-	employer plan)	(EIN) 45-3	entification Number 800409				
					2c Sponsor's te					
2115 N	. 30TH STREET	C, SUITE 204			253-284-	-				
					2d Business coo	de (see instructions)				
TACOMA		WA 98403			541110					
3a Plan ad	dministrator's name a	and address Same as Plan Spons	or Name XSame as Plan	Sponsor Address	3b Administrato	r's EIN				
					3c Administrato	r's telephone number				
A 16.05			(b - 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	a this at an and a the	41					
		ne plan sponsor has changed since to umber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN					
a Spons	·				4c PN					
<b>5a</b> Total r	number of participant	s at the beginning of the plan year			5a	1				
<b>b</b> Total r	number of participant	s at the end of the plan year			5b	0				
<b>C</b> Number	er of participants with	account balances as of the end of	the plan year (defined bene	fit plans do not						
compl	ete this item)				5c	0				
		ts during the plan year invested in e				X Yes No				
		of the annual examination and repor				X Yes No				
		either line 6a or line 6b, the plan c				M 100   110				
_		efit plan, is it covered under the PBG				Not determined				
		or incomplete filing of this return								
		ther penalties set forth in the instruc- and signed by an enrolled actuary, a								
	true, correct, and con		1 1		,	,g				
CICN	1/1	1 AN	18/15/14	DAVID A. YANDO	)					
SIGN HERE	Olivia de la la f		11111							
	Signature of plath	auministrator	Date	DAVID A. YANDO		auministrator				
SIGN HERE	<del></del>	x CCYC	9/5/14			1000				
		oyer/plan sponsor	Date	Enter name of individu						
rieparer s	name (including film	name, if applicate) and address; in	lolude room of suite numbe	(optional)	Freparer's telepho	one number (optional)				
l.						CONTRACTOR NOT BELL				

Pa	rt III   Financial Information				-					
7	Plan Assets and Liabilities	THE ST	(a) Beginning of Yea	ar			(b) End	of Y	ear	
a	Total plan assets	7a		5516	6					0
-	Total plan liabilities	7b			0					C
	Net plan assets (subtract line 7b from line 7a)	7c	1.	5516	6					C
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		T		(b) ·	Total	Î	
a	Contributions received or receivable from:				^	12.0		10		20
	(1) Employers	8a(1)			0	1 0		7 17		N.
	(2) Participants	8a(2)		_	0		2 3 2	LX I		
	(3) Others (including rollovers)	8a(3)			0	1	1 = 2001			
b_	Other income (loss)	8b		28	0					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								280
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1.	5544	6	431	18			
e	Certain deemed and/or corrective distributions (see instructions)	8e			0	11			20	48.5
f	Administrative service providers (salaries, fees, commissions)	8f			0	1		X		1121
g	Other expenses	8g			0				2	-
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								155446
	Net income (loss) (subtract line 8h from line 8c)	8i	The state of the second	15.7					-1	155166
j	Transfers to (from) the plan (see instructions)	8j								1 2 V
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature code	es from the List of Plan Char	acterist	tic Co	des in	the instru	ctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	s from the List of Plan Chara	cteristi	c Cod	es in t	he instruct	ions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
a				10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	clude transactions reported	10b		Х				
						х				
				10c	-					
d	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		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear en	d.)	10g		Х				
h		(See instruct	tions and 29 CFR	10h		х	Sal	11/1		
T	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 r	notice or one of the	10ii				1		- 5
Dord		150		101						
Pari		. 0 //(    ) /	19				. /5	_	_	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
	Enter the unpaid minimum required contribution for current year fr	om Schedul	e SB (Form 5500) line 39			11a		T ==	1	-
_12	Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of the Code	orse	ction (	302 of	ERISA?	Ш	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	nter th Day	ie date of	the le		ling ———
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	5500), and skip to line 13.		_	929				
h	Enter the minimum required contribution for this plan year				10	12b	l .			

	Form 5500-SF 2013	Page <b>3 -</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 negative amount).	(enter a minus sign to the left of a	12d			11111
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Ye	s 📗	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?		Х	Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a			(
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?			ı		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the p	lan(s) to			
1	3c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
					-	
Part	VIII Trust Information (optional)					
Name and Address of the Owner, where						

14b Trust's EIN

14a Name of trust