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).

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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instruc	tions to the Form 5500	0-SF.		spection		
Part I	Annual Report I	dentification Information							
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/20	113	and ending 1	2/31/2	2013			
	turn/report is for:	a single-employer plan	=	an (not multiemployer)		a one-partici	pant plan		
B This ret	turn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year returi	n/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC program				
D (II	Daria Blancia	special extension (enter descript	· · · · · · · · · · · · · · · · · · ·						
Part II		mation—enter all requested inform	mation		41.		1		
1a Name	•	I//C DLAN			10	Three-digit plan number			
MCCONNEL	L CHIROPRACTIC 401	(K) PLAN				(PN)	001		
					1c	Effective date of	f plan		
						01/01	•		
	ponsor's name and add LL CHIROPRACTIC	lress; include room or suite number ((employer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 20-5844210			
4324 MART	IN WAY E STE A				2c	Sponsor's telep			
OLYMPIA, V					2d	Business code 8129	(see instructions)		
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor	Name Same as Plar	Sponsor Address	3b	Administrator's			
					3с	Administrator's	telephone number		
		plan sponsor has changed since the	e last return/report filed for	or this plan, enter the	4b	EIN			
	, EIN, and the plan num or's name	ber from the last return/report.			4c	PN			
5a Total	number of participants a	at the beginning of the plan year			5a		4		
b Total i	number of participants a	at the end of the plan year			5b		4		
		ccount balances as of the end of the	. , ,	•	5c		3		
6a Were	all of the plan's assets	during the plan year invested in eligi	ible assets? (See instruc	tions.)			X Yes No		
b Are yo	ou claiming a waiver of	the annual examination and report o (See instructions on waiver eligibility	of an independent qualifie	d public accountant (IQI	PA)		X Yes ∏ No		
		her line 6a or line 6b, the plan can							
C If the r	olan is a defined benefit	plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)? .	П	Yes ∏No ☐	Not determined		
		<u> </u>		·			7		
	•	r incomplete filing of this return/re	•						
SB or Sche		er penalties set forth in the instructio d signed by an enrolled actuary, as v lete.							
SIGN	Filed with authorized/v	ralid electronic signature.	09/02/2014	TIMOTHY MCCONNE	ONNELL				
HERE	Signature of plan administrator Date Enter name of individual				vidual signing as plan administrator				
SIGN									
HERE	Signature of employ		Date		idual signing as employer or plan sponsor				
Preparer's	name (including firm na	ame, if applicable) and address; inclu	ıde room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)		

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of	Voar		_
<u>.</u>	Total plan assets	7a	(a) Beginning of Tea		+		(b) Liid O	6370	5	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	68459			63705				
8	Income, Expenses, and Transfers for this Plan Year	70				(b) Total				
	Contributions received or receivable from:		(a) Amount				(b) 10	aı		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	1312	.8						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1312	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1788	2						
е	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						1788	2	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-475	4	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	, ,	L							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:		
Par	t V Compliance Questions									
	•				Yes	No				
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione withi	n the time period described in		162	140	P	mount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corı	rection Program)	10a		X				
D	on line 10a.)	`	•	10b		X				
				100	X				100	00
	· · · · · · · · · · · · · · · · · · ·			10c					100	00
	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				2	16
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		Χ				
h		(See instru	uctions and 29 CFR	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 2520.10	ne require	d notice or one of the	10i		Х				
Part		. •								
11	Is this a defined benefit plan subject to minimum funding requirem							☐ Yes	V	No
44-	5500) and line 11a below)							168	^	NU
	Enter the unpaid minimum required contribution for current year fr		,			11a	EDIC : 7		<u>.</u>	N.I.
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,			otic := :	مد ما	onto- "	o data af the	. lott	ılin	
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.		Mon	th	, and (enter ti Day		e letter ru ear	ııırıg	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•	•		- 1	401				
b	Enter the minimum required contribution for this plan year					12b				

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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 Treasur internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 Complete all entries in accordance with the instructions to the Form 5500-SF.

Pension Benefit Gueranty Corporation Annual Report Identification Information Part I 12/31/2013 01/01/2013 and ending For calendar plan year 2013 or fiscal plan year beginning a multiple-employer plan (not multiemployer) a single-employer plan a one-participant plan A This return/report is for: the final return/report the first return/report B This return/report is: an amended return/report a short plan year return/report (less than 12 months) DFVC program automatic extension C Check box if filing under: Form 5558 special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number MCCONNELL CHIROPRACTIC 401(k) PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Employer Identification Number (EIN) 20-5844210 MCCONNELL CHIROPRACTIC 2c Sponsor's telephone number (360) 923-5555 4324 MARTIN WAY E STE A 2d Business code (see instructions) 812990 WA 98516 OLYMPIA 3b Administrator's EIN 3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a Total number of participants at the beginning of the plan year...... 5a b Total number of participants at the end of the plan year 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. IMOTHY MCCONNELL SIGN HERE Enter name of individual signing as plan administrator Date Signature <u>of plan administrat</u>or SIGN HERE Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		_		(b) End of Year	
a	Total plan assets	7a -	68	, 45	9		63,	705
b	Total plan liabilities	7b			┦-			705
C	Net plan assets (subtract line 7b from line 7a)	7c	68	,45	9		63,	705
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		<u> </u>		(b) Total	
a	Contributions received or receivable from:	8a(1)			1			
	(1) Employers	8a(2)			T .		***	-
	(2) Participants	8a(3)	•			o.		
	(3) Others (including rollovers)	8b	13	,12	8			
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					13,	128
	Benefits pald (Including direct rollovers and insurance premiums							
	to provide benefits)	8d _	1/	,88	4 -			
e	Certain deemed and/or corrective distributions (see instructions)	8e						—
f	Administrative service providers (salaries, fees, commissions)	8f				.'	***	
g	Other expenses	8g			+		17	882
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-		(4,7	
	Net income (loss) (subtract line 8h from line 8c)	- 8i	<u>' ' </u>		┿		(=),	~
_ <u>j</u> _	Transfers to (from) the plan (see instructions)	- 8j				· · · ·		
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K	feature co	des from the List of Plan Chars	acteris	stic Co	des in t	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plan Charac	terist	ic Cod	es in th	ne instructions:	
•	If the plan provides werene benefits, office and apprecise wereness.							
Par	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Cor	rection Program)	10a		х		
k	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		х		
C	Was the plan covered by a fidelity bond?			10c	Х		10,	,000
-	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	ond, that was caused by fraud	10d		х		
	Were any feet or commissions paid to any brokers, agents, or of	her persor	is by an insurance carrier,					
	insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plany (See	10e	х			216
	Has the plan failed to provide any benefit when due under the plan			10f		x		
						Х	·	
				10g		A)-		
	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 exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	101		х		
Par	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	nents? (If '	Yes," see Instructions and com	plete	Sche	dule SE	(Form Yes X	No
11:	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 requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as applic	cable.)				<u> </u>	
8	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amorti:	zed in this plan year, see instru	ctions hth_	s, and	enter th Day	ne date of the letter ruling Year	9
ľ	f you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	rm 5500), and skip to line 13.					
	Enter the minimum required contribution for this plan year					12b		

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	Enter the amount contributed by the employer to the plan	n for this plan year	1	2c	
d	Subtract the amount in line 12c from the amount in line 1 negative amount)	12b. Enter the result (enter a minus sign to the le	eft of a	2d	
e	Will the minimum funding amount reported on line 12d be			Yes	No N/A
Part					
	Has a resolution to terminate the plan been adopted in any p			Yes X	No
	if "Yes," enter the amount of any plan assets that reverte			3a	
ъ	Were all the plan assets distributed to participants or ber of the PBGC?	neficiaries, transferred to another plan, or broug	tht under the con	trol	Yes 🕅 No
C	If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruct	nsferred from this plan to another plan(s), identif tions.)	y the plan(s) to	-1111	
	(3c(1) Name of plan(s):		13c(2) EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
	Name of trust		14	b Trust's Ei	N