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

Part I							
	Annual Report	Identification Informat	ion				
For cale	ndar plan year 2013 or fis	cal plan year beginning 0	1/01/2013	and ending	12/31/2	2013	
A This	return/report is for:	a single-employer plan	a multiple-employer	olan (not multiemployer)		a one-particip	pant plan
B This	return/report is:	x the first return/report	the final return/report	İ			
		an amended return/repor	t a short plan year retu	rn/report (less than 12 m	onths)	
C Chec	ck box if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter of	description)			_	
Part II	Basic Plan Info	rmation—enter all requeste	ed information				
1a Nan	ne of plan				1b	Three-digit	
MARTINE	AU, DAVIS AND ASSOC	IATES, P.C. 401(K) RETIREM	MENT PLAN			plan number	004
					10	(PN) Fractive data as	001
					10	Effective date of 01/01/	
	n sponsor's name and ade		umber (employer, if for a single	e-employer plan)	2b	Employer Identi	
					2c	Sponsor's telep	
2639 SOL	JTH COUNTY TRAIL					401-398	
	EENWICH, RI 02818				2d		(see instructions)
3a Dlar	a administrator's name ar	d address XSame as Plan S	Spannar Nama Rama as Bla	ın Sponsor Address	3h	54111 Administrator's I	
Ja Fiai	i administrator s name ar	u address Noame as Flan S	sponsor NameSame as Fia	iii Spoilsoi Address	30	Auministrator 5	LIIV
					3с	Administrator's t	telephone number
1 16.41	e name and/or FIN of the						
4 If th		: bian sponsor has changed si	ince the last return/report filed i	for this plan, enter the	1 4h	FIN	
		plan sponsor has changed sinber from the last return/repor	ince the last return/report filed rt.	for this plan, enter the	4b	EIN	
nar				for this plan, enter the	4b 4c		
nar a Spo	ne, EIN, and the plan nur nsor's name	nber from the last return/repor		·			14
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.	T		(b) End o	f Vos	ır		
	Total plan assets	7a	(a) beginning or rea	<u> </u>			(b) Liid 0		0444		
	Total plan liabilities	7b			+						
	Net plan assets (subtract line 7b from line 7a)	7c		0				12	0444		
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) To	tal			
	Contributions received or receivable from:		(a) Amount				(5) 10	tai			
	(1) Employers	8a(1)	2404	2							
	(2) Participants	8a(2)	8831	5							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	808	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						120	0444		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
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							0		
i_	Net income (loss) (subtract line 8h from line 8c)	8i						12	0444		
j	Transfers to (from) the plan (see instructions)	8j									
Pa	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the instructi	ons:			
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 instructio	ns:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amou	ınt		
a	Was there a failure to transmit to the plan any participant contribut					X	ĺ	11100			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest			10a							
	on line 10a.)			10b		X					
С	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 or dishonesty?	-	-	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,								
	insurance service, or other organization that provides some or all		• •	10e		Х					
	instructions.)					X					
f				10f							
9				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			.0							
	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	П	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		,				ERISA?	П	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 5. 50	20011	JUL 01	5,			ш	
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		e lette Year	er ruli	ng	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Бау		· cai			
	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

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 E	Benefit Guaranty Corporation	> Complete all entries in acc	cordance with the instruc	tions to the Form 550	o-SF.		hoonen
Part I	Annual Report le	dentification Information			***************************************	<u> </u>	
La	far plan year 2013 or fisc		01/01/2013	and ending]	12/31/2013	}
-		a single-employer plan		an (not multiemployer)		a one-particip	oant plan
B This re	tum/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	box if filing under:	X Form 5558	automatic extension		Γ	DFVC progra	m
• Oncor	box is many cricon.	special extension (enter descri			τ		
Part II	Racic Plan Infor	mation—enter all requested info					
1a Name	. l	matori enter al requestes une	OTTILLOUIT	<u></u>	1b	Three-digit	
		Associates, P.C. 40	1(k) Retirement	Plan		plan number	0.07
	•	·			<u> </u>	(PIN) P	001
						Effective date of 01/01/2013	
2a Plans	ponsor's name and addr	ress; include room or suite numbe	r (employer, if for a single-	employer plan)	2b 6	Employer Identif	ication Number
Martin	eau, Davis and	Associates, P.C.			(EIN) 20-878	8349
					1	Sponsor's telepl	
2639 S	outh County Tra	111				401-398-83	
n a		RI 02818	,		į	Business code (: 541110	see instructions)
	reenwich	RI 02818 address X Same as Plan Spons	or Nama Venna as Plan	Spanear Addrage		Administrator's E	=IN
Ja Piana	idministrator s name and	address Moante as Flan opons	or name Moane as Flan	Oporisor Address		(d)	
					3c /	Administrator's t	elephone number
					F .		
					İ		
A 15 the	name and/or FIN of the	Jon energy has shaped since the	ha last return/report filed fo	or this plan enter the	Ab i		***************************************
		plan sponsor has changed since the ber from the last return/report.	he last return/report filed fo	or this plan, enter the	4b (EIN	
name		plan sponsor has changed since the from the last return/report.	he last return/report filed fo	or this plan, enter the	4b i		
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Pa	rt III Financial Information	<u></u>					
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year
a	Total plan assets	7a					120444
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c			0		120444
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	0(4)		2404	12		
	(1) Employers	8a(1)		883:	 		
	(2) Participants	8a(2)		000.	-		
<u> </u>	(3) Others (including rollovers)	8a(3) 8b		808	37		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8¢		C (CV*)		<u></u>	120444
c	Benefits paid (including direct rollovers and insurance premiums	80			1		
	to provide benefits)	8d			ــــــــــــــــــــــــــــــــــــــ		
e	Certain deemed and/or corrective distributions (see instructions)	8e					, i , i
f	Administrative service providers (salaries, fees, commissions)	8f		<u> </u>			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line 8h from line 8c)	8i				,	120444
j	Transfers to (from) the plan (see instructions)	8j					
Par	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension for $2E = 2J = 2K = 3D$	eature co	des from the List of Plan Chan	acteri	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature cod	es from the List of Plan Chara	cterist	ic Cod	es in t	he instructions:
Par	t V Compliance Questions				,		
10	During the plan year:			,	Yes	No.	Amount
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ection Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	-		10b		х	
C	Was the plan covered by a fidelity bond?		***************************************	10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fi 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 o instructions.)	f the bene	efits under the plan? (See	10e		x	
f	Has the plan failed to provide any benefit when due under the plan	***************************************		10f		x	
	Did the plan have any participant loans? (If "Yes," enter amount as					Х	
	If this is an individual account plan, was there a blackout period? (S	See instru	ctions and 29 CFR	10g		X	
i	If 10h was answered "Yes," check the box if you either provided the	erequired	notice or one of the	10h			, in
	exceptions to providing the notice applied under 29 CFR 2520.101-	·3		101			<u> </u>
Part 11	VI Pension Funding Compliance is this a defined benefit plan subject to minimum funding requireme	nts? (If "Y	es," see instructions and com	plete	Sched	ule SE	3 (Form
	5500) and line 11a below)				·····	11a	Yes No
	Is this a defined contribution plan subject to the minimum funding n		· · · · · · · · · · · · · · · · · · ·				ERISA? Yes 🛱 No
12				VI 90	~~~~	- U = U1	
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a lf a waiver of the minimum funding standard for a prior year is being granting the waiver.	, amortize	d in this plan year, see instruc		and e	nter th	ne date of the letter ruling Year
lf ·	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
	Enter the minimum required contribution for this plan year				T	12b	

	Form 5500-SF 2013 P	age 3 -			
	·				
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 (ent negative amount)	· ·	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding dea	dline?		Yes	No NA
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?			res X No	
************	If "Yes," enter the amount of any plan assets that reverted to the employer this ye	ar	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?				Yes X No
C	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), identify the plan(s)	to		
1	3c(1) Name of plan(s):	1	3c(2) E	N(s)	13c(3) PN(s)

Part	VIII Trust Information (optional)				<u>L.,</u>
	lame of trust		14b Tr	ust's EIN	
	•				