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 acco | rdance with the instru | ctions to the Form 5500 |)-SF. | |
|--------------------------------|-----------------------------------|---|-------------------------------|---------------------------|------------------------------------|-------------------------|
| Part I | Annual Report I | Identification Information | | | | |
| For calenda | ar plan year 2013 or fis | cal plan year beginning 01/01/20 | 13 | and ending 12 | 2/31/2013 | |
| A This ret | urn/report is for: | a single-employer plan | a multiple-employer p | lan (not multiemployer) | a one-partic | ipant plan |
| B This ret | urn/report is: | | | | | |
| | | an amended return/report | a short plan year retur | n/report (less than 12 mo | · — | |
| C Check b | box if filing under: | X Form 5558 | automatic extension | | ☐ DFVC progi | ram |
| | T = | special extension (enter descript | | | | |
| Part II | • | rmation—enter all requested inform | mation | | 4. | 1 |
| 1a Name | | | | | 1b Three-digit plan number | |
| FELDMAN & | LEE, P.S. 401(K) PLA | .N | | | (PN) ▶ | 001 |
| | | | | | 1c Effective date | |
| | | | | | | 1/2003 |
| 2a Plan sp FELDMAN 8 | | dress; include room or suite number (| (employer, if for a single- | -employer plan) | 2b Employer Iden (EIN) 91-1 | tification Number |
| 10202 44T | LLAVE W CHITE A | | | - | 2c Sponsor's tele | phone number 71-3600 |
| LYNNWOO[| H AVE. W., SUITE A D, WA 98036 | | | - | 2d Business code 5411 | (see instructions) |
| 3a Plan a | dministrator's name and | d address XSame as Plan Sponsor | Name Same as Plar | n Sponsor Address | 3b Administrator's | |
| | | _ | _ | - | 3c Administrator's | telephone number |
| | | | | | | • |
| | | | | | | |
| | | | | | | |
| 4 16.0 | | | | 0: 1 (0 | 41 | |
| | | plan sponsor has changed since the nber from the last return/report. | e last return/report filed to | or this plan, enter the | 4b EIN | |
| a Spons | | iber from the last return/report. | | | 4c PN | |
| 5a Total r | number of participants | at the beginning of the plan year | | | 5a | 16 |
| b Total r | number of participants | at the end of the plan year | | | 5b | 14 |
| | | account balances as of the end of the | . , , | • | 5c | 10 |
| _ | | during the plan year invested in eligi | | | | X Yes No |
| | | the annual examination and report of | | | | X Yes No |
| | | ' (See instructions on waiver eligibility ther line 6a or line 6b, the plan can | | | | M 163 140 |
| - | | t plan, is it covered under the PBGC | | | | Not determined |
| • ii tiic p | dan is a defined benefit | - Plan, is it covered under the 1 Boo | modrance program (see | ENIOA SCOUOTI 4021): | 103 140 | 140t determined |
| Caution: A | penalty for the late o | or incomplete filing of this return/re | eport will be assessed | unless reasonable caus | se is established. | |
| SB or Sche | | ner penalties set forth in the instruction d signed by an enrolled actuary, as vollete. | | | | |
| SIGN | Filed with authorized/v | valid electronic signature. | 09/30/2014 | JAMES A. FELDMAN | | |
| HERE | Signature of plan ac | dministrator | Date | Enter name of individu | ıal signing as plan ad | Iministrator |
| SIGN | | | | | | |
| HERE | Signature of employ | yer/plan sponsor | Date | Enter name of individu | al signing as employ | er or plan sponsor |
| Preparer's | | ame, if applicable) and address; inclu | | | Preparer's telephon | |
| | | | | | | |
| | | | | | | |

Form 5500-SF 2013 Page **2**

| Pa | rt III Financial Information | | | | | | | | | |
|-----------|---|-------------|--------------------------------|------------|---------|-----------------|-----------|-----------|--------|-------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ar | | | (b) En | d of Y | 'ear | |
| a | Total plan assets | 7a | 60628 | | | | (-, | | 71814 | 1 |
| | Total plan liabilities | 7b | | | | | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 60628 | 7 | | | | | 718141 | 1 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) | Total | | |
| | Contributions received or receivable from: | | (a) ranount | | | | (3) | , iota | | |
| | (1) Employers | 8a(1) | 1614 | 3 | | | | | | |
| | (2) Participants | 8a(2) | 7554 | -6 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | 1242 | 28 | | | | | | |
| b | Other income (loss) | 8b | 14303 | 1 | | | | | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 247148 | 3 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 13396 | 2 | | | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | |
| g | Other expenses | 8g | 133 | 2 | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 135294 | 4 |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 111854 | 4 |
| 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 2G 2J 2K 2T 3D | feature cod | des from the List of Plan Char | acteris | stic Co | des in | the instr | uction | s: | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature code | es from the List of Plan Chara | cterist | ic Cod | les in t | he instru | ctions | | |
| Par | t V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Δm | ount | |
| | 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 | | X | | 7411 | ount | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not i | nclude transactions reported | 10b | | X | | | | |
| | | | | | X | | | | | 00000 |
| C | | | | 10c | | | | | | 80000 |
| | 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 | | X | | | | |
| | Did the plan have any participant loans? (If "Yes," enter amount as | s of vear e | nd) | 10g | | X | | | | |
| h | | (See instru | ctions and 29 CFR | 10g 10h | | X | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the | ne required | notice or one of the | | | | | | | |
| D = == | exceptions to providing the notice applied under 29 CFR 2520.10 | 1-3 | | 10i | | | | | | |
| Part | · | 1.0.4510 | | | 0.1 | | \ | - | | |
| <u>11</u> | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | Yes | No |
| _11a | Enter the unpaid minimum required contribution for current year from | om Sched | ule SB (Form 5500) line 39 | | | 11a | | 1 . | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | nts of section 412 of the Code | or se | ection | 302 of | ERISA? | | Yes | X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | | | | | | | |
| a | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | | | | , and e | enter th Day | ne date d | of the lo | | ling |
| If | you completed line 12a, complete lines 3, 9, and 10 of Scheduk | e MB (For | m 5500), and skip to line 13. | | | | | | | |
| | | | | | | | | | | |

| Page | 3 - | 1 |
|------|-----|---|
|------|-----|---|

| 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 I | | Identification Information | | | | | | | |
|---|--|--|----------------------------------|--|-----------------------|--|--|--|--|
| For calenda | ar plan year 2013 or f | scal plan year beginning 01/0 X a single-employer plan | 1/2013 | and ending 1 | 12/31/2013 | | | | |
| A This ret | urn/report is for: | er) a one-participant plan | | | | | | | |
| B This return/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 | ionths) | | | | |
| C Check b | oox if filing under: | X Form 5558 | automatic extension | | DFVC program | | | | |
| | , , , , | _ bi vo program | | | | | | | |
| Part II | Basic Plan Info | special extension (enter des | | 1000 | | 50 · · · · · · · · · · · · · · · · · · · | | | |
| 1a Name | | The same of the sa | normation | | 1b Three-digit | | | | |
| | LEE, P.S. 401(k) PL | AN | | | plan number | | | | |
| | | | | | (PN) ▶ | 001 | | | |
| D. Taraka | | THE A FRAME | | | 1c Effective da 01 | ate of plan /01/2003 | | | |
| 2a Plan sp FELDMAN & | oonsor's name and ac LEE, P.S. | ldress; include room or suite num | ber (employer, if for a single- | employer plan) | | dentification Number -1141908 | | | |
| 40000 44TI | LAVE SAL COURS | | | | 2c Sponsor's | telephone number | | | |
| 19303 - 4411 | H AVE. W., SUITE A | | | | | ode (see instructions) | | | |
| LYNNWOOD | | | | 1200 | 54 | 1110 | | | |
| 3a Plan ad | Iministrator's name a | nd address X Same as Plan Spor | nsor Name Same as Plar | Sponsor Address | 3b Administrat | or's EIN | | | |
| | | | | | 3c Administrat | or's telephone number | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 If the n | ame and/or EIN of th | e plan sponsor has changed since | the last return/report filed for | or this plan, enter the | 4b EIN | | | | |
| name, a Sponso | EIN, and the plan nu | mber from the last return/report. | | • | | | | | |
| | The state of the s | at the beginning of the plan year | | ne and a second | 4c PN | 40 | | | |
| | | at the end of the plan year | | e contrata de la contrata del contrata de la contrata del contrata de la contrata del la contrata de la contrata del la contrata de la contra | | 16 | | | |
| | | account balances as of the end o | | | 5b | 14 | | | |
| comple | ele this item) | | title plan year (delined bene | | 5c | 10 | | | |
| 6a Were | all of the plan's asset | s during the plan year invested in | eligible assets? (See instruc | tions.) | | X Yes No | | | |
| b Are yo | u claiming a waiver o | f the annual examination and repo | ort of an independent qualifie | ed public accountant (IQ | ΡΔ | | | | |
| unaer If you | 29 CFR 2520,104-46 | ? (See instructions on waiver eligi ither line 6a or line 6b, the plan | bility and conditions.) | | | X Yes No | | | |
| | | fit plan, is it covered under the PB | | | | | | | |
| P 2500 100 0 | | | | | | L sterile mention in the | | | |
| Caution: A | penalty for the late | or incomplete filing of this retu | rn/report will be assessed | unless reasonable cau | use is established | l | | | |
| SB or Sche | dule MB completed a | her penalties set forth in the instrund signed by an enrolled actuary, | actions, I declare that I have | examined this return/rep | port, including, if a | oplicable, a Schedule | | | |
| belief, it is to | rue, correct, and con | plete | as iven as the closuronic ver | sion of this returnieport | i, and to the best o | rmy knowledge and | | | |
| SIGN | , 1 | 16 | 101.0110 | VI T. | 16. | A. / | | | |
| HERE | X alan | desiminations. | 19123114 | | A FELDMA | | | | |
| - | Signature of plan a | diministrator | Dale | Enter name of individu | ual signing as plan | administrator | | | |
| SIGN (| | | | | |) | | | |
| 100.000 | Signature of emplo | | Date | Enter name of individe | ual signing as emp | loyer or plan sponsor | | | |
| rieparersi | iame (including iim r | name, if applicable) and address; | include room or suite numbe | r (optional) | Preparer's teleph | one number (optional) | | | |
| | | | | | | 5 | | | |
| | | | | 7 11 | | | | | |
| | | | | | | | | | |
| | | 22 20 20 | | | | | | | |

| Pai | t III Financial Information | | | | | | | Nethern | |
|---|--|---------------|-------------------------------|---------|---------|----------|----------------|---------|-------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ır | | | (b) End o | f Year | |
| а | Total plan assets | plan assets | | | | | | 71814 | 1 |
| b | Total plan liabilities | . 7b | | | | | | | * |
| С | Net plan assets (subtract line 7b from line 7a) | . 7c | 60628 | 7 | | | 718141 | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) To | tal | |
| а | Contributions received or receivable from: (1) Employers | . 8a(1) | 1614: | 3 | | | \-/- | | |
| - | (2) Participants | | 7554 | 78/ | | | - THEWAY-132 | | |
| | (3) Others (including rollovers) | 8a(3) | 1242 | | | _ | | | |
| | Other income (loss) | 8b | 14303 | | - Best | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | _ | | * | | | | 04744 | |
| | Benefits paid (including direct rollovers and insurance premiums | 1 00 | | | | | | 24714 | 8 |
| 1/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4 | lo provide benefits) | 8d | 13396 | 2 | | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | . 8e | | | | | 5000 | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | CIPSON . | | | |
| g | Other expenses | . 8g | 1333 | 2 | | | 1 | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 13529 | 14 |
| i_ | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | | 11185 | i4 |
| j | Transfers to (from) the plan (see instructions) | - 8j | 707 407 | | | - | | | ,, |
| Pai | t IV Plan Characteristics | | | | | 100000 | | 1.00 | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D | feature cod | es from the List of Plan Char | acleris | slic Co | des in | the instruct | ons: | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature code | s from the List of Plan Chara | clerist | ic Cod | es in t | he instruction | ns: | |
| Par | t V Compliance Questions | | | | 0.5005 | | | | |
| 10 | During the plan year: | | | | Yes | No | i i | Amount | *** |
| а | Was there a failure to transmit to the plan any participant contribu 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.) | t? (Do not in | clude transactions reported | 10b | | x | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | х | | | 30000 | 80000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | | | 10d | | x | | 33.11 | |
| е | Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) | of the bene | fits under the plan? (See | 10e | | х | | | |
| f | Has the plan failed to provide any benefit when due under the pla | ın? | | 10f | | × | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year er | nd.) | 10g | | х | | | |
| ħ | If this is an individual account plan, was there a blackout period? 2520.101-3.) | | | 10h | | х | | | |
| ī | If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520,10 | he required | notice or one of the | 10i | | | | | |
| Pari | VI Pension Funding Compliance | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | nents? (If "Y | es," see instructions and com | plete | Sched | ule SE | 3 (Form | ☐ Yes | л No |
| diam's | Enter the unpaid minimum required contribution for current year fr | rom Schedu | le SB (Form 5500) line 39 | | | 11a | | | |
| 12 | 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 | | | | | | | | |
| - | a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver | | | | | | | | |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedul | | | | | | | | |
| b | Enter the minimum required contribution for this plan year | | | ••••• | | 12b | | | |

| | Form 5500-SF 2013 | Page 3 - 1 | | | | | |
|------|---|---|-------------|--------|------|-----|-----------|
| | | | | | | | |
| С | Enter the amount contributed by the employer to the plan for this plan y | year | 12c | | | | - |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount) | result (enter a minus sign to the left of a | 12d | 9 | | | |
| е | Will the minimum funding amount reported on line 12d be met by the fu | | | Ye | s | No | N/A |
| Part | VII Plan Terminations and Transfers of Assets | | | | | 4 | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | | Yes | X No | | |
| | If "Yes," enter the amount of any plan assets that reverted to the emplo | oyer this year | 13a | | | | - ***- |
| b | Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC? | nsferred to another plan, or brought under th | e contro | 1 | | | es X No |
| C | If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.) | | | | 0900 | | |
| 1 | 3c(1) Name of plan(s): | | 13c(2) | EIN(s) | | 13c | (3) PN(s) |
| | | | | | | | |
| | | | | | | | |
| Part | VIII Trust Information (optional) | | | | | 127 | |

14b Trust's EIN

14a Name of trust