## 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.

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information								
For calend	ar plan year 2013 or t	fiscal plan year beginning 01/01/2013	3	and ending 1	ng 12/31/2013					
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>B</b> This ret	turn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths	)				
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am			
	J	special extension (enter descriptio	n)							
Part II	Basic Plan Info	ormation—enter all requested informa	<u> </u>							
1a Name	l.				1b	Three-digit				
	•	S, PS 401(K) PROFIT SHARING PLAN				plan number				
					4.0	(PN) •	001			
					10	Effective date o	•			
2a Plan s	ponsor's name and a	ddress; include room or suite number (ei	nplover if for a single-	employer plan)	2h	Employer Identi				
	N & LACOMBE, CPA						46654			
					2c	Sponsor's telep	hone number			
	WASHINGTON BLV	D. NE				425-822	2-1996			
KIRKLAND,	WA 98033-7867				2d	Business code (	,			
			П		01	54121				
3a Plan a	dministrator's name a	and address XSame as Plan Sponsor N	ame	n Sponsor Address	30	Administrator's	EIN			
					3c	Administrator's	telephone number			
							·			
4 If the r	name and/or FIN of th	ne plan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4h	EIN				
		umber from the last return/report.	ast return report mean	or this plan, enter the	40	CIIN				
<b>a</b> Spons	or's name				4c	PN				
<b>5a</b> Total i	number of participant	s at the beginning of the plan year			5a		16			
<b>b</b> Total i	number of participant	s at the end of the plan year			5b		17			
		account balances as of the end of the p	• •	-	F		47			
	,				5c		17 Na			
		ts during the plan year invested in eligible of the annual examination and report of a					X Yes   No			
		6? (See instructions on waiver eligibility a					X Yes No			
		either line 6a or line 6b, the plan canno								
C If the p	olan is a defined bene	efit plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?	[	Yes No	Not determined			
Caution: A	nenalty for the late	or incomplete filing of this return/rep	ort will be assessed	unless reasonable car	ıse is	established				
	•	other penalties set forth in the instructions					able, a Schedule			
		and signed by an enrolled actuary, as we	II as the electronic ver	sion of this return/report	t, and	to the best of my	knowledge and			
beller, it is	true, correct, and con	ipiete.								
SIGN	Filed with authorized	d/valid electronic signature.								
HERE	Signature of plan	administrator	Date	Enter name of individ	ual si	gning as plan adn	ninistrator			
SIGN						-				
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual sid	aning as employe	er or plan sponsor			
Preparer's		name, if applicable) and address; include					number (optional)			

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Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Ves				(h) End of Voca
a		7a	(a) Beginning of Yea				(b) End of Year 2677249
<u>a</u>	Total plan assets  Total plan liabilities	7b		0			0
	Net plan assets (subtract line 7b from line 7a)	76 7c	220335				2677249
8	· · · · · · · · · · · · · · · · · · ·	76					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
а	(1) Employers	8a(1)	5406	1			
	(2) Participants	8a(2)	16008	5			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	25974	9			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					473895
d	Benefits paid (including direct rollovers and insurance premiums	8d		0			
е	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8e		0			
<del>_</del>	Administrative service providers (salaries, fees, commissions)			0			
<u></u>		8f		0			
<u>g</u> h	Other expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h		0			0
-:-							473895
÷	Net income (loss) (subtract line 8h from line 8c)	. 8i		^			473093
		8j		0			
9a	t IV Plan Characteristics	footure co	doe from the Liet of Plan Char	antorio	atio Co	doe in	the instructions:
Эа	If the plan provides pension benefits, enter the applicable pension 2J 2E 3D 3H	reature co	des nom the List of Flan Char	actens	siic Co	ues III	the instructions.
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
D	W Compliance Overtions						
Par					V	Ma	
10	During the plan year:	4:			Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X	
b	, , , , ,			405		X	
	on line 10a.)			10b	Χ		
c				10c	^		250000
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		X	
f	instructions.)					X	
g				10f 10g		X	
h		-	•	iug			
	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)  Enter the unpaid minimum required contribution for current year fr					11a	
12	Is this a defined contribution plan subject to the minimum funding		· · · · · ·				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	ng amortiz	ed in this plan year, see instruc		, and e	_	
It	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedule			ıtn		Day	Year
	Enter the minimum required contribution for this plan year	C MID (FOI	in sous, and skip to line 13.			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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</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 section 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 A	nnual Report	Identification Information				
For calendar pl	an year 2013 or fis	scal plan year beginning	01/01/2013	and ending	12/31/201	.3
A This return/	report is for:	x a single-employer plan	a multiple-employe	r plan (not multiemployer)	) Daone-na	articipant plan
B This return/	report is:	the first return/report	the final return/repo			mioipant plan
		an amended return/report		eturn/report (less than 12 r	months)	
C Check box i	if filing under:	x Form 5558	automatic extensio		DFVC pr	ogram
	-	special extension (enter descrip			☐ 51.40 bi	ogiani
Part II B	asic Plan Info	ormation enter all requested inf	formation	A		
1a Name of p	olan	enter an requested in	omation		1b Three-digit	
William	ıson & TaComb	oe, CPAs, PS 401(K) Profi	+ Chamina Dla-		plan numbe	∍r
		oc, clis, is for (k) Ficti	c sharing Plan		(PN) ►  1c Effective da	001
					01/01/20	
2a Plan spons William	sor's name and ac son & LaComb	dress; include room or suite number	(employer, if for a sin	gle-employer plan)		dentification Number
******	SOII & HACOIIL	Je, CFAS, PS			(EIN) 20-	
						elephone number
3927 La	ke Washingto	on Blvd. NE			(425) 82	
US Kirklan	.d	WA 98033-7867			541211	ode (see instructions)
3a Plan admir	nistrator's name a	nd address 🗓 Same as Plan Spons	sor Name Same a	s Plan Sponsor Address	3b Administrati	or's FIN
			<del></del>	,		5, 5 E, 11
					3c Administrat	or's telephone number
						s. o tolophone nambel
4 If the name	and/or EIN of the	n nion on one near the section of th				
name, EIN	, and the plan nun	e plan sponsor has changed since the nber from the last return/report.	e last return/report filed	d for this plan, enter the	4b EIN	
a Sponsor's					4c PN	
<b>5a</b> Total numb	er of participants	at the beginning of the plan year	***************************************	***************************************	5a	16
<b>b</b> Total numb	per of participants	at the end of the plan year		***************************************	5b	17
C Number of	participants with a	account balances as of the end of the	plan vear (defined be	nefit plans do not	_	
Ba Were all of	the plan's assets	during the plan year invested in eligil	ale accete? (Sao instri	uations )	5c	17
		the annual examination and report of				X Yes No
under 29 C	FR 2520.104-46?	(See instructions on waiver eligibility				X Yes No
If you answ	wered "No" to eit	her line 6a or line 6b, the plan can	not use Form 5500-S	F and must instead use	Form 5500	<u> </u>
c If the plan i	s a defined benefi	t plan, is it covered under the PBGC	insurance program (se	ee ERISA section 4021)?	Yes	No Not determined
Caution: A per	nalty for the late	or incomplete filing of this return/r	eport will be assesse	ed unless reasonable ca	use is establisher	
Under penalties	s of perjury and oth	her penalties set forth in the instruction	ons. I declare that I ha	ve examined this return/re	anort including if a	policable - C-b
on or or legale	MB completed ar correct, and comp	ilu signed by an enfolled actuary, as i	well as the electronic	version of this return/repor	rt, and to the best o	f my knowledge and
7.5 FEBRUAR	A	Warra -	19/23/14			
SIGN Signa	Mry 1	7775 500	<del></del>	Jeffrey A. Will:		
ijerce Signa	ture of plan admi	nistrator	Date	Enter name of individua	al signing as plan ad	dministrator
SIGN HERE Signed	)					
	ture of employer/		Date	Enter name of individua		
· opaici s iidiiii	c (moduling IIIII) Ti	ame, if applicable) and address; inclu	ae room or suite num	per (optional)	Preparer's telepho	ne number (optional)

P	art III Financial Information				-			
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	T		(b) End of Ye	ar
а	Total plan assets	7a	2,203,3		-			
b	Total plan liabilities	7b	2,203,2	0	+-			677,249
С	Net plan assets (subtract line 7b from line 7a)	7c	2,203,3	54				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	34	-	(b) To		677,249
а	Contributions received or receivable from: (1) Employers	8a(1)	54,0	61	100 mg	(2)		
	(2) Participants	8a(2)	160,0		25656 25743			
	(3) Others (including rollovers)	<u> </u>	100,0		1800			
b	Other income (loss)	8a(3) 8b	050.8	0	16722 200 vs			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	259,7	49	3740			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				473,895
е	Certain deemed and/or corrective distributions (see instructions)				1872			
f	Administrative service providers (salaries, fees, commissions)	8e		0	96243			
g	Other expenses	8f		0	2015 C			
<u>y</u> h		8g		0				
-11	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
	Net income (loss) (subtract line 8h from line 8c)	8i						473,895
	Transfers to (from) the plan (see instructions)	8j		0				
	art IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe $2J$ $2E$ $3D$ $3H$	eature code	es from the List of Plan Charac	teristi	c Cod	es in th	e instructions:	
b								
J	If the plan provides welfare benefits, enter the applicable welfare fear	ture codes	s from the List of Plan Characte	eristic	Code	s in the	instructions:	
Pa	irt V Compliance Questions							
10	During the plan year:	****			Yes	No	A	4
a		ions within	the time period described in	40	165	No	Amo	unt
b		(Do not in	nclude transactions reported	10a		X		
	Was the plan covered by a fidelity bond?			10b		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's fi	idelity bon	d, that was caused by fraud	10c	x			250,000
е	or dishonesty?	•••••	***************************************	10d		х		
	insurance service, or other organization that provides some or all o instructions.)	of the bene	fits under the plan? (See	100		x		
f	Has the plan failed to provide any benefit when due under the plan			10e 10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х		
h		See instru	ctions and 29 CFR	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 2520.101-	e reauired	notice or one of the			A		
Par	TVI Pension Funding Compliance	-3	***************************************	10i		- V		
	<u> </u>							
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	•••••	***************************************		•••••	ule SB		Yes X No
11a	Enter the unpaid minimum required contribution for current year fro	m Schedu	le SB (Form 5500) line 39			11a	<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding re					)2 of E	RISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	as applica	ble.)					
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortize	d in this plan year, see instruct	ions,	and er	nter the	date of the let	_
If y	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b						Ok.		
		*****************	***************************************	•••••	1	2b		

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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 (enter a minus sign to the left of a negative amount)			
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		103	NON/A
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	. П ү	es X	Vo
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	122		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		res _A_ No
1	3c(1) Name of plan(s):	3c(2) EIN(	s)	13c(3) PN(s)
		· /	,	100(0) 11(3)
1500				
Part	VIII Trust Information (optional)			
14a N	lame of trust	14b T	rust's EIN	I