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 accor	dance with the instruc	ctions to the Form 550	O-SF.			
Part I	Annual Report lo	dentification Information						
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/201	3	and ending 1	2/31/2013			
A This return/report is for: ☐ a single-employer plan ☐ a multiple-employer plan (not multiemployer)					r) a one-participant plan			
B This ret	urn/report is:	the first return/report	the final return/report					
	an amended return/report a short plan year return/report (less than 12							
C Check box if filing under:					DFVC	program		
	T	special extension (enter description						
Part II	Basic Plan Infori	mation—enter all requested inform	ation			T		
1a Name	•	•		1b Three-dig				
KENNETH H. COLEMAN 401(K) PLAN				plan num	002			
					(PN) •			
					1c Effective	01/01/2004		
2a Plan si	noneor's name and addr	ress; include room or suite number (e	amployer if for a single	employer plan)	2h Employer			
	ES OF KENNETH H CC		employer, ir lor a single-	employer plant	(EIN)	1 Identification Number 91-2009991		
					2c Sponsor's telephone number			
	RSIDE AVE., STE. 654 WA 99201-0411					509-838-2425		
Or Orotate,	W. 00201 0111				2d Business code (see instruction 541110			
3a Plan a	dministrator's name and	l address Same as Plan Sponsor N	<u> </u>	n Sponsor Address	3b Administr	rator's EIN 91-2009991		
AW OFFICE:	S OF KENNETH H COL	EMAN PS 421 W RIVERS SPOKANE, W	SIDE AVE., STE. 654 A 99201-0411		3c Administr	rator's telephone number		
					5	09-838-2425		
								
A 16.45			l t t		41			
		plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b EIN			
name	, EIN, and the plan numl	plan sponsor has changed since the ber from the last return/report.	last return/report filed fo	or this plan, enter the	4b EIN 4c PN			
name	, EIN, and the plan numl or's name		· 		4c PN	2		
a Sponse 5a Total r	, EIN, and the plan numbor's name number of participants a	ber from the last return/report.				2		
a Sponso 5a Total r b Total r c Numb	, EIN, and the plan numbor's name number of participants and number of participants are of participants with ac	t the beginning of the plan yeart the end of the plan year	plan year (defined bene	efit plans do not	4c PN 5a 5b	1		
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Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
	Total plan assets	(7) 25					215830
	Total plan liabilities	7b		0			
	Net plan assets (subtract line 7b from line 7a)	·					215830
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:		(a) runount				(5) 10101
	(1) Employers	8a(1)	1000	0			
	(2) Participants	8a(2)	2300	0			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-5650	3			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-23503
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1461	7			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	1.	2			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					14629
i_	Net income (loss) (subtract line 8h from line 8c)	8i					-38132
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2R 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	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:
Par	art V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		X	
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		50000
d				10d		X	33333
—е	Were any fees or commissions paid to any brokers, agents, or oth						
·	insurance service, or other organization that provides some or all					X	
	instructions.)			10e			
f	Has the plan failed to provide any benefit when due under the plan?			10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g	X		23797
h	1 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X	
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i			
Part	VI Pension Funding Compliance						
11							
11a	Enter the unpaid minimum required contribution for current year fr					11a	
12						FRISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			, or 30	JUIOIT V	002 UI	
a	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					I ne date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule			1111		Day	i cai
	Enter the minimum required contribution for this plan year	,	1100), and sup to mio for			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)							
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				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?							
If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X No			
C 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.)							
13c(1) Name of plan(s):		13c(2) EIN(s)		13c(3) PN(s)			
Part	Part VIII Trust Information (optional)						
14a Name of trust			14b Trust's EIN				

Form 5500-SF (2013)

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FΗX	NH.	- :	-5092762304	

OMB Nos 1210-0110 Short Form Annual Return/Report of Small Employee 1210-0089 Form 5500-SF Benefit Plan 2013 Department of the Treasury This form is required to be filed under sections 104 and 4065 of the Employee Internal Revenue Service Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of This Form is Open to Public Department of Labor Employee Benefits Security Administration the Internal Revenue Code (the Code). Inspection Complete all entries in accordance with the instructions to the Form 5500-SF Pension Benefit Gustanty Corporation Part | Annual Report Identification Information 12/31/2013 and ending 01/01/2013 For calendar plan year 2013 or fiscal plan year beginning a one-participant plan a multiple-employer plan (not multiemployer) a single-employer plan. A This return/report is for: the final return/report the first return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Form 6558 C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number Kenneth H. Coleman 401(k) Plan 002 (PN) 🕨 1c Effective date of plan 01/01/2004 2a Plan aponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 91-2009991 LAW OFFICES OF KENNETH H COLEMAN PS 2c Sponsor's telephone number 509-838-2425 421 W RIVERSIDE AVE., STE. 654 2d Business code (see instructions) 541110 WA 99201-0411 SPOKANE Administrator's EIN 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 91-2009991 LAW OFFICES OF KENNETH H COLEMAN PS 3c Administrator's telephone number 509-838-2425 421 W RIVERSIDE AVE., STE. 654 99201-0411 SPOKANE 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 1 5b b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Yes No 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) X Yes No 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. Jo/9KENNETH H. COLEMAN **\$IGN** Enter name of individual signing as plan administrator Date HERE Signature of plan administrator SIGN Enter name of individual signing as employer or plan sponsor Date HERE Signature of employer/plan sponsor Proparer's telephone number (optional) Preparer's name (Including tirm name, if applicable) and address; include room or suite number (optional) 509-838-5500 Jodi Calhoun

99201

Randall & Hurley Inc. 601 W Riverside Suite 1600

Yes X

12b

Νo

Page 2 Form 5500-SF 2013 Part III | Financial Information (a) Beginning of Year (b) End of Year Plan Assets and Liabilities 215830 253962 7a a Total plan assets 7b b Total plan liabilities 215830 253962 C Net plan assets (subtract line 75 from line 7a) ... 7¢ (a) Amount (b) Total Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 10000 8a(1) (1) Employers 23000 8a(2) (2) Participants..... 8a(3) (3) Others (including rollovers)..... -56503 8b **b** Other Income (loss) -23503 В¢ Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums 14617 8d to provide benefits). 8e Certain deemed and/or corrective distributions (see instructions) 12 Administrative service providers (salaries, fees, commissions). 8f 8g g Other expenses 14629 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) -38132 Net income (loss) (subtract line 8h from line 8c) 81 Transfers to (from) the plan (see instructions)...... 8j Plan Characteristics Part IV If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable wolfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V | Compliance Questions No Yes Amount During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in × 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flouciary Correction Program)..... 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported х 10b on line 10a.) 50000 Х 10c C Was the plan covered by a fidelity bond?.... d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud X 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See Х 100 Х f Has the plan failed to provide any benefit when due under the plan? 10f 23797 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... Х 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 Part VI | Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 5500) and fine 11a below). 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39...

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?

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

(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

b Enter the minimum required contribution for this plan year.....

If you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.