	orm 5500-SF	Short Form Annual R	eturn/Report o Benefit Plan	of Small Employ	/ee	OM	IB Nos. 1210-0110 1210-0089
	epartment of the Treasury nternal Revenue Service	This form is required to be filed		nd 4065 of the Employee	Э	20	13
Employe	Department of Labor ee Benefits Security Administration	Retirement Income Security Act of		ctions 6057(b) and 6058		This Form is C	Open to Public
Pensio	n Benefit Guaranty Corporation	Complete all entries in accord	, , , , , , , , , , , , , , , , , , ,	,)-SF.	Inspe	ction
Part		lentification Information					
For cale	endar plan year 2013 or fisc		3	and ending 12	2/31/2	2013	
A This	return/report is for:		1 1 7 1	an (not multiemployer)		a one-participar	nt plan
B This	return/report is:	님 ' 님	the final return/report				
				n/report (less than 12 mc	onths)	-	
C Che	ck box if filing under:		automatic extension			DFVC program	
		special extension (enter description					
Part I		mation—enter all requested informa	ition		46		
	me of plan	S. 401(K) PROFIT SHARING PLAN			ar	Three-digit plan number	
	· · · · · · · · · · · · · · · · · · ·					(PN) ▶	001
					1c	Effective date of pl	
			and a second		01	01/01/19	
	D WILLIAMS, M.D., INC., P.	ess; include room or suite number (er .S.	npioyer, il lor a single-	employer plan)	20	Employer Identification (EIN) 20-8204	
5006 CEI	NTER ST SUITE R				2c	Sponsor's telepho 253-581-2	
	a, WA 98499				2d	Business code (se 621111	e instructions)
3a Pla	n administrator's name and	address XSame as Plan Sponsor N	ame Same as Plan	Sponsor Address	3b	Administrator's EIN	1
				-	30	Administrator's tele	anhono numbor
na	me, EIN, and the plan numb	plan sponsor has changed since the la ber from the last return/report.	ast return/report filed fc	or this plan, enter the		EIN	
<u> </u>	onsor's name	t the beginning of the plan year			-	PN	10
		t the end of the plan year			5a 5b		12
		count balances as of the end of the p			50		11
	· ·				5c		9
		during the plan year invested in eligible					X Yes 🗌 No
		he annual examination and report of a See instructions on waiver eligibility a					X Yes 🗌 No
		her line 6a or line 6b, the plan canno	,				
C If th	ne plan is a defined benefit	plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes No No	lot determined
Cautior	a: A penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	se is	established.	
SB or S		r penalties set forth in the instructions signed by an enrolled actuary, as we ete.					
SIGN	Filed with authorized/va	alid electronic signature.	10/14/2014	EDWARD WILLIAMS			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ial sig	gning as plan admin	istrator
SIGN							
HERE	Signature of employe		Date	Enter name of individu			
Prepare	r's name (including firm nar	ne, if applicable) and address; include	e room or suite numbe	r (optional)	Prep	parer's telephone nu	imber (optional)

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	. 7a	367062	2			337275
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	367062	2			337275
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:			_			
(1) Employers	8a(1))	_		
(2) Participants	8a(2)		0	_		
(3) Others (including rollovers)	8a(3)		0	_		
b Other income (loss)	8b	69919	9			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		69919
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	92970	C			
e Certain deemed and/or corrective distributions (see instructions)	8e	()			
f Administrative service providers (salaries, fees, commissions)	8f	6614	4			
q Other expenses	8g	122				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-			99706
i Net income (loss) (subtract line 8h from line 8c)	8i					-29787
Transfers to (from) the plan (see instructions)			0	-		20101
Part IV Plan Characteristics	8j		0			
b If the plan provides welfare benefits, enter the applicable welfare fer Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a 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.)	? (Do not incl	ude transactions reported	10b		Х	
C Was the plan covered by a fidelity bond?			10c	Х		25000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		Х	
e 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 benefit	s under the plan? (See	10e		Х	
${f f}$ Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	.)	10q	Х		9644
 h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	(See instruction	ons and 29 CFR	10g		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	he required no	otice or one of the	10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•		•			
11a Enter the unpaid minimum required contribution for current year fr	rom Schedule	SB (Form 5500) line 39			11a	
12 Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	or se	ction 3	302 of	ERISA? 🗌 Yes X No
· · · · · · · · · · · · · · · · · · ·						
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applicable	e.)				
 (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 bein granting the waiver. 	ng amortized	in this plan year, see instruc		and e	enter th Day	e date of the letter ruling Year
a If a waiver of the minimum funding standard for a prior year is beir	ng amortized	in this plan year, see instruction		and e		-

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)	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?	Ye	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 c of 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) t which assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(s): 13	8 c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		1	
14a	lame of trust	14b Tru	ust's EIN	

Form 5500-SF	Short Form Annua	Short Form Annual Return/Report of Small Employee	nall Employee	CMR New 1210-0110 1210-05980
Department of the Treasury Internal Revenue Service	This form is required to b	Benefit Plan	ts of the Employee	2013
Department of Labor Employee Benefits Security Administration	Retirement Income Security /	Retrement income Security Act of 1974 (ERISA), and sections (EXISA) and (EXISA) of the Internal Revenue Code (Internal)	exerter and exertan of	This For
Persion Benefit Guaranty Corporation	1000	Complete all entries in accordance with the instructions to the Form \$500 Br	to the Form \$500 BF.	usupastau
Part I Annual Report Id	Identification Information seal plan year beginning	ar fas fasta	and actives	12/31/2013
This rat		T a maiste anticvar plan (not muittern pover)	of multisemployed)	 a crie participant plan
B This returniteport is:	The first returniteport	The final returningsoft		1
	an amended returniteport	a short plan year returniteport (tean than 12 months)	of (teas than 12 months	
C Check box if filing under	Form 5008	automatic extereion		DEVC program
	Special extension (enter description)	keription)		
Part II Basic Plan Inform	ormation enter all requested information	réomation	41	Three digit
	M.D. TNC. P.S. 401(K)	1 (K) PROFIT		
SHARING PLAN			te	Effective date of plan
				01/01/1989
2a Plan sponsor's name and addre	didress; include room or suite ruan	ess, include room or suite manher (employee, if for a single-employer plan) D T T T C C C		2D Employer Merkinskon Namoer (EIN) 20-8204257
CONTRACTOR AND				Sporeor's telephone number
FOOK CENTER ST SI	SUITE R		26	(25.3) 581-22334 2d Ramman code (see insblockore)
		NA 98	1	621111
3a Plan administrator's name and	and address NSame as Plan Sporeor Name	oraci Name Same as Plan Sponsol Adviesa		3b Admiredrator's EIN
	1		36	C. Administration's telephone number
4 If the name and/or EIN of the p	he plan sponsor has changed sirk	If the name and/or EIN of the plan sponsor has changed since the last returniteport filed for this plan, enter the		4b EIN
a Shonson's name	untainimai isei aut woli jaquin		1	4c PN
10 102	Total number of participarts at the beginning of the plan year	A spectrum and the second constraints on the second s	9	
b Total number of participant	Total number of participants at the end of the plan year			5b 11
c Number of participants with	n account balances as of the end	Number of participants with account balances as of the end of the plan year (defined benefit plans do not		8c 9
15.03	ts during the plan year invested i	complete this item /	······································	No I No
bd Wete all of the parts wave b Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to e	of the annual examination and re 5? (See instructions on waiver eli either line 6a or line 6b, the pla	Were an or up partie accountance of the annual examination and report of an independent qualified public accountant (IOPA) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) 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.	udolic accountant (IOP) d must Instead use F	N SEOG.
c If the plan is a defined benefit	effit plan, is it covered under une r	C If the plan is a defined benefit plan, is it covered unvertice room measure program one program of the plan is a stabilished	less reasonable caus	e is established.
Caution: A penalty for the late	or incomprete ming or mis test	tructions choclare that have ex	amined this returnitess	vt. including, if applicable, a Schedule
Under penalties of perjury and other p SB or Schedule MB completed and sig belief, it is true, correct, and complete	where pertaines set routh in the use and signed by an enrolled actual tiplete.	y, as well as the electronic version	on of this returnitepost.	Under penalties of perjury and other penalties servour the resource we have a stre electronic version of this returningport, and to the best of my knowledge and SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returningport, and to the best of my knowledge and belief, it is true, correct, and complete
	101 ~ · · ·	8	SDWARD WILLIAMS	8
HERE Signature of plan adr	administrator 1517	Date	Enter name of individu	Enter name of institution signing as plan administrator
SIGN			And the state of t	at a first of a second branch of the second second
HERE Signature of empl	oyer/plan sponsor	Date s' include room of suite number (Enter Name of Instruct (optional)	HERE Signature of employer/plan sponsor Date Date Date there have of individual signary as employer or pain sponsor (sphonal) Freparer's telephone number (sphonal)
Preparer's name (including num	name, n appresente and average			
				Room 25(N 81 (No13)

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