### 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

		Complete all entries in accord	ance with the instruc	tions to the Form 550	JU-5F.		
Part I	Annual Report	Identification Information					
For calen	dar plan year 2013 or fis	scal plan year beginning 01/01/2013		and ending	12/31/2	013	
A This re	eturn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
<b>B</b> This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	short plan year returi	n/report (less than 12 m	nonths)		
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	m
		special extension (enter description	1)		-		
Part II	Basic Plan Info	rmation—enter all requested informa	tion				
1a Nam	e of plan				1b	Three-digit	
DENNIS M	O'CONNELL M.D., P.O	C. 401(K) PLAN				plan number	004
						(PN) ▶ Effective date of	001 Fnlan
					10	05/29/	•
	sponsor's name and ad	dress; include room or suite number (er	nployer, if for a single-	employer plan)		Employer Identif	ication Number
						Sponsor's telep	hone number
	84TH ST STE 103 BOX	309				360-580	-
VANCOUV	ER, WA 98682				2d	Business code ( 62111	see instructions) 1
3a Plan	administrator's name ar	nd address XSame as Plan Sponsor Na	ame Same as Plar	Sponsor Address	3b	Administrator's E	ΞIN
					3c	Administrator's t	elephone number
							·
1 If the	name and/or FINI of the	nlan ananar has shanged since the la	at ratura/rapart filed fo	ar this plan anter the	415	- INI	
		e plan sponsor has changed since the la mber from the last return/report.	st return/report filed to	or this plan, enter the	4b	EIN	
	sor's name				4c	PN	
<b>5a</b> Tota	number of participants	at the beginning of the plan year			- 5a		2
<b>b</b> Tota	number of participants	at the end of the plan year			5b		2
		account balances as of the end of the p	• •		. 5c		2
<b>6a</b> Wer	e all of the plan's assets	s during the plan year invested in eligible	e assets? (See instruc	tions.)			X Yes No
		the annual examination and report of a					N <sub>2</sub>
		? (See instructions on waiver eligibility a ither line 6a or line 6b, the plan cannot					X Yes   No
							larere e i
C if the	plan is a defined benef	it plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)?		Yes   No	Not determined
Caution:	A penalty for the late	or incomplete filing of this return/rep	ort will be assessed	unless reasonable ca	use is e	established.	
SB or Sch		her penalties set forth in the instructions nd signed by an enrolled actuary, as we plete.					
SIGN	Filed with authorized/	valid electronic signature.	10/09/2014	DENNIS M. O'CONNI	ELL		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual sigi	ning as plan adn	ninistrator
SIGN							
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual sigi	ning as employe	r or plan sponsor
Preparer's		name, if applicable) and address; include					number (optional)
		,					

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Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of Vo	ar.		
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella (		60720		
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	23575	2				26	50720		
	Income, Expenses, and Transfers for this Plan Year	70					/b\ T		70.20		
	Contributions received or receivable from:		(a) Amount				(b) To	itai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2496	8							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	4968		
	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									
i	Net income (loss) (subtract line 8h from line 8c)	8i						2	24968		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ns:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	4		
a				10a	100	X		AIIIO	unt		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported			Х					
	·			10b	Χ						
				10c	^					250	000
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 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 pla	n?		10f		X					
g					X					10	076
<u>9</u>				10g						100	876
	2520.101-3.)	•		10h		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	•		10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	П	No
112	Enter the unpaid minimum required contribution for current year fr					11a				ш.	
12	· · · · · · · · · · · · · · · · · · ·		,		ı		EDISA2	П	Yes	X	No
12	Is this a defined contribution plan subject to the minimum funding	-		UI SE	CUUII	JU∠ Uſ	LRISA!		1 69	^	140
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions,	, and e	enter th	ne date of th	e lett	ter ruli	ng	
	granting the waiver.		Mon			Day		Year		_	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				4.6.	Ι				
b	Enter the minimum required contribution for this plan year					12b	ĺ				

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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)				
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	

## 2013 Form 5500-SF e-file Signature Authorization

Dennis M. O'Connell, MD, PC Dennis M. O'Connell M.D., P.C. 401(k) Plan 001 13504 NE 84th St Ste 103 Box 309 Vancouver, WA 98682

Employer Identification Number: 43-2019394

Client Identification Number: P504

You, as plan administrator, are authorizing that Barene DenAdel electronically file the 2013 Form 5500-SF for Dennis M. O'Connell M.D., P.C. 401(k) Plan as an EFAST2 Service Provider.

#### Authorization

As plan administrator for Dennis M. O'Connell M.D., P.C. 401(k) Plan, I authorize Barene DenAdel to electronically file Form 5500-SF for the tax year 2013. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization	Demis	m. O. Com	MD, PC
Date:/0/15/14			

### 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	Annual Report Identification Information				
	ilendar plan year 2013 or fiscal plan year beginning		ending		
	nis return/report is for: X a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-p	participant plan
Вт	his return/report is: the first return/report	the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 months)	1	
C	heck box if filing under: X Form 5558	automatic extension	L	DFVC	program
	special extension (enter description				
Part	II Basic Plan Information—enter all requested info	rmation		1 4 15	
1a	Name of plan			1b	Three-digit plan number (PN) > 001
	DENNIS M. O'CONNELL M.D., P.C. 401(K)	PLAN		4-	110111111111111111111111111111111111111
				1c	Effective date of plan 05/29/2003
				2b	Employer Identification No.
2a	Plan sponsor's name and address; include room or suite numbe	r (employer, if for a sin	gle-employer plan)	25	(EIN) 43-2019394
I	ENNIS M. O'CONNELL, MD, PC			2c	Sponsor's telephone number
				1	360-580-4794
:	3504 NE 84TH ST STE 103 BOX 309			2d	Business code (see instr.)
	00.000				Business dede (see newly
•	VANCOUVER WA 98682				621111
	V Came de Plan Coar	seer Name Same	as Plan Sponsor Address	3b	Administrator's EIN
3a	Plan administrator's name and address X Same as Plan Spor	Isor Hame			
				3c	Administrator's
				1	telephone number
				<u> </u>	
4	If the name and/or EIN of the plan sponsor has changed since the last retu	ım/report filed for this plan	, enter the name, EIN,	4b	EIN
•	and the plan number from the last return/report. a Sponsor's name			4c	PN 2
5a	Total number of participants at the beginning of the plan year			5a 5b	2
b	Total number of participants at the end of the plan year			5c	2
C_	Number of participants with account balances as of the end of the plan year	ar (defined benefit plans d	o not complete this item)		
6a	Were all of the plan's assets during the plan year invested in eli	gible assets? (See ins	ructions.)		🛅
b	Are you claiming a waiver of the annual examination and report	of an independent qua	limed public accountant (rea A)		X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibil	ity and conditions.)	SE and must instead use Fol	rm 5500.	
	If you answered "No" to either line 6a or line 6b, the plan ca	annot use Porm 5500	ction 4021)? Yes N	lo No	ot determined
c	If the plan is a defined benefit plan, is it covered under the PBGC insurance	ce program (see ENION se	000011-702-17		shed.
	tion: A penalty for the late or incomplete filing of this return/ner penalties of perjury and other penalties set forth in the instruction.	ons i deciare mai i na	ve examined this retains open		)
Und	er penalties of perjury and other penalties set to util it the instituct edule SB or Schedule MB completed and signed by an enrolled a	ctuary, as well as the	electronic version of this return/	report, ar	nd to the best of my
Sch	edule SB or Schedule MB completed and signed by all enfolice a	oldary, do man an			
4,000,000,000,000	wedge and belief, it is true, correct, and complete.	10/08/2014	DENNIS M. O'CONNE	LL	
SIG		Date	Enter name of individual sign	ing as pla	an administrator
SIG	******				
HEF	E Signature of employer/plan sponsor	Date	Enter name of individual sign	ing as en	nployer or plan sponsor
Pre	parer's name (including firm name, if applicable) and address; inc	lude room or suite nur	nber (optional) Prepar	er's telep	hone number (optional)
'					
1			***************************************	0.0000000000000000000000000000000000000	

43-2019394

DENNIS M. O'CONNELL, MD, PC

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Par	H Financial Information							
7	Plan Assets and Liabilities		(a) Beginni	ng of	Year	(b) End of Year		
<u>'</u> a	Total plan assets	7a	<u> </u>	235		260720		
<u></u>	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c		235	752	260720		
8	Income, Expenses, and Transfers for this Plan Year		(a) Am	ount		(b) Total		
a	Contributions received or receivable from:							
	<b>I</b>	8a(1)						
		8a(2)						
		8a(3)						
b	Other income (loss)	8b		24,	968			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				24,968			
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						
i	Net income (loss) (subtract line 8h from line 8c)	8i				24,968		
i	Transfers to (from) the plan (see instructions)	8j						
Par	NV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of	f Plan	Characterist	ic Coo	les in	the instructions:		
	2E 2F 2G 2J 2R 3D							
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of	Plan C	Characteristic	: Cod€	s in th	ne instructions:		
Par	V Compliance Questions							
10	During the plan year:			Yes	No	Amount		
<u></u> а	Was there a failure to transmit to the plan any participant contributions within the time period de	scribe	ed in					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	repor	ted					
	on line 10a.)		10b		X			
С	Was the plan covered by a fidelity bond?		10c	X		25000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused	by fra	aud					
	or dishonesty?		10d		X	<u> </u>		
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance of	arrier,						
	insurance service, or other organization that provides some or all of the benefits under the plan	? (See	•					
	instructions.)		10e		X			
f	Has the plan failed to provide any benefit when due under the plan?		10f		X	18876		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g	X_		188/0		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR							
	2520.101-3.)		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	е						
	exceptions to providing the notice applied under 29 CFR 2520.101-3		10i					
Par	t VI Pension Funding Compliance	_			.1- 05			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction Form 5500) and line 11a below)	ns an	d complete s	cnea	ule St	Yes No		
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500	) line	39		11a			
11a 12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s	ection	302 of ERISA?		<u> </u>	Yes X No		
14	(If "Ves." complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year	, see	instructions,	and e	nter th	ne date of the letter ruling		
а	granting the waiver.		Month_	D	ay	Year		
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	to line	13.					
b	Enter the minimum required contribution for this plan year		<u></u>		12b	<u> </u>		
-								

	NNIS M. O'CONNELL, MD, PC 43-2019394 Form 5500-SF 2013 Page	3-				
	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 legative amount)	ft of a	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Transferred Co.	VII Plan Terminations and Transfers of Assets					
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 employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?				Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) to	)		-	
	13c(1) Name of plan(s):	13c(2)	EIN(s		13c(3)	PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust