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 acco	rdance with the instruc	tions to the Form 550	10-5F.			
Part I	Annual Report	Identification Information						
For calen	ndar plan year 2013 or fis	scal plan year beginning 01/01/20	14	and ending	09/30/2	2014		
A This r	eturn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan	
B This r	eturn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths))		
C Check	k box if filing under:	Form 5558	automatic extension			DFVC progra	ım	
		special extension (enter descript	ion)			_		
Part II	Basic Plan Info	rmation—enter all requested inform	nation					
1a Nam		,			1b	Three-digit		
HEARTS A	ND HANDS OF CARE I	NC 401(K) PLAN FINAL				plan number		
					10	(PN)	001	
					10	Effective date of		
	sponsor's name and ad-	dress; include room or suite number (employer, if for a single-	employer plan)	2b	Employer Identif		
9130 OLD	SEWARD HWY NO 102				2c	Sponsor's telep		
	AGE, AK 99518				2d	Business code (
						62161	_	
3a Plan	administrator's name ar	nd address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN	
					3с	Administrator's t	elephone number	
4 If the	 e name and/or EIN of the	e plan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b	EIN		
		mber from the last return/report.		, p,		LIIV		
a Spor	nsor's name				4c	PN		
5a Tota	I number of participants	at the beginning of the plan year			5a		4	
	·	at the end of the plan year			5b		0	
	· ·	account balances as of the end of the	•		5c		0	
		s during the plan year invested in eligi					X Yes No	
	, ,	f the annual examination and report or ? (See instructions on waiver eligibility			,		X Yes □ No	
		ither line 6a or line 6b, the plan can					<u> </u>	
		it plan, is it covered under the PBGC			_		Not determined	
	•	•					1	
	<u> </u>	or incomplete filing of this return/re	•					
SB or Sc		her penalties set forth in the instructiond signed by an enrolled actuary, as volete.						
SIGN	Filed with authorized/	valid electronic signature.	10/22/2014	KISHA SMAW				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	gning as plan adn	ninistrator	
SIGN								
SIGN HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual sic	ning as employe	r or plan sponsor	
HERE	Signature of emplors name (including firm n	yer/plan sponsor ame, if applicable) and address; inclu	Date Ide room or suite numbe	Enter name of individ			r or plan sponsor number (optional)	
HERE								
HERE								
HERE								

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of V	oar		
	Total plan assets	7a	(a) beginning of Tea				(b) Ellu	01 1		0	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	76 7c	763	2					()	
	70						(b) T	otal			
	Contributions received or receivable from:		(a) Amount				(b) T	otai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	68	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							686	6	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	803	1							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	28	7							
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							831	8	
ī	Net income (loss) (subtract line 8h from line 8c)	8i							-763	2	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	<u> </u>									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruc	tions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Coc	les in t	he instructi	ons:			
Don	W Compliance Overtions										
Par				Ī	Vaa	Ma	l	_			
10	During the plan year:	tiono withi	n the time period described in		Yes	No		Am	ount		—
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X					
N	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
				10-		Χ					
				10c							
d	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					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10q		Χ					
h		(See instru	uctions 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 2520.10	ne required	d notice or one of the	10i							
Part		1 0		.0.							
11	Is this a defined benefit plan subject to minimum funding requirem								Yes		No
11-	5500) and line 11a below)							Щ	1 63	Ц	140
	Enter the unpaid minimum required contribution for current year fr		,			11a		一	1 🗤		
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction	302 of	ERISA?	Ш	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otio = r	05-1	nte - Al	l dota af t	be !	****	lie -	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and 6	Day	ie date of t	he le Yea		iing	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			-	46'	ı				
h	Enter the minimum required contribution for this plan year					12b					

Page	3 -	. 1	
raye	J		

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?	X	es No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	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.)	:0						
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)			
Part	VIII Trust Information (optional)							
14a Name of trust				14b Trust's EIN				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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).

2013

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 09/30/2014 01/01/2014 and ending X a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) B This return/report is: the first return/report the final return/report |X| a short plan year return/report (less than 12 months) an amended return/report Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit Hearts And Hands Of Care Inc 401(k) Plan Final plan number 001 (PN) > 1c Effective date of plan 01/01/2011 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Hearts And Hands Of Care Inc (EIN) 55-0897940 2c Sponsor's telephone number 8130 Old Seward Hwy No 102 907-929-5826 2d Business code (see instructions) Anchorage AK 99518 621610 3a Plan administrator's name and address XSame as Plan Sponsor Name XSame as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number 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 5a Total number of participants at the beginning of the plan year 5a 4 b Total number of participants at the end of the plan year 5b 0 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not 0 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Yes b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes 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 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, corre nd complete Kisha Smaw 0 SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN Kisha Smaw HERE Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 7632 0 b Total plan liabilities 7b 7632 0 c Net plan assets (subtract line 7b from line 7a) 7c 7632 0 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) 8a(3) (3) Others (including rollovers) 8a(3) 8b b Other income (loss) 8b 686 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 686 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 8031 e Certain deemed and/or corrective distributions (see instructions) 8e 8d f Administrative service providers (salaries, fees, commissions) 8f 287 g Other expenses 8g 8h	Pa	rt III Financial Information						
a Total plan sasels				(a) Reginning of Yes	ar	Т		(b) End of Year
D Total plan fiabilities. C Net plan assets (subtract line 75 from line 7a)			72	(a) Deginning of Tel		32		0
C Net plan assets (subtract line 7 is from line 7a)						\top		
8 Income, Expenses, and Transfers for this Plan Year 2 Contributions received or receivable front: (1) Employers					763	32		0
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollowers)	-			(a) Amount				(b) Total
(2) Participants. 88(2) (3) Offers (including rollovers) 88(3) (3) Offers (including rollovers) 88(3) (4) Offers (including rollovers) 88(3) (5) Offers (including rollovers) 88(3) (6) Offers (including rollovers) 88(3) (6) Energia (including direct rollovers and insurance premiums of provide benefits) (6) Energia (including direct rollovers and insurance premiums of provide benefits) (7) Offers (including direct rollovers and insurance premiums of provide benefits) (8) Offer expenses 89 (8) Offer expenses 89 (9) Offer expenses 89 (1) Transfers to (from) the plan (see instructions) (1) Offer expenses 89 (1) Transfers to (from) the plan (see instructions) (2) Offer expenses 89 (3) Offer expenses 89 (4) Offer expenses 89 (5) Offer expenses 89 (6) Offer expenses 89 (7) Offer expenses 89 (8) Offer expenses 89 (9) Offer expenses 89 (1) Offer expenses 89 (2) Offer expenses 89 (3) Offer expenses 89 (4) Offer expenses 89 (5) Offer expenses 89 (6) Offer expenses 89 (7) Offer expenses 89 (8) Offer expenses 89 (9) Offer expenses 80 (1) Offer expenses 80 (2) Offer expenses 80 (3) Offer expenses 80 (4) Offe				(u) ranounc				(2) 1012
(3) Others (including rollovers)		(1) Employers	8a(1)					
b Cher income (loss)		(2) Participants	8a(2)					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)			\perp		
d Benefits paid (including direct rollovers and insurance premiums 8d 80 8031 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses (add lines 8d, 8e, 8f, and 8g)	b	Other income (loss)	8b		68	36		
to provide benefits)			8c					686
f Administrative service providers (salaries, fees, commissions)	d		8d		803	31		
Solid Popularies Solid	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			_		
h Total expenses (add lines 8d, 8e, 8f, and 8g) 81 i Net income (loss) (subtract line 8h from line 8c) 8i -76322 j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2501.3-102? (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 reported on line 10a). c 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 fidelity bond, that was caused by fraud of dishonesty? 10b X e 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 instructions) 10b X f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10b X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10b X 10c X 10d X 1	f	Administrative service providers (salaries, fees, commissions)	8f		28	37		
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g					
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					8318
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions: 2E 2G 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Instructions: Part V Compliance Questions	i_	Net income (loss) (subtract line 8h from line 8c)	8i					-7632
9a	j_	Transfers to (from) the plan (see instructions)	8j					
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	Par	t IV Plan Characteristics						
Part V Compliance Questions Yes No Amount 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)	9a		feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructions:
10 During the plan year: 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)	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructions:
10 During the plan year: 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)	Dari	V Compliance Questions						
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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond?						Yes	No	Amount
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			tions within	n the time period described in		100		Amount
c Was the plan covered by a fidelity bond?		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		on line 10a.)			10b			
e 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 instructions.)	c	Was the plan covered by a fidelity bond?			10c		Х	
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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. Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	d				10d		х	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	insurance service, or other organization that provides some or all disabilities.	of the ben	efits under the plan? (Sea	10e		х	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		Х	
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	g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		Х	
exceptions to providing the notice applied under 29 CFR 2520.101-3	h				10h		Х	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i				10i			
5500) and line 11a below)	Part	VI Pension Funding Compliance						
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a							
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	12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction (302 of	ERISA? Yes X No
granting the waiver								
	a	The second secon	•			and e		
b Enter the minimum required contribution for this plan year	lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.				
	b	Enter the minimum required contribution for this plan year					12b	

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 negative amount)	of a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ye	s 📗	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?		X,	Yes	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 upof the PBGC?	nder the o	control			X Yes 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.)							
1	3c(1) Name of plan(s):	1;	13c(2) EIN(s)			13c(3) PN(s)
	•						
Part	VIII Trust Information (optional)						
14a	Name of trust		14b Ti	rust's E	IN		

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