## 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	dar plan year 2013 or	fiscal plan year beginning 01/01/2013		and ending 1	12/31/2	2013	
A This re	eturn/report is for:	X a single-employer plan ☐ a	a multiple-employer pl	an (not multiemployer)		a one-particip	pant plan
<b>B</b> This re	eturn/report is:	the first return/report t	the final return/report				
		an amended return/report	short plan year return	n/report (less than 12 m	onths	)	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	)				
Part II	Basic Plan Inf	ormation—enter all requested information	tion				
1a Name					1b	Three-digit	
WALDO, SO	CHWEDA & MONTGO	OMERY, PS 401K PROFIT SHARING PLA	AN			plan number (PN) ▶	001
					1c	Effective date o	
					'	01/01	•
2a Plan s	sponsor's name and a	address; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi	
WALDO, S	CHWEDA & MONTGO	JMERY, PS				(=::1)	232340
					2c	Sponsor's telep	
2206 N PIN SPOKANE	IES RD VALLEY, WA 99206-	4721			24	509-924	(see instructions)
	, , , , , , , , , , , , , , , , , , , ,				Zu	54111	
3a Plan a	administrator's name a	and address Same as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's	
	HWEDA & MONTGON	MERY, PS 2206 N PINES F	RD	•		91-12	232340
		SPOKANE VALI	LEY, WA 99206-4721		3с	Administrator's 1	telephone number
						000 02-	+ 0000
		he plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN	
	e, EIN, and the plan ni sor's name	umber from the last return/report.			40	PN	
		ts at the beginning of the plan year			+	<del>                                      </del>	6
_		ts at the end of the plan year			5b		6
		n account balances as of the end of the pla			35		
			•	•	5c		6
		ets during the plan year invested in eligible					X Yes No
		of the annual examination and report of an 6? (See instructions on waiver eligibility an					X Yes □ No
		either line 6a or line 6b, the plan canno	,				M 100 [] 110
<b>C</b> If the	plan is a defined bene	efit plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?	[	Yes No	Not determined
Caution	A nonalty for the late	e or incomplete filing of this return/repo	ort will be assessed	unloss rossonable cau	leo ie	ostablished	<u>-</u>
		other penalties set forth in the instructions,					able a Schedule
SB or Sch	edule MB completed	and signed by an enrolled actuary, as wel					
belief, it is	true, correct, and con	nplete.					
SIGN	Filed with authorized	d/valid electronic signature.	07/31/2014	DALE STEVENS			
HERE	Signature of plan	administrator	Date	Enter name of individ	ual sig	gning as plan adr	ninistrator
SIGN							
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individ	ual sid	uning as employe	er or plan sponsor
	name (including firm	name, if applicable) and address; include					number (optional)
DALE STE	VENS IRU BENEFITS, LLC					509-75	5-3767
<b>200 NORT</b>	H MULLAN, SUITE 20						
	VALLEY, WA 99206						

Form 5500-SF 2013 Page **2** 

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea		П		(b) End	of V			
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella		31979	4	
	Total plan liabilities	7b			+					<u> </u>	
	Net plan assets (subtract line 7b from line 7a)	76 7c	25164	.7	+				319794	4	
	Income, Expenses, and Transfers for this Plan Year	70		•	+		/b) T			<u> </u>	
	Contributions received or receivable from:		(a) Amount				(b) T	otai			
	(1) Employers	8a(1)	1020	2							
	(2) Participants	8a(2)	1069	3							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	4725	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							68147	7	
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							(	0	
i	Net income (loss) (subtract line 8h from line 8c)	8i							6814	7	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics				•						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	tions	3:		
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
a				10a		X		AIII	<del>June</del>		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
					X						2000
				10c						50	0000
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		X					
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	10ii							
Part		1 0		10.							
11	Is this a defined benefit plan subject to minimum funding requirem									_	No
44-	5500) and line 11a below)								Yes		INU
	Enter the unpaid minimum required contribution for current year fr		,		-	11a			1 1/-		
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	024	onto- !!	no doto of "	20.1-	ttor =	lin -	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter ti Day	ie date of t	ne le Yea		ııng	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				401	I				
b	Enter the minimum required contribution for this plan year					12b	I				

Page	3 -		1
------	-----	--	---

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	

## Short Form Annual Return/Report of Small Employee Form 5500-SF Benefit Plan Department of the Treasury Internal Revenue Service

This form is required to be filed under sections 104 and 4065 of the Employee

OMB Nos. 1210-0110 1210-0089

2013

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Department of Lebor This Form is Open to Public the Internal Revenue Code (the Code). Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part Annual Report Identification Information 12/31/2013 01/01/2013 and ending For calendar plan year 2013 or fiscal plan year beginning x a single-employer plan a multiple-employer plan (not multiemployer) a one-participant 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 Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested Information Three-digit 1a Name of plan plan number WALDO, SCHWEDA & MONTGOMERY, PS 401K PROFIT SHARING PLAN 001 (PN) > 1c Effective date of plan 01/01/1988 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number WALDO, SCHWEDA & MONTGOMERY, PS (EIN) 91-1232340 2c Sponsor's telephone number 509-924-3686 2206 N PINES RD 2d Business code (see instructions) 541110 99206-4721 SPOKANE VALLEY WA 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 91-1232340 WALDO, SCHWEDA & MONTGOMERY, PS 3c Administrator's telephone number 509-924-3686 2206 N PINES RD 99206-4721 SPOKANE VALLEY WA 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 6 5a Total number of participants at the beginning of the plan year ..... 5a b Total number of participants at the end of the plan year ..... 6 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 6 No 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) X Yes No under 29 CFR 2520.104-467 (See instructions on walver 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. John Montgomery SIGN HERE Signature of plan administrator Enter name of individual signing as plan administrator Date John Montgomery SIGN 10. Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Enter name of individual signing as employer or plan sponsor Preparer's telephone number (optional) 509-755-3767 Dale Stevens Break-Thru Benefits, LLC 200 North Mullan, Suite 200

WA

Spokane Valley

99206

Form 5500-SF 2013

Page 2

Pa	rtillia Financial Information		a de societa						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of	Year	
a	Total plan assets	7a	2:	5164	7			3	19794
b	Total plan liabilities	7b	1.0.4819.410						
С	Net plan assets (subtract line 7b from line 7a)	7c		5164	7			3	19794
8	Income, Expenses, and Transfers for this Plan Year	200	(a) Amount				(b) Tot	al	
a	Contributions received or receivable from:	B. (4)		1020	PAR-MON				
	(1) Employers	8a(1)		1069	1,700//	CHARLES A	e de la companya de La companya de la companya de l		
-	(2) Participants	8a(2)			23				
-	(3) Others (including rollovers)	8a(3) 8b		4725	2 86		Lathanan Late		
	Other income (loss)				\$250 CO 1	water of the	ing the latest and th	BIO31,51057-0	68147
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	BC		Sec. Street					STANK!
	to provide benefits)	8d			1				750
9	Certain deemed and/or corrective distributions (see instructions)	. 8e						e Hereig	
f	Administrative service providers (salaries, fees, commissions)	. 8f							
g	Other expenses	89		-					*****
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1.000		0
T	Net Income (loss) (subtract line 8h from line 8c)								68147
1	Transfers to (from) the plan (see instructions)	8)							
Pa 9a	Plan Characteristics  If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteria	etic Co	dea in	the instruction	ons:	
Ja	2E 2J 2K 3D	152							
ь	If the plan provides welfare benefits, enter the applicable welfare t	eature cod	les from the List of Plan Chara	cteris	ic Cod	les in t	he Instruction	19:	
Acres 1									
Pai	t V. Compliance Questions				1.0		r		
10	During the plan year:			_	Yes	No	A	mount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fide	uciary Cor	rection Program)	10a		Х			
_ I	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		х			
	Was the plan covered by a fidelity bond?			10c	X				50000
-	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		x			
_	Were any fees or commissions paid to any brokers, agents, or of	her persor	s by an insurance carrier,						
	insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		Х			
_	Has the plan falled to provide any benefit when due under the pla			101		Х			
=				10g		Х	177		
	Did the plan have any participant loans? (If Yes, enter amount a 1 If this is an individual account plan, was there a blackout period?			109	Air-		GALLET STATE OF STATE	**************************************	Maria Aparel -
,	2520.101-3.)	Tocc man	account and 20 Of 10	10h		Х			
ì		the require	d notice or one of the	101					
Par	Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)							Yes	∏ No
11.	Enter the unpaid minimum required contribution for current year to					11a			
12						302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12s or lines 12b, 12c, 12d, and 12e below								
- 2	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amortiz	ed In this plan year, see instru	ctions nth_	, and (	enter ti Day	ne date of the	e letter rul /ear_	ing
	f you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	rm 5500), and skip to line 13.						
	Enter the minimum required contribution for this plan year					12b			
	E TOTAL TOTAL CONTRACTOR CONTRACT		30,400						

Form 5500-SF 2013	Page 3 -			
Enter the amount contributed by the employer to	the plan for this plan year	. 12c		-71
Subtract the amount in line 12c from the amount	in line 12b. Enter the result (enter a minus sign to the left of a	12d		J. 18
			Yes	No N/
VII Plan Terminations and Transfe	s of Assets			
Has a resolution to terminate the plan been adopted	I in any plan year?	\ \ \ \ \ \ \ \	es X No	
if "Yes," enter the amount of any plan assets the	t reverted to the employer this year	13a		
				Yes X N
if during this plan year, any assets or liabilities which assets or liabilities were transferred. (See	ere transferred from this plan to another plan(s), Identify the pla instructions.)	n(s) to		
		13c(2) EI	V(s)	13c(3) PN(s
				<u> </u>
	- 100m	a 200		
			==-	
VIIIS Trust Information (optional)	- Many			
	### T	14b Tn	ust's EIN	
¥		1		
		1		
	Enter the amount contributed by the employer to Subtract the amount in line 12c from the amount negative amount)	Enter the amount contributed by the employer to the plan for this plan year  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)	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year