_	rm 5500-SF		Short Form Annual Return/Report of Small Employed Benefit Plan						
	artment of the Treasury ernal Revenue Service	This form is required to be filed	nd 4065 of the Employe	е	2	2013			
	Department of Labor Benefits Security Administration	Retirement Income Security Act of the Internal	ctions 6057(b) and 6058		This Form is	s Open to Public			
Pension Be	Benefit Guaranty Corporation	Complete all entries in accord	dance w <u>ith the instruc</u>	ctions to the Form 5500	0- <u>SF.</u>	ins	spection		
Part I		dentification Information							
For calend	dar plan year 2013 or fisca		3	and ending 1	2/31/2	2013			
A This ret	eturn/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer)		a one-particip	oant plan		
B This ref	eturn/report is:	the first return/report	the final return/report						
	[an amended return/report	a short plan year return	n/report (less than 12 mo	onths)			
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım		
-	ι	special extension (enter descriptio	วท)						
Part II	Basic Plan Inforr	mation—enter all requested information							
1a Name					1b	Three-digit	[
	•	TES SAFE HARBOR 401(K) PLAN				plan number			
						(PN) ►	001		
					1c		•		
	sponsor's name and addre D, SCHMIDT & ASSOC.,	ress; include room or suite number (er	mployer, if for a single-	employer plan)	2b	Employer Identia	fication Number		
DERGLONE	J, SURIMIDT & ASSUU.,	INC.			2c	Sponsor's telep			
2323 BAY A HOQUIAM, '					2d	360-532 Business code (
						54133	. ,		
3a Plan a	administrator's name and	address XSame as Plan Sponsor N	lame Same as Plan	n Sponsor Address	3b	Administrator's	EIN		
		plan sponsor has changed since the laber from the last return/report.	ast return/report filed fc	or this plan, enter the	4b	EIN			
	sor's name				4c	PN			
5a Total	number of participants at	t the beginning of the plan year			5a		8		
b Total i	number of participants at	t the end of the plan year			5b		9		
C Numb	per of participants with ac	ccount balances as of the end of the p	plan year (defined bene	fit plans do not		+			
comp	lete this item)				5c		5		
	•	during the plan year invested in eligibl	,	,			🗙 Yes 🗌 No		
under	r 29 CFR 2520.104-46? (he annual examination and report of a (See instructions on waiver eligibility a her line 6a or line 6b, the plan canno	and conditions.)				X Yes 🗌 No		
C If the p	plan is a defined benefit r	plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)? .		Yes No	Not determined		
Caution: /	A nenalty for the late or	incomplete filing of this return/rep	oort will be assessed i	unless reasonable cau	ise js	established.	<u>.</u>		
Under pena SB or Sche	nalties of perjury and other	er penalties set forth in the instructions I signed by an enrolled actuary, as we	s, I declare that I have e	examined this return/rep	oort, ir	ncluding, if applic			
SIGN	Filed with authorized/va	alid electronic signature.	09/22/2014	HARI SHARMA					
HERE	Signature of plan adn	ministrator	Date	Enter name of individual signing as plan administrator					
SIGN						y			
HERE	Circulations of employer		Data	Enter a constant in dividu					
Preparer's	Signature of employe	er/pian sponsor me, if applicable) and address; include	Date	Enter name of individu			number (optional)		
		,		()			()		

7 F	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year		
a T	Fotal plan assets	7a	248364	4				3270	11	
b T	otal plan liabilities	7b								
CN	Net plan assets (subtract line 7b from line 7a)	7c	24836	248364			327			
8 li	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
	Contributions received or receivable from:	8a(1)	15230	0						
-	 Employers Participants 	8a(2)	3782							
	3) Others (including rollovers)	8a(3)	16							
	Dther income (loss)	8b	55742							
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						10895	9	
d E	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	30312	2						
e (Certain deemed and/or corrective distributions (see instructions)	8e								
f ₽	Administrative service providers (salaries, fees, commissions)	8f								
g (Other expenses	8g								
h T	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h						303	12	
i M	Net income (loss) (subtract line 8h from line 8c)	8i						7864	47	
jт	Fransfers to (from) the plan (see instructions)	8j								
	If the plan provides welfare benefits, enter the applicable welfare fe							<i>i</i> 10.		
b Part	V Compliance Questions									
					Yes	No		Amount		
Part 0	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within 1	the time period described in	10a		No X		Amount		
Part 0 a	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions within t iciary Correct ? (Do not inc	the time period described in ction Program)					Amount		
Part 0 a b	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	tions within t iciary Correct ? (Do not ind	the time period described in ction Program) clude transactions reported	10a		Х		Amount	3270	
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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 of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

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Present Beard Carvey Consult Complete all entries in accordance with the Instructions to the Form 5500-SF. Inspection Part II Amula Report Identification Information and geding 1201/2013 and geding 1201/2013 A This return/eport is (c) a single-employer plan an utilityle-employer plan (c) of number plan (c) a one-participant plan B This return/eport is (c) an amended deturn/eport a bit of tale year return/eport (less than 12 months) DPVC program Part II Basic Plan Information—enter all requested information a bit of tale year return/eport (less than 12 months) DPVC program Part II Basic Plan Information—enter all requested information 1 There-digit plan member (employer, If for a single-employer plan) 26 Employee to control of the size of plan (t) 01/11/2007 24 This exponence and address [Include noom or sulle number (employer, If for a single-employer plan) 26 Employee to control of the size of plan (t) 01/11/2007 253 BAY AVE: 26 Sponenor Name [Isame as Plan Sponsor Address 30 Administrator's talephone number (dev) 53:503 32 Administrator's talephone number (dev) 53:503 33 Plan administrator's name and address [Isame as Plan Sponsor Address 30 Administrator's talephone number (dev) 53:503 32 Administrator's talephone number (dev) 53:503 34 This nearchight Bith or the plan sponsor has changed alnob holest return/report fi			tions 6057(b) and 605	8(a) of	a) of					
Part 1 Annual Report Identification Information UNIVERSITY and anding 1231/2013 A This return/report is 0: a single-amployer plan in full return/report in a mended return/report in a mended return/report B This return/report is 0: in the first return/report in a mended return/report in a mended return/report in a mended return/report C Check baxt filling under: Form 5558 intercent/return/report intercent/return/report intercent/return/report 1 A Name of plan Berkel Plan Information—enter all requested information 1 The return/report is 001 intercent/return/report 1 A Name of plan Berkel Plan Information—enter all requested information 1 The return/report is 001 intercent/return/report 24 Film sponsor's name and address; include noon or sulle number (amployer, if for a single-employer plan) 2b Employer is descriptions number (ENU) / 001/2007 2323 BAY AVE. COLOLIAM, WA 88650 33 3a Plan administrator's name and address (Same as Plan Sponsor Name (Same as Plan Sponsor Address 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the dast of glan sponsor has changed since the last return/report filed for this plan, enter the dathinistrator's telephone number </td <td>Pension Be</td> <td>enefit Guaranty Corporation</td> <td></td> <td>-</td> <td>8</td> <td>0-SF.</td> <td colspan="4">1</td>	Pension Be	enefit Guaranty Corporation		-	8	0-SF.	1			
A This return/teport is c:			entification Information	-						
B This return/report Image: Second Seco		5	7	multiple-employer pl						
C C Check box if fling unde::::::::::::::::::::::::::::::::::::		-			an (not multiemployer)	L	a one-partici	oant plan		
Part II Basic Plan Information—enter all requested information Part II Basic Plan Information—enter all requested information Ta Name of plan BERGLUND, SCHMIDT & ASSOCIATES SAFE HARBOR 401(k) PLAN Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) Cell Tecelve date of plan Given and the end of the plan sponsor has changed since the issi return/report filed for this plan, anter the Administrator's telephone number Given and or participants at the end of the plan year Administrator's telephone number Sa Plan administrator's telephone number Sa Plan administrator's telephone number Given and the plan's sponsor has changed since the last return/report filed for this plan, anter the Administrator's telephone number Sa Potenciants, state of the plan year Address Sa Administrator's telephone number Sa Potenciants, state of the plan year Sa Potenciants, state of the plan year Sa Potenciants, and the plan number from the last return/report. Sa Potenciants at the edge/ning of the plan year Sa Potenciants, state on the plan year Sa Pot		Ē] an amended return/report a s	short plan year return	/report (less than 12 m	onlhs)				
Part II Basic Plan Information—enter all requested information 1a Ramo of plan Ib Three-digit plan number (wr) > 001 2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) 2b Employer (Lentification Number (EV) > 001 2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) 2b Employer (Lentification Number (EV) > 001 2as Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) 2b Employer (Lentification Number (EV) > 001 2as Plan administrator's name and address (Same as Plan Sponsor Name Same as Plan Sponsor Address 2d Busines or address (Lentification Number (EV) > 541330 3a Plan administrator's name and address (Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephone number (Address (Lentification Number (EV) > 54130 5a Total number of participants at the beginning of the plan year 5a Sale 8a 8 5a Total number of participants with account balances as of the end of the plan year 5a 5a 5a Were all of the plan is account balances as of the end of the plan year 5a 5b 9 6a Were all of the plan is a defined being plan year (Adfined benefit plans do not fore? Rescue (20)?	C Check	box if filing under:	K Form 5558	utomatic extension		Ē	DFVC progra	im		
1a Name of plan Ib Three-digit 001 BERGUND, SCHMIDT & ASSOCIATES SAFE HARBOR 401(k) PLAN Ib Three-digit 001 2a Plan sponsor's name and address: Include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (EN) 91-06443 2a Plan sponsor's name and address: Include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (EN) 93-7630 2aza BAY AVE. 2c Sponsor's telephone number (S00) 532-7630 3a Plan administrator's name and address [Same as Plan Sponsor Name] Same as Plan Sponsor Address 3b Administrator's telephone number (EN) 93-7630 3a Plan administrator's name and address [Same as Plan Sponsor Name] Same as Plan Sponsor Address 3b Administrator's telephone number (Same as Plan Sponsor address) 3b Tata number of participants at the beginning of the plan year 5a 8 5a Tata number of participants at the beginning of the plan year (see instructions). 5b 9 6a Were all of the plan sessed during the plan year invested in eligible assets? (See instructions). 5b 9 6a Were all of the plan sessed during the plan year invested in eligible assets? (See instructions). 6 9 6a Were all of the plan sessed during the plan year invested in eligible assets? (See instructions). 6 9 6a Were all of the plan sessed during the plan year inve	D									
BERGLUND, SCHMIDT & ASSOCIATES SAFE HARBOR 401(k) PLAN ¹			nation—enter all requested information	n		16 -	Fh			
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b Total number of participants at the end of the plan year 5 5 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	a Spons	or's name				4c F	٩N			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						5a		8		
complete this item)						5b		9		
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Claiming a structure of a structure of an independent qualified public accountant (IQPA) Image: Claiming a structure of plan administrator I	c Numb compl	lete this item)	count balances as of the end of the plai	n year (defined bene	fit plans do not	5c		5		
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HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2013)	belief, it is t	true, correct, and comple	te.		ion of this return report		the best of my	knowledge and		
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2013)				Date	Enter name of individ	ual signi	ing as employed	r or plan sponsor		
10111 3500-3F (2013)	i ioparei s	name (merodung min nan	no, n application and address; include f	oom or suite number	(optional)	Prepai	rer's lelephone	number (oplional)		
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	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) En	d of \	10.75		
а	Total plan assets	- 7a	24836						32701	1	
b	Total plan liabilities	7b			-				52701	1	
C	Net plan assets (subtract line 7b from line 7a)	. 7c	24836	14					32701	1	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)				
а	Contributions received or receivable from: (1) Employers	8a(1)	1523	0	\top		(U)	Tota		-	
	(2) Participants	8a(2)	3782	100	-			1	<u> </u>		
2.	(3) Others (including rollovers)	8a(3)			2					-	
b	Other income (loss)	8b	5574		0.7	- 40 1947 - 2		5.40	Carto II-	-	
X2	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-		11			0005	-	
	Benefits paid (including direct rollovers and insurance premiums				+1	1	1. 13-	12	08959		
	to provide benefits)	8d	3031	2		Ē.					
	Certain deemed and/or corrective distributions (see instructions)	. 8e			ų la			đ.,			
	Administrative service providers (salaries, fees, commissions)	8f				3.5.4			31.25		
80	Olher expenses	8g							4		
	Total expenses (add lines 8d, 8e, 8f, and 8g)			1	, i.			-256	3031:	2	
	Net income (loss) (subtract line 8h from line 8c)	81							7864	7	
1	Transfers to (from) the plan (see instructions)	8j			ja .			0112			
Par								-			-
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2R 2T 3D	feature codes	from the List of Plan Char	acteris	stic Co	des in	the instru	ction	3:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Chara	oloriat	- 0						
				clensi		ies in t	ne instruc	tions:			
Part	V Compliance Questions					.					
10	During the plan year:				Yes	No		٨			
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	tions within th	e time period described in	10a		x		MIII	ount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	ude transactions reported	104		10.00					
С				10%		x					
	Was the plan covered by a fidelity bond?			10b	~	х			1000		701
	Was the plan covered by a fidelity bond?			10b 10c	x	x				327	
280	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond,	that was caused by fraud	2,767	x	x x				327	
280	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	fidelity bond, her persons by of the benefit	that was caused by fraud y an insurance carrier, s under the plan? (See	10c	×	x				327	
e	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, her persons by of the benefit	that was caused by fraud y an insurance carrier, s under the plan? (See	10c	x					327	
280	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	fidelity bond, her persons by of the benefit	that was caused by fraud y an insurance carrier, s under the plan? (See	10c 10d	×	x				327	
e	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons b of the benefit n? s of year end.	that was caused by fraud y an insurance carrier, s under the plan? (See)	10c 10d 10e 10f	x	x x					61
e f	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons b of the benefit n? s of year end, (See instruction	that was caused by fraud y an insurance carrier, s under the plan? (See)	10c 10d 10e		x x				327 307	61
e f g	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons by of the benefit n? s of year end, (See instruction perequired po	that was caused by fraud y an insurance carrier, s under the plan? (See)	10c 10d 10e 10f 10g 10h		x x x					61
e f g h	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons by of the benefit n? s of year end, (See instruction perequired po	that was caused by fraud y an insurance carrier, s under the plan? (See)	10c 10d 10e 10f 10g		x x x					61
e f g h	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity bond, her persons by of the benefit n? s of year end, (See instruction he required no 1-3 ents? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See)	10c 10d 10e 10f 10g 10h 10i	X	x x x x	(Form			307	
e f 9 h i Part 11	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bond, ner persons b of the benefit n? s of year end, (See instruction ne required no 1-3 ments? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See)	10c 10d 10e 10f 10g 10h 10i	X	X X X	(Form		Yes	307	761 No
e f g h i Part 11	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons by of the benefit n? s of year end. (See instruction ne required no 1-3 nents? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See)	10c 10d 10e 10f 10g 10h 10i	X	X X X Iule SB				307	No
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e f 9 h 11 11a 12 a	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons by of the benefit n? s of year end, (See instruction ne required no 1-3 ments? (If "Yes com Schedule requirements as applicable ng amortized i e MB (Form 5	that was caused by fraud y an insurance carrier, s under the plan? (See)	10c 10d 10e 10f 10g 10h 10i 10i cor se	X Sched	X X X X Iule SB	ERISA?		Yes	307	No

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C	Enter the amount contributed by the employer to the plan for this plan year					
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?		†,	Yes	No	N/A
Part						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes)	
	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?	control	6 7			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) which assets or liabilities were transferred. (See instructions.)	to		194611		M NO
	3c(1) Name of plan(c):	3c(2) E	IN(s)		13c(3) PN(s)
Part	VIII Trust Information (optional)					
14 S						
14a Name of Irust			Frust's	EIN		, , , , , , , , , , , , , , , , , , ,