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).

Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

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For calenda	ar plan year 2014 or f	fiscal plan year beginning 01/01/	/2014	and ending 1	2/31/2014	
A This ret	turn/report is for:	X a single-employer plan		plan (not multiemployer) oyer information in acco		
	·	a one-participant plan	a foreign plan			,
B This retu	urn/report is	the first return/report	the final return/report			
	•	an amended return/report	a short plan year retu	rn/report (less than 12 r	months)	
C Check b	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram
		special extension (enter des	scription)			
Part II	Basic Plan Info	ormation—enter all requested i	information			
1a Name	of plan				1b Three-digit	
ORLANDINI	& WALDRON, P.S. 4	401(K) PLAN			plan numbe	r 001
					(PN) 1c Effective da	
						1/01/1984
2a Plan sp ORLANDINI 8	ponsor's name and a & WALDRON, P.S.	ddress; include room or suite num	ber (employer, if for a single	e-employer plan)	' '	entification Number 1-1264221
0744 DEOEN	ITO DI VID. W				2c Sponsor's to	elephone number 8-565-5800
TACOMA, W	NTS BLVD. W. A 98466					de (see instructions)
						41110
3a Plan ad	dministrator's name a	and address XSame as Plan Spo	nsor.		3b Administrate	or's EIN
1 If the m	oomo and/ar FINI of th		a the least verture/veneratilled	for this plan, ontor the	4h FIN	
name,	, EIN, and the plan nι	ne plan sponsor has changed sinc umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN 4c PN	
name, a Sponso	, EIN, and the plan nu or's name	umber from the last return/report.		· 	4c PN	5
a Sponso	, EIN, and the plan nu or's name number of participant	umber from the last return/report.	·		4c PN 5a	5
name, a Sponso 5a Total r b Total r C Number	, EIN, and the plan nu or's name number of participant number of participant er of participants with	s at the beginning of the plan year s at the end of the plan year account balances as of the end of	of the plan year (defined ber	nefit plans do not	4c PN 5a 5b	5
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name, a Sponso 5a Total r b Total r c Number completed (1) Total r d(2) Total r e Number less that control of the control of t	p. EIN, and the plan nuor's name number of participant number of participant er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	plan year (defined ber plan year with accrued ber plan year with accrued ber plan year will be assessed uctions, I declare that I have, as well as the electronic versions as well as the electronic versions. Date	nefit plans do not nefits that were d unless reasonable care examined this return/repoint of this return/repoint MARK D. WALDRON Enter name of indivi	4c PN 5a 5b 5c 5d(1) 5e suse is established eport, including, if aport, and to the best of	5 0 5 5 0 plicable, a Schedule my knowledge and administrator

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public accountations.)	nt (IC	(PA)				X Y	es [No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No		lot det	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) E	nd of	Year		
a	Total plan assets	7a	16577						186	3907	
<u>b</u>	Total plan liabilities	7b		0						511	
C	Net plan assets (subtract line 7b from line 7a)	7c	16577	775					186	3396	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(i) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)	777	727							
	(2) Participants	8a(2)	479	925							
	(3) Others (including rollovers)										
	Other income (loss)	8b	835	505							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							20	9157	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	35	536							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								3536	
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i							20	5621	
j	Transfers to (from) the plan (see instructions)	8j									
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Chara	cterist	tic Cod	des in t	the instr	uctior	ns:		
10	During the plan year:				Yes	No		Α	moun	t	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	nclude transactions reported	10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					20	00000
d	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					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner person of the ben	s by an insurance carrier, efits under the plan? (See	10a	X						5055
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 year e	nd.)	10q	Χ					4	10097
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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							•				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding				•		ERISA'	?	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter t Day			letter ear _	rulin	g

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year		12	2b			
С	Enter the amount contributed by the employer to the plan for this plan year		12	2c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the resu negative amount)	`	12	2d			
е	Will the minimum funding amount reported on line 12d be met by the fundir	ng 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	res X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year	13	Ba			
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?		er the cont	rol		X Yes	s No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)		an(s) to				
1	3c(1) Name of plan(s):		13c(2	2) EI	IN(s)	13c(3	B) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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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**

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OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I	Annual Report	ldentification Information				
For calendar	r plan year 2014 or f	iscal plan year beginning	01/01/2014	and ending	12/31/2	014
A This retu	urn/report is for:	x a single-employer plan		an (not multiemployer) (rer information in accord		
		a one-participant plan	a foreign plan			
B This retur	rn/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 be	ox if filing under:	Form 5558	automatic extension		DFVC pro	ogram
		special extension (enter descri	ption)			
Part II	Basic Plan Info	ormation—enter all requested info	ormation			
1a Name o					1b Three-digit	8
Orlandi	ni & Waldron	, P.S. 401(k) Plan			plan numbei (PN) ▶	001
					1c Effective dat 01/01/1:	
	onsor's name and ad NI & WALDRON	ddress; include room or suite number, P.S.	r (employer, if for a single-	employer plan)	2b Employer Ide (EIN) 91-1	entification Number
6711 RE	GENTS BLVD.	W .			2c Sponsor's te	
					253-565	
TACOMA		WA 98466			2d Business co 541110	de (see instructions)
3a Plan ad	lministrator's name a	nd address XSame as Plan Sponso	or.		3b Administrato	r's EIN
					20 11 11 11	J. (.)
					3C Administrato	r's telephone number
		e plan sponsor has changed since th	he last return/report filed fo	or this plan, enter the	4b EIN	
	EIN, and the plan nu	e plan sponsor has changed since the plan sponsor has changed since the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN 4c PN	
name, l a Sponso	EIN, and the plan nu or's name				4c PN	5
name, la Sponso	EIN, and the plan nu or's name umber of participants	ımber from the last return/report.			4c PN 5a	5
name, la Sponso 5a Total nu b Total nu c Numbe	EIN, and the plan nu or's name umber of participants umber of participants er of participants with	Imber from the last return/report.	he plan year (defined bene	fit plans do not	4c PN 5a	
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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lifyou answered "No" to either line 6a or line 6b, the plan cannul of the plan is a defined benefit plan, is it covered under the PBGC in	an independe and condition ot use Form	ent qualified public accounta s.) 5500-SF and must instead	nt (IQ d use	PA) Form	5500.	momor	X X Not			No No d
	rt III Financial Information										_
7	Plan Assets and Liabilities	15,083	(a) Beginning of Yea	r			(b) End	of Y	ear		_
- a		7a		<u>.</u> 5777	5		(D) Ella	OI I		639	907
b	Total plan liabilities	7a 7b	100	,,,,						_	511
	Net plan assets (subtract line 7b from line 7a)		169	5777	5				1.8	_	396
c		7c		,,,,	7		22021	CONTRACT	10	05.	
<u>о</u>	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		Dr. o	27	(D)	Total	d2 19-	100	-
а	(1) Employers	8a(1)	-	7772	7						
-	(2) Participants	8a(2)	4	1792	5		110				
	(3) Others (including rollovers)	8a(3)			9.4	146		E.	53		9
b	Other income (loss)	8b		3350	5				12 N.		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	a Sangaran da ka	Sirk I					2	091	157
d	Benefits paid (including direct rollovers and insurance premiums					51 SU	1 Sul.	nesii	ul es	T.	
	to provide benefits)	8d			0	19/	Title Title		1 3		
е	Certain deemed and/or corrective distributions (see instructions)	8e							M W	0	
f	Administrative service providers (salaries, fees, commissions)	8f		353	6	- //1			STILL .		
g	Other expenses	8g			- 11			U.Y	9 4		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		7.114						3.5	536
ī	Net income (loss) (subtract line 8h from line 8c)	8i			1				2	056	521
i	Transfers to (from) the plan (see instructions)	8j			IL-	0	1385	100	12.7	1	W.
b	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature codes	from the List of Plan Charac	terist	c Code	es in th	ne instruc	tions			
10	During the plan year:				Yes	No		Δm	ount		_
a				10a	, 50	х		Aiii	ount		
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					
C	Was the plan covered by a fidelity bond?			10c	Х				2	000	000
C	or dishonesty?			10d		Х					
е	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 benefi	ts under the plan? (See	10e	х					5(055
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	1.)	10g	Х					400	097
				iog						9	
	2520.101-3.)	he required r	notice or one of the	10h							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						ex.	- 2
Par								_			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
	Enter the unpaid minimum required contribution for current year for					11a			1 .		
_12	Is this a defined contribution plan subject to the minimum funding	565 57	O D	orse	ction 3	302 of	ERISA?		Yes	Χ	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			ntine:	لمسم	nter #	o detc ='	the !		lin-	_
a	If a waiver of the minimum funding standard for a prior year is beligranting the waiver.				and e	nter th Day	ie uale of	tne is Yea		ing	

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If you completed line 12a, complete lines 3, 9, and 10 of Sch	edule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b	
C Enter the amount contributed by the employer to the plan for	his plan year	
d Subtract the amount in line 12c from the amount in line 12b. negative amount)	124	
e Will the minimum funding amount reported on line 12d be me	t by the funding deadline? Yes No	N/A
Part VII Plan Terminations and Transfers of Asso	ets	
13a Has a resolution to terminate the plan been adopted in any plan y	ear?	
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 benefic of the PBGC?	aries, transferred to another plan, or brought under the control	No
C If during this plan year, any assets or liabilities were transfer which assets or liabilities were transferred. (See instructions		
13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) P	۷(s)
Part VIII Trust Information (optional)		
14a Name of trust	14b Trust's EIN	