Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

BESTWORTH-ROMMEL, INC.

less than 100% vested.

19818 - 74TH AVE. N.E. ARLINGTON, WA 98223

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

2b Employer Identification Number

91-1318411 Sponsor's telephone number 360-435-2927

Business code (see instructions) 238290

Administrator's EIN

(EIN)

5b

5e

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Revenue Code (the Code). Employee Benefits Security Administration 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 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension 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 BESTWORTH-ROMMEL, INC. 401(K) PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 07/01/1989

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

3a Plan administrator's name and address XSame as Plan Sponsor.

3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a

5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were

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

bellet, it is t	irue, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	05/15/2015	D.E. ROMMEL				
	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 sp				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite numbei	r) (optional)	Preparer's telephone number (optional)			
				1			

b Total number of participants at the end of the plan year.....

Number of participants with account balances as of the end of the plan year (defined benefit plans do not

47

56

38

39

	Form 5500-SF 2014		Page 2							
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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable with th	an indeper and condit	ndent qualified public accounta	int (IQ	PA)			□ □	es [No No
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)?		Yes	No	Not de	etermir	ned
Par	t III Financial Information		<u> </u>							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	21831	155	-			220	68867	
	Total plan liabilities	7b	21831	155				221	68867	
	Net plan assets (subtract line 7b from line 7a)	7c		100	+		/b) T		30001	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	631							
	(2) Participants	8a(2)	1372	214						
	(3) Others (including rollovers)	8a(3)	4000	70						
	Other income (loss)	8b	1025	0/3				21	22005	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						31	02985	
	to provide benefits)	8d	2172	200						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g		73					47070	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							17273 35712	
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i							557 12	
Par	, , , , , ,	8j								
b	2A 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	the instructi	ons:		
10	During the plan year:				Yes	No		Amou	nt	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)		·	10b		X				
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X				20	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
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 ben	efits under the plan? (See	10e	X				1	3933
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	end.)	10g	X				2	25043
	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			10i						
Part								I		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	······································		· 	<u>.</u>				'es	No
	Enter the unpaid minimum required contribution for current year fr					11a			,	7
12	Is this a defined contribution plan subject to the minimum funding			or se	ection :	302 of	ERISA?	<u> </u>	es X	No
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 ti	l he date of t	he lette	r rulina	
u	granting the waiver.	-				Day		Year _		

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lf :	ou 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

2014

This Form is Open to Public Inspection

For cale		rt Identification Information		······································					
FUI Calc	endar pian year 2014 or		1/2014	and ending	12/31/2014				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attact of participating employer information in accordance with the form instructions)									
₽ This	return/report is	a one-participant plan	a foreign plan						
D INIŞ	returrvreport is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 r	months)				
C Che	ck box if filing under:	Form 5558	automatic extension		☐ DFVC p	rogram			
		special extension (enter desc	cription)		_				
Part I	Basic Plan Int	formation—enter all requested in							
	me of plan	Officiation - citter an requested in	Hormation		1b Three-digit				
		401(k) PROFIT SHARING PLAN			plan numbe	er			
		,,			(PN) •	001			
-					1c Effective da 07/01/1989				
Za Pla BESTWO	n sponsor's name and a DRTH-ROMMEL, INC.	address; include room or suite numb	per (employer, if for a single-	-employer plan)	2b Employer lo (EIN) 91-13	dentification Number 318411			
						telephone number			
19818 - 7	4TH AVE. N.E.				· · · · · ·	360) 435-2927			
ARLING	ΓΟΝ. WA 98223				2d Business code (see instructions) 238290				
		and address X Same as Plan Spon	isor.		3b Administrator's EIN				
		_							
					3c Administrat	or's telephone number			
					}				
4 If th	ne name and/or EIN of t	the plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN				
nar	me, EIN, and the plan n	number from the last return/report.	•	F /					
<u>-</u>	ensor's name	ts at the beginning of the plan year.			4c PN				
						47			
		ts at the end of the plan year			. 5b	56			
con	nber of participants with plete this item)	h account balances as of the end of	the plan year (defined bene	fit plans do not	5c	51			
d(1) 1	Total number of active p	participants at the beginning of the p	lan year		5d(1)	38			
đ(2)	Total number of active p	participants at the end of the plan ye	ear		5d(1)	·			
		terminated employment during the							
less	than 100% vested			into triat were	5e				
Caution	: A penalty for the late	e or incomplete filing of this retur	n/report will be assessed	uniess reasonable ca	ause is established	j.			
Under p	enalties of perjury and (other penalties set forth in the instru and signed by an enrolled actuary,	ctions I declare that I have	evamined this return/re	anort including if a	policoble a Cabadala			
belief, it	is true, correct, and go	mplete.	as well as the electronic ver	sion of this returninepo	rt, and to the best o	f my knowledge and			
SIGN	x 16.42	on	1 05/11/2015	XV DE. 1	ROMMEL				
HERE	Signature of plan	administrator	Date	Enter name of indivi		administrator			
SIGN					addi algining an pini	dulingoudeoi			
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of indivi	idual eigning as emi	oloyer or plan sponsor			
	r's name (including firm	manne Manuel III) i II a	notude room or suite numbo	Litter Hattle of Holy	Qual signing as emp	ployer or plan sponsor			
Prepare	is rigine (including inti	name, if applicable) and address (i	include robiti of spile tigitibe	a) (optional)	i Preparer's telepi	none number (optional)			
Prepare	s righte (moleculing mm)	i name, if applicable) and address (I	ricidde 100m or suite numbe	(optional)	Preparers telepi	none number (optional)			
Prepare	r o righte (morading mm)	name, if applicable) and address (I	notice room or suite numbe	n) (optional)	Preparer's telepi	none number (optional)			

	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independer	nt qualified public accounts	nt (IC	DAY			-	Yes		No
	If you answered "No" to either line 6a or line 6b, the plan cann	and conditions of use Form	5500-SF and must instead	h	Form	5500		E	Yes	Ш	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	osurance nron	ram (see FRISA section AC	u use		9900. Van	∏No [٦ ٨,٠	t deter	!	فد
	ert III Financial Information		Tam (OOC ETTION GOODIN 40			103			ueter	mine	<u>u</u>
7	Plan Assets and Liabilities						_				
		VWU4104	(a) Beginning of Yea		+		(b) End				
<u>a</u>		. 7a	218315	5	4.			2	26886	7	
	Total plan liabilities	. 7b									
_ `	Net plan assets (subtract line 7b from line 7a)	. 7c	218315	5	4_			2	26886	7	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tota	<u></u>		
а	Contributions received or receivable from: (1) Employers	0-(4)	6319	0	3						
		8a(1)			100					······	
	(2) Participants		13721	4	_				7,30		
<u> </u>	(3) Others (including rollovers)										
b		. 8b	10257	3			- 4 17				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							302985	5	
d	to provide benefits)	. 8d	21720	0							ĦB
_	(See all delivers of the second	8e				Aw.			y Yng	2011 Y 5 5	W.
<u>_f</u>	Administrative service providers (salaries, fees, commissions)	8f			THE S				J.		
g	Other expenses	. 8g	7:	3							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							21727	3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Net income (loss) (subtract line 8h from line 8c)				v.				85712	2	_
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics	· · · · ·	· · · · · · · · · · · · · · · · · · ·			·					
Par	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions										
10	During the plan year:				Yes	N .		_			
	Was there a failure to transmit to the plan any participant contribu	tions within the	e time period described in		195	No		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Correcti	on Program)	10a		х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inclu	de transactions reported	10b		х		_			
C				40-	Х						
d		fidelity bond	hat was caused by fraud	10c		х			_	2000	100
e	Were any fees or commissions paid to any brokers, agents, or other	er persons by	an insurance carrier	10d		<u> </u>	<u> </u>				
	insurance service, or other organization that provides some or all	of the benefits	under the plan? (See								
	instructions.)	<u></u>		10e	Х					139	133
f	Has the plan failed to provide any benefit when due under the plan	n?	••••••	10f		Х					
g	, paragrama source (ii 100) office difficulty a			_	Х					250)43
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10g	_ ^					100	
h	2520.101-3.)		************	10g 10h	^	х		ē 4			
h i	If 10h was answered "Yes," check the box if you either provided the	ne required no	tice or one of the	10h		x					
ī	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 no	tice or one of the			х					
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to provide the provided the exception of the provided the exception of the provided the exception of the provided the exceptions to provide the provided the exceptions to provide the exception of the provided the exceptions to provide the exception of the provided the exceptions to provide the exception of the exception	ne required no	tice or one of the	10h	Sahaa	lulo CI	3 (Form] v		N
Part	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ne required no	tice or one of the	10h 10i	Scheo	lule SE	3 (Form		Yes		No
Part	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. I VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ne required no 1-3 ents? (if "Yes,	" see instructions and com	10h 10i plete	Scheo	lule SE			Yes		
Pari 11 11a 12	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Yes, om Schedule requirements as applicable	" see instructions and com SB (Form 5500) line 39 of section 412 of the Code	10h 10i plete	Scheo	lule SE 11a 302 of	ERISA?		Yes	k	No

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if y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn	n 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 this plan year			12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (negative amount)			12d		
9	Will the minimum funding amount reported on line 12d be met by the funding				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?			_ \	'es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year		13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	d to another plan, or brought u	nder the o	control		Yes X No
C	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)			to		
1	3c(1) Name of plan(s):		13	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					L
14a Name of trust				14b Trust's EIN		
			ł			