Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

For calendar plan	year 2014 or fisca	al plan year beginning 01/01/2	2014	and ending 12	2/31/2014			
A This return/rep	ort is for:	a single-employer plan a multiple-employer plan (not multiemployer) (Filers of participating employer information in accordance						
		a one-participant plan	a foreign plan	•				
B This return/rep	ort is	the first return/report	the final return/report					
·		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)			
C Check box if fi	ling under:	Form 5558	automatic extension		DFVC	program		
	L	special extension (enter desc	cription)					
Part II Bas	ic Plan Inforn	nation—enter all requested ir	nformation					
1a Name of plan FAIRHAVEN FINANCIAL ADVISORS 401(K) P/S PLAN					1b Three-diplan nur (PN) ▶	=		
					1c Effective	date of plan 01/01/2013		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) FAIRHAVEN FINANCIAL ADVISORS					2b Employer Identification Number (EIN) 45-5583799			
405 32ND ST, SUITE 201				2c Sponsor's telephone number 360-306-3977				
BELLINGHAM, WA 98225					2d Business code (see instructions) 523900			
3a Plan adminis		<u></u>			3b Administrator's EIN 45-5583799			
FAIRHAVEN FINANCIAL ADVISORS 405 32ND ST, SUITE 201 BELLINGHAM, WA 98225				3c Administ	rator's telephone number			
DELLINGHAM, WA 90223			360-306-3977					
						000 000 0011		
4 If the name a	nd/or FINI of the n	lan ananar haa ahangad ainas	the last return/report filed	ior this plan antor the	4b EIN			
		lan sponsor has changed since er from the last return/report.	the last return/report liled i	or this plan, enter the	4b EIIN			
a Sponsor's name				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	5			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c			
d(1) Total number of active participants at the beginning of the plan year			5d(1)	5d(1)				
d(2) Total number of active participants at the end of the plan year			5d(2)	id(2)				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	(
		incomplete filing of this retu		unless reasonable ca	use is establist	ned.		
Under penalties o SB or Schedule M	perjury and other B completed and	r penalties set forth in the instru signed by an enrolled actuary,	ictions, I declare that I have	examined this return/re	port, including, i	f applicable, a Schedule		
SIGN Filed	strue, correct, and complete. Filed with authorized/valid electronic signature. 06/03/2015		MARK LOGAN					
HERE Sign	ature of plan adm	ninistrator	Date	Enter name of individ	lan administrator			
SIGN								
HERE Sign	Signature of employer/plan sponsor Date Enter name of individual signi					ning as employer or plan sponsor		
		ne, if applicable) and address (ephone number (optional)		

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)				ant (IQPA) X Ye				No No	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not de	termir	ned
Par	t III Financial Information	1	1							
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	570	0				1;	31261	
	Total plan liabilities	7b	570					41		
	C Net plan assets (subtract line 7b from line 7a)			770		131261				
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	169	902						
	(2) Participants	8a(2)	511	51112						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	67	703						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							74717	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	5	526						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							526	
i	Net income (loss) (subtract line 8h from line 8c)								74191	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
	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	3 1					No		Amou	nt	
	 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) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 					X				
	on line 10a.)	·····		10b		X				
C	Was the plan covered by a fidelity bond?			10c	Χ				5	50000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					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.)					X				
f	f Has the plan failed to provide any benefit when due under the plan?					X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X				
i	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	Part VI Pension Funding Compliance									
11	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)									
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	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									

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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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				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