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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	ort identification informatio	n			
For calendar plan year 2014	or fiscal plan year beginning 01/01/	<u>′2014</u>	and ending 12	2/31/2014	
A This return/report is for:	∡ a single-employer plan	<u> </u>	plan (not multiemployer) loyer information in accor		
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/repor	t		
	an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)	
C Check box if filing under:	Form 5558	automatic extension	ı	DFVC pro	ogram
	special extension (enter des	cription)			
Part II Basic Plan I	nformation—enter all requested i	information			
1a Name of plan SOUNDVIEW INSURANCE 40	D1(K) PLAN			1b Three-digit plan number (PN) ▶	r 001
				1c Effective date	te of plan I/01/1997
2a Plan sponsor's name and SOUNDVIEW INSURANCE AC	d address; include room or suite num GENCY, INC.	ber (employer, if for a singl	le-employer plan)		entification Number
18927 - 33RD AVE. W., SUITE	C			2c Sponsor's te	elephone number 6-672-4242
YNNWOOD, WA 98036					de (see instructions) 24210
3a Plan administrator's nam	ne and address XSame as Plan Spo	nsor.		3b Administrato	r's EIN
4 If the name and/or EIN o	of the plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	4b EIN	
	n number from the last return/report.			4c PN	
5a Total number of particip	ants at the beginning of the plan year	ſ		. 5a	Ç
b Total number of particip	ants at the end of the plan year			. 5b	Ç
C Number of participants v complete this item)	with account balances as of the end o	of the plan year (defined be		. 5c	7
d(1) Total number of active	e participants at the beginning of the	plan year		5d(1)	
d(2) Total number of activ	e participants at the end of the plan y	'ear		5d(2)	Ç
	at terminated employment during the	. ,		5e	(
Caution: A penalty for the I Under penalties of perjury an	ate or incomplete filing of this retu d other penalties set forth in the instr ed and signed by an enrolled actuary	urn/report will be assesse ructions, I declare that I have	d unless reasonable ca	port, including, if ap	
SIGN Filed with authori	zed/valid electronic signature.	06/11/2015	LARRY JANOWICZ		
HERE Signature of pl	an administrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN					
HERE Signature of an			Enternance of Conflict		
	nployer/plan sponsor rm name, if applicable) and address	Date			oyer or plan sponsor one number (optional)

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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 nunder 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 with the plan cannot waiter the second s	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	
	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 determined
Par			1				
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	5943	330			637424
	Total plan liabilities	7b	50.46	200			007404
	Net plan assets (subtract line 7b from line 7a)	7c	5943	330			637424
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)					
	2) Participants	8a(2)	98	375			
	3) Others (including rollovers)	8a(3)	70	000			
-	Other income (loss)	8b	262	219			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					43094
	Benefits paid (including direct rollovers and insurance premiums						
1	o provide benefits)	8d					
_ е	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u>	Other expenses	8g			_		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
	Net income (loss) (subtract line 8h from line 8c)	8i					43094
J	Transfers to (from) the plan (see instructions)	8j					
b	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 Charad	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
a b	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'	iciary Cor	rection Program)	10a		X	
	on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c	Χ		20000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
e	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 ber	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g	X		8659
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 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA? Yes 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 bein granting the waiver.	-			, and 6	enter th Day	

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

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Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2014

OMB Nos. 1210-0110 1210-0089

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Forceland	Annual Report	identification information		···		
ror_calend	ar plan year 2014 or t	iscal plan year beginning 01/01/			12/31/2014	
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) oyer information in accor		
		a one-participant plan	a foreign plan	•		
B This reti	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	gram
		special extension (enter descri	ption)			
Part II	Basic Plan Info	ormation—enter all requested info	ormation			
1a Name		*			1b Three-digit	
SOUNDVIE	W INSURANCE 401(I	() PLAN			plan number	001
					1c Effective date 01/01/1997	e of plan
2a Plan s SOUNDVIE	ponsor's name and ac W INSURANCE AGE	ldress; include room or suite numbe NCY, INC.	r (employer, if for a single-	-employer plan)	2b Employer Ide (EIN) 91-116	ntification Number 0628
					2c Sponsor's te	lephone number
18927 - 33R	RD AVE. W., SUITE C				· · · · · · · · · · · · · · · · · · ·	5) 672-4242 le (see instructions)
	D. WA 98036				524210	
Ja Plan a	dministrator's name a	nd address XSame as Plan Spons	or.		3b Administrator	's EIN
					3c Administrator	's telephone number
					- Containing ago	3 telephone number
4 If the r	name and/or FIN of th	e plan sponsor has changed since t	bo look solver/report filed f		41	
name	, EIN, and the plan nu	mber from the last return/report.	ne iast return/report liled to	or this plan, enter the	4b EIN	·······
	or's name				4c PN	
		at the beginning of the plan year				9
		at the end of the plan year			5b	9
C Numb comple	er of participants with ete this item)	account balances as of the end of t	he plan year (defined bene	efit plans do not	5c	7
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	9
d(2) Tot	al number of active pa	rticipants at the end of the plan yea	.г		5d(2)	9
	er of participants that to an 100% vested	erminated employment during the pl	an year with accrued bene	efits that were	5e	0
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	uniess reasonable car	use is established.	
Under pena SB or Sche	alties of perjury and ot edule MB completed a	her penalties set forth in the instruct nd signed by an enrolled actuary, as	tions. I declare that I have	examined this return/re	port including if any	olicable, a Schedule
belief, it is t	true, correct, and com	plete.				—————————
SIGN	×arun/	moure,	16-9-15	X V LARRY	JANOWIC-	
			•	1		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	iuai signing as plan a	
SIGN	Signature/of plan a	dministrator)	Date	Enter name of individ	iuai signing as pian a	
SIGN HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ		administrator
SIGN HERE	Signature of emplo		Date	Enter name of individ	lual signing as emplo	administrator
SIGN HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing as emplo	administrator oyer or plan sponsor
SIGN HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing as emplo	administrator oyer or plan sponsor
SIGN HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing as emplo	administrator oyer or plan sponsor

FR A	ere all of the plan's assets during the plan year invested in eligib	ile assets? (S	see instructions.)			•••••		X	Yes	∐ No
und und	e you claiming a waiver of the annual examination and report of der 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independi and condition	ent qualified public accounta	nt (IQ	PA)			×	Yes	∏ No
If y	ou answered "No" to either line 6a or line 6b, the plan cann	ot use Form	5500-SF and must instead	i use	Form	5500.				_
C If the	ne plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA section 40	21)? .		Yes	No [No	deten	nined
Part II	Financial Information									
7 Plai	n Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Y	ear	
a Tota	al plan assets	. 7a		594330			(2) - 11		37424	
	al plan liabilities				1					
	t plan assets (subtract line 7b from line 7a)	. 7c	594330)		_			37424	
8 Inco	ome, Expenses, and Transfers for this Plan Year	(a) Amount				(b) Total				
a Con	ntributions received or receivable from:				LV.					
	Employers	. 8a(1)	 		0.0	A The	1696			= -01
(2)	Participants	8a(2)	987	5	100			4		N PU
	Others (including rollovers)	8a(3)	7000	0	100				8 11	Še
	ner income (loss)	1	26219	9	100	4,8		8h		
_	al income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							43094	
to p	nefits paid (including direct rollovers and insurance premiums provide benefits)	. 8d								
	rtain deemed and/or corrective distributions (see instructions)	. 8e								
f Adn	ministrative service providers (salaries, fees, commissions)	. 8f			1		100	al last		415.5
	er expenses	8g					SREET .			e Starte
	al expenses (add lines 8d, 8e, 8f, and 8g)									
	t income (loss) (subtract line 8h from line 8c)		当"具体经验性而通信性	, E					43094	
J Trai	nsfers to (from) the plan (see instructions)	8j			75					
Part V	Compliance Questions									
	uring the plan year:				Yes	No		A		
a w	las there a failure to transmit to the plan any participant contributed CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		X		Alli	ount	
b w	/ere there any nonexempt transactions with any party-in-interes n line 10a.)	? (Do not inc	clude transactions reported	10b		Х				
c w	Vas the plan covered by a fidelity bond?			10c	х				·	20000
	id the plan have a loss, whether or not reimbursed by the plan's			10d		х			•	
	/ere any fees or commissions paid to any brokers, agents, or ot		_	_						
ins	surance service, or other organization that provides some or all									
		of the benefi	ts under the plan? (See	40.		x				
	structions.)			10e	-	X				
f Ha	as the plan failed to provide any benefit when due under the pla	ın?		10f		X				
f Ha	as the plan failed to provide any benefit when due under the pla id the plan have any participant loans? (If "Yes," enter amount a	n?s of year end	1.)		х					8659
f Ha g Di h If the 25	as the plan failed to provide any benefit when due under the pla id the plan have any participant loans? (If "Yes," enter amount a this is an individual account plan, was there a blackout period? 520.101-3.)	n?s of year end	d.)ions and 29 CFR	10f	х					8659
f Ha g Di h If 1 25 i If ex	as the plan failed to provide any benefit when due under the plat id the plan have any participant loans? (If "Yes," enter amount a this is an individual account plan, was there a blackout period? 520.101-3.) 10h was answered "Yes," check the box if you either provided to the provided to the providing the notice applied under 29 CFR 2520.10	n?	d.)	10f 10g	X	X				8659
f Ha g Di h Iff 25	as the plan failed to provide any benefit when due under the plat id the plan have any participant loans? (If "Yes," enter amount a this is an individual account plan, was there a blackout period? 520.101-3.) 10h was answered "Yes," check the box if you either provided to the provided to the providing the notice applied under 29 CFR 2520.10	n?	d.)	10f 10g 10h	х	X	8/21 11 8/2 # 2/T 1			8659
f Ha g Di h Iff 25 i If ex Part VI	as the plan failed to provide any benefit when due under the plat id the plan have any participant loans? (If "Yes," enter amount a this is an individual account plan, was there a blackout period? 520.101-3.) 10h was answered "Yes," check the box if you either provided to the providing the notice applied under 29 CFR 2520.10	in?	ions and 29 CFR notice or one of the	10f 10g 10h 10i	Scheo	X X	3 (Form		Yes	8659
f Ha g Di h Iff 25 i If ex Part VI 11 Is 55	as the plan failed to provide any benefit when due under the plat id the plan have any participant loans? (If "Yes," enter amount a this is an individual account plan, was there a blackout period? 520.101-3.) 10h was answered "Yes," check the box if you either provided to the providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance this a defined benefit plan subject to minimum funding requirem	in?	ions and 29 CFR notice or one of the	10f 10g 10h 10i	Sched	X X	3 (Form		Yes	
f Ha g Di h If 1 25 i If ex Part VI 11 Is 55 11a Er	as the plan failed to provide any benefit when due under the plat id the plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period? 520.101-3.) 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance this a defined benefit plan subject to minimum funding requirem 500) and line 11a below).	in?	ions and 29 CFR notice or one of the s," see instructions and come ESB (Form 5500) line 39	10f 10g 10h 10i	Scheo	X X iule SE			Yes	
f Ha g Di h If 1 25 i If ex Part VI 11 Is 55 11a Er 12 Is (If	as the plan failed to provide any benefit when due under the plat id the plan have any participant loans? (If "Yes," enter amount a this is an individual account plan, was there a blackout period? 520.101-3.) 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance this a defined benefit plan subject to minimum funding requirem 500) and line 11a below) Inter the unpaid minimum required contribution for current year finding the plan subject to minimum for current year finding the plan subject to minimum funding requirem 500).	nents? (If "Ye	ions and 29 CFR notice or one of the ss," see instructions and com e SB (Form 5500) line 39	10f 10g 10h 10i plete	Scheo ection :	X X iule SE 11a 302 of	ERISA?		Yes	∏ No

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If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Form 5500), and skip to line 1	3.				
<u>b</u>	Enter the minimum required contribution for this plan year			12b			
	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 negative amount)	the result (enter a minus sign to the le	ft of a	12d			
е					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			13a			
b	Were all the plan assets distributed to participants or beneficiaries of the PBGC?	, transferred to another plan, or brough	nt under the c	ontrol		Yes x	No
С	If during this plan year, any assets or liabilities were transferred fr which assets or liabilities were transferred. (See instructions.)	om this plan to another plan(s), identify	the plan(s) t	0		- Land	
	13c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) P	N(s)
			\mathbf{I}				
Part	VIII Trust Information (optional)						
14a	Name of trust		1.	14b Tr	ust's EIN		
			j				
			,				