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.

4b EIN

4c PN

5a

5b

5c

5d(1)

5d(2)

5e

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 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 GREGORY A. OBERG, P.S. 401K PROFIT SHARING PLAN plan number (PN) ▶ 004 1c Effective date of plan 01/01/1991 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number GREGORY A. OBERG, P.S. (EIN) 30-0441634 Sponsor's telephone number 509-946-0631 604 WILLIAMS, SUITE A RICHLAND, WA 99352 Business code (see instructions) 621310 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the

Total number of participants at the beginning of the plan year

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

complete this item) d(1) Total number of active participants at the beginning of the plan year.....

d(2) Total number of active participants at the end of the plan year.....

e Number of participants that terminated employment during the plan year with accrued benefits that were

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

name, EIN, and the plan number from the last return/report.

a Sponsor's name

less than 100% vested.

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	true, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	06/19/2015	GREGORY A. OBERG				
	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 spo				
Preparer's name (including firm name, if applicable) and address (include		oom or suite number	r) (optional)	Preparer's telephone 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the plan cannot	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.		X Ye	es 🗌 No
	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 L	Not dete	ermined
Par –					1				
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End		6310
	Total plan assets	7a		700					1750
	Total plan liabilities	7b	36996						4560
	Net plan assets (subtract line 7b from line 7a)	7c					/b) T		
	Contributions received or receivable from:		(a) Amount				(b) T	Jlai	
	(1) Employers	8a(1)	62	260					
	(2) Participants	8a(2)	190	080					
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b	1889	956					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						214	1296
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	293	342					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						29	9342
i	Net income (loss) (subtract line 8h from line 8c)	8i						184	1954
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
b		eature cod	les from the List of Plan Charad	cterist			he instruction	ons:	
10	During the plan year:				Yes	No		Amount	t
	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			
c	Was the plan covered by a fidelity bond?			10c	X				400000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ			
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 ben	efits under the plan? (See	10e		X			
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 as	s of year e	end.)	10g		X			
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			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	es No
11a	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection (302 of	ERISA?	Υe	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 th Day		ne letter Year	ruling

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 (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?	X	Yes N	10	
	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 PBGC?	e control		Yes	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.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	B) 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

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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

Part I	Annual Repo	ort Identification Information				
For calend	dar plan year 2014 o	or fiscal plan year beginning	01/01/2014	and ending	12/3:	1/2014
A This re	eturn/report is for:	a single-employer plan a one-participant plan		lan (not multiemployer) yer information in accor		g this box must attach a list form instructions)
B This ref	turn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		_	C program
		:				
Part II		nformation—enter all requested in	formation			
1a Name GREGOR		P.S. 401K PROFIT SHAR	ING PLAN		1b Three-d plan nui (PN)	mber 004
					1C Effective 01/01	e date of plan -/1991
2a Plan s GREGOR	sponsor's name and Y A. OBERG,	address; include room or suite numb $P \mathrel{.} S$.	per (employer, if for a single-	employer plan)	2b Employe	er Identification Number 0-0441634
604 WI	LLIAMS, SUIT	E A			509-9	r's telephone number 46-0631
RICHLA	ND	WA 99352			2d Busines 62131	s code (see instructions)
3a Plan a	administrator's name	and address XSame as Plan Spon	sor.		3b Administ	
name	name and/or EIN of , EIN, and the plan i or's name	the plan sponsor has changed since number from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN	
5a Total i	number of participar	nts at the beginning of the plan year.			5a	5
b Total	number of participar	nts at the end of the plan year			5b	5
comple	ete this item)	th account balances as of the end of		***************************************	5c	5
a(1) 100	al number of active	participants at the beginning of the p	lan year		5d(1)	6
		participants at the end of the plan ye			5d(2)	2
less th	an 100% vested	t terminated employment during the			5e	0
Under pena SB or Sche	alties of perjury and	e or Incomplete filing of this retur other penalties set forth in the instru- and signed by an enrolled actuary, a mplete.	ctions. I declare that I have	examined this return/ren	nort including i	f applicable a Schodulo
SIGN HERE	Tools	an	June 12:200	GREGORY A. OBI	ERG	
HEIKE	Signature of plan	administrator	Date	Enter name of individu	ual signing as p	lan administrator
SIGN HERE						
Preparer's	name (including firm	oloyer/plan sponsor n name, if applicable) and address (in	Date number	Enter name of individu		mployer or plan sponsor ephone number (optional)
						COLUMN TO A STATE OF THE PARTY

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b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independe and conditions	s.)	ant (IC	(PA)			Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance prog	ram (see ERISA section 4	021)?		Yes [No No	t determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of	'ear
a Total plan assets	7a	37	0130	06			388631
b Total plan liabilities	7b		170	00			175
C Net plan assets (subtract line 7b from line 7a)	7c	36	9960	06			388456
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	
a Contributions received or receivable from:			624	- 0	1 2	2 0 00 00	1-1/2011
(1) Employers	8a(1)		626				
(2) Participants	8a(2)		1908	30	5- V.		
(3) Others (including rollovers)	8a(3)			-			
b Other income (loss)	8b	1	8895	66	VI. S		29.1 - 17.14
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	E ANN PROPERTY.	HA				21429
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			15			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f		2934	2		TAILED OF	
g Other expenses			2,55	2		6155.000	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h	Book y an auxilian	V 5				0.03.4
i Net income (loss) (subtract line 8h from line 8c)	8i						2934
j Transfers to (from) the plan (see instructions)		AND THE SAME OF THE SAME					18495
Part IV Plan Characteristics	8j		_	180		A SECTION A	
Part V Compliance Questions 10 During the plan year:							
Was there a failure to transmit to the plan any participant contribut	iona within th						
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ologi Correcti		_	Yes	No	Am	ount
	ciary Correcti	e time period described in on Program)	10a	Yes	No X	Am	ount
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	(Do not inclu	on Program)	10a	Yes		Am	ount
on line 10a.) C Was the plan covered by a fidelity bond?	Oo not inclu	on Program)ude transactions reported	10b	Yes	Х	Am	
on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's	(Do not inclu	on Program)			Х	Am	40000
on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or the provides some or all or th	(Do not inclusion of the line) (Page 1988)	chat was caused by fraud an insurance carrier,	10b 10c		X	Am	
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on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) f Has the plan failed to provide any benefit when due under the plan	(Do not inclusional property of the benefits)	chat was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f		X X X X	Am	
on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all distructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (If the plan have any participant loans?)	P (Do not included) ridelity bond, the persons by the benefits Property of year end.) See instruction	con Program)	10b 10c 10d 10e 10f 10g		X X X	Am	
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on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (12520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements.	P (Do not inclusion of persons by of the benefits of year end.) See instruction erequired not ents? (If "Yes,	on Program)	10b 10c 10d 10e 10f 10g 10h	X	X X X X X X X X X X	Form	40000
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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li	ne 13.		
b Enter the minimum required contribution for this plan year		2b	
C Enter the amount contributed by the employer to the plan for this plan year	1	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to to negative amount)	the left of a	2d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	CHARLES THE COLUMN TO THE COLU	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?		X Yes N	0
If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br of the PBGC?			Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)			- Ind
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
	1		
Part VIII Trust Information (optional)			
14a Name of trust	14	b Trust's EIN	