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

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 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 first return/report the final return/report **B** This return/report is 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) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit BERGLUND, SCHMIDT & ASSOCIATES SAFE HARBOR 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number BERGLUND, SCHMIDT & ASSOC., INC. 91-1064453 (EIN) Sponsor's telephone number 360-532-7630 2323 BAY AVE. HOQUIAM, WA 98550 Business code (see instructions) 541330 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **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. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a 9 **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 9 d(2) Total number of active participants at the end of the plan year..... 5d(2) 11 e Number of participants that terminated employment during the plan year with accrued benefits that were 5e less than 100% vested. 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 belief, it is true, correct, and complete Filed with authorized/valid electronic signature 08/04/2015 HARI SHARMA **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	nt (IQ d use	PA) Form	5500.		X Ye	
	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 dete	ermined
Par	t III Financial Information		Г						
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End		700E
	Total plan assets	7a	3270	JTT				417	'385
	Total plan liabilities	7b	3270	111				⊿ 17	′385
	Net plan assets (subtract line 7b from line 7a)	7c		,,,,	+		/b\ T		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai	
	(1) Employers	8a(1)	145	559					
	(2) Participants	8a(2)	384	199					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	373	316					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						90)374
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
	Net income (loss) (subtract line 8h from line 8c)	8i						90)374
J	Transfers to (from) the plan (see instructions)	8j							
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2R 2T 3D								
	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	es from the List of Plan Charac	cterist	ic Coo	ies in t	ne instruction	ms.	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Cor	rection Program)	10a		Χ			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X				41739
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		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.)	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				22787
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	s No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			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?	Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·				<u> </u>		
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 i Year	ruling

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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

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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

This Form is Open to Public Inspection

Fart I Annua	Report identification information	on						
For calendar plan yea		01/2014	and ending	12/31/2014				
A This return/report		a multiple-employer pl of participating employ	lan (not multiemployer) (yer information in accord	(Filers checking to dance with the for	nis box must attach a list m instructions)			
	a one-participant plan			,				
B This return/report is	s the first return/report	the final return/report						
	onths)							
C Check box if filing	DFVC program							
	special extension (enter des	scription)						
Part II Basic	Plan Information—enter all requested	information						
1a Name of plan				1b Three-digi				
BERGLUND, SCHMIDT & ASSOCIATES SAFE HARBOR 401(k) PLAN				plan numb				
				(PN) •				
				1c Effective of 01/01/200				
2a Plan sponsor's na BERGLUND, SCHMID	ame and address; include room or suite nun T & ASSOC., INC.	nber (employer, if for a single-	employer plan)	2b Employer I (EIN) 91-1	dentification Number			
					telephone number			
2323 BAY AVE.					360) 532-7630			
HOQUIAM. WA 98550				2d Business code (see instructions) 541330				
3a Plan administrato	r's name and address X Same as Plan Spo	onsor.		3b Administrator's EIN				
				3C Administra	tor's telephone number			
	5*							
4 If the name and/o	or EIN of the plan sponsor has changed sind	e the last return/report filed for	or this plan, enter the	4b EIN				
name, EIN, and t	the plan number from the last return/report.	·	, ,					
a Sponsor's name				4c PN				
	participants at the beginning of the plan yea			5a	9			
	participants at the end of the plan year			5b	11			
complete this iten	pants with account balances as of the end		***************************************	5c	6			
d(1) Total number	of active participants at the beginning of the	plan year		5d(1)	9			
d(2) Total number	of active participants at the end of the plan	/ear	•••••	5d(2)	11			
 Number of participulates than 100% v 	pants that terminated employment during the ested	e plan year with accrued bene	efits that were	5e				
Caution: A penalty for	or the late or incomplete filing of this ret	urn/report will be assessed	uniess reasonable car	ISO is establishe	d			
Under penalties of per	Jury and other penalties set forth in the inst	ructions. I declare that I have	examined this return/reu	nort including if	annlicable a Schodulo			
belief, it is true, correct	ompleted and signed by an enrolled actuary	, as well as the electronic ver	sion of this return/report	t, and to the best	of my knowledge and			
SIGIN X Ha		7/20/10	X JHARI SHI	4RMA				
HERE								
ACCUPATION OF THE PARTY OF THE	e or plan auministrator	Date	Enter name of individ	ual signing as pla	n administrator			
SIGIN HERE								
Signatur	e of employer/plan sponsor uding firm name, if applicable) and address	Date	Enter name of individ	ual signing as em	ployer or plan sponsor			
oparor o marine (intoli	ading min name, ii applicable) and address	unclude room or suite numbe	or) (optional)	Preparer's telep	hone number (optional)			
				Bulletin by				

6a 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	an indepen	dent qualified public accounta	nt (IQ	PA)			_	(j Yes		No
	under 29 CFR 2520.104-46? (See instructions on walver eligibility	and conditi	ons.)					Þ	Yes	Ш	No
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in] No	t deter	mine	ad
	rt III Financial Information		3.4 (200 21/10/1000011/10	/:		100			t deter		-
7	Plan Assets and Liabilities	be vital	(a) Basissian of Van		\top						
- - a		ton et paren	(a) Beginning of Yea		(b) End of Year						
_ <u>a</u>	Total plan (labilities	7a	32701	<u> </u>	+-				41738	5	
	Total plan liabilities				-						
	Net plan assets (subtract line 7b from line 7a)	. 7c	32701	1	-				41738	5	
8	Income, Expenses, and Transfers for this Plan Year	A Mon	(a) Amount		_ _		(b)	Tota	<u> </u>		
а	Contributions received or receivable from: (1) Employers	. 8a(1)	14559	a							
	(2) Participants		3849								
		. 8a(2)	3043		170						
	(3) Others (including rollovers)	8a(3)			- 66	ARI		198			2,110
	Other income (loss)		37310	j	E41						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		ALT.	2				90374	<u> </u>	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e						185	. It		
_ <u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f									
<u>g</u>	Other expenses	. 8g			183						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			Ď,						
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i		age of					9037	4	
j	Transfers to (from) the plan (see instructions)	- 8i			ΙĐ				1160		STE.
Pai	t IV Plan Characteristics					4,7600		01.5		1000	
Par	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions										
10	During the plan year:				Yes	No		•			
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	itions within	n the time period described in	400		X		AII	ount	_	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10a							
	· · ·			10b	х		ļ				
d	Did the plan have a loss, whether or not reimbursed by the plan's			10c	<u> </u>					41	739
	or dishonesty?			10d		Х		_			
е	insurance service, or other organization that provides some or all	of the bene	efits under the plan? (See			х					
f	instructions.)	m?		10e							
g				10f	L v	X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR)			10g	Х					22	787
	If 10h was answered "Yes," check the box if you either provided the required notice or one of the			10h							
Parl	vi Pension Funding Compliance	1-3		10i				flys.			1731
11	Is this a defined benefit plan subject to minimum funding requirem	nents? (If "\	/es " see instructions and com	nloto	Caboa	lula CE) (Farm	_			
110	5500) and line Tra below)		***************************************			iule St		\prod	Yes		No
11a	the second secon					11a	<u> </u>				
12	is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction :	302 of	ERISA?		Yes	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 being granting the waiver.	ng amortize	ed in this plan year, see instru	ctione	and a	nter #	ne date of	the !	attor =	lica	
	granting the waiver.		Mon	th_	, апа 6	Day		rne i		iii ig	_

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If 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					
c	Enter the amount contributed by the employer to the plan for this plan year .			12c					
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	(enter a minus sign to the left	of a	12d		<u></u>			
e	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	<u> </u>				
	If "Yes," enter the amount of any plan assets that reverted to the employer to		13a						
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									
1	I3c(1) Name of plan(s):		1:	3c(2) El	N(s)	13c(3) PN(s)			
Part VIII Trust Information (optional)									
14a Name of trust					14b Trust's EIN				