_	m 5500-SF	Short Form Annual	Short Form Annual Return/Report of Small Employ Benefit Plan					
	tment of the Treasury nal Revenue Service	This form is required to be filed u	Inder sections 104 and			2014		
	partment of Labor enefits Security Administration	Income Security Act of 1974 (E	RISA), and sections 60 Revenue Code (the Cod		Internal	This Form is Open to		
	nefit Guaranty Corporation	Complete all entries in acc	cordance with the ins	tructions to the Form 5	500-SF.	Public Inspection		
For calenda		Identification Information scal plan year beginning 01/01/2014	1	and ending 12	/31/2014			
	urn/report is for:	X a single-employer plan	a multiple-employer of participating employer	6	(Filers chec	king this box must attach a list he form instructions)		
${f B}$ This retu	ırn/report is	a one-participant plan         the first return/report         an amended return/report	a foreign plan the final return/report a short plan year retu	rn/report (less than 12 m	onths)			
C Check b	box if filing under:	Form 5558     automatic extension       special extension (enter description)			DFVC program			
Part II	Basic Plan Info	rmation—enter all requested inforr	nation					
<b>1a</b> Name WALDO, SC	of plan	MERY, PS 401K PROFIT SHARING F			1b Thre plan (PN)	number		
					1c Effect	ctive date of plan 01/01/1988		
	oonsor's name and ac HWEDA & MONTGON	ldress; include room or suite number ( MERY, PS	employer, if for a single	e-employer plan)	2b Employer Identification Numbe (EIN) 91-1232340			
2206 N PINE	S RD				2c Spor	nsor's telephone number 509-924-3686		
SPOKANE VALLEY, WA 99206-4721				2d Busin	2d Business code (see instructions) 541110			
3a Plan ad	dministrator's name a	nd address XSame as Plan Sponsor.			3b Adm	inistrator's EIN		
If the r	anno and/or EIN of th	e plan sponsor has changed since the	last ratura/rapart filed	for this plan, ontor the	4b EIN	inistrator's telephone number		
	EIN, and the plan nu	mber from the last return/report.	ast return report med	ior this plan, enter the	40 EIN			
· ·		at the beginning of the plan year			5a	6		
<b>b</b> Total r	number of participants	at the end of the plan year			5b	6		
comple	ete this item)	account balances as of the end of the			5c	6		
<b>d(1)</b> Tota	d(1) Total number of active participants at the beginning of the plan year				5d(1)	4		
		active participants at the end of the plan year			5d(2)	4		
e Numbe less the	Number of participants that terminated employment during the plan year with accrued benefits that were     less than 100% vested			nefits that were	5e	0		
Under pena SB or Sche	alties of perjury and of	or incomplete filing of this return/re her penalties set forth in the instructio nd signed by an enrolled actuary, as v plete.	ns, I declare that I have	e examined this return/rep	oort, includii	ng, if applicable, a Schedule		
SIGN	Filed with authorized,	valid electronic signature.	09/16/2015	DALE STEVENS				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing	as plan administrator		
SIGN HERE								
	Signature of emplo		Date			as employer or plan sponsor		
Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional) DALE STEVENS BREAK-THRU BENEFITS, LLC 200 NORTH MULLAN, SUITE 200 SPOKANE VALLEY, WA 99206 Preparer's telephone number (option DALE STEVENS DESCRIPTION DESCRIPTIO								
		and OND Control Numbers and the in		0.05		Form 5500 85 (2014)		

	Were all of the plan's assets during the plan year invested in eligib		,				X Yes No
b	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						X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann						
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 determined
Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a		319794			368346
	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	3197	<b>'</b> 94			368346
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	122	200			
	(2) Participants	8a(2)	129	92			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	233	860			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					48552
d	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			_		
	Other expenses	8g			_		0
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		48552
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			_		40002
r –	Transfers to (from) the plan (see instructions)	8j					
	t IV Plan Characteristics	( (	des francis des L'attat Dis a Obar			den Se	the frequency frequency
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2J$ $2K$ $3D$	feature co	des from the List of Plan Char	acteris	stic Co	ides in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in tl	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cori	rection Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
С	Was the plan covered by a fidelity bond?			10c	x		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
е		ner person of the ben	s by an insurance carrier, efits under the plan? (See	10e		x	
f	,					X	
				10f			
b	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х	
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х	
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)						
<u>11a</u>	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 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)				
2	If a waiver of the minimum funding standard for a prior year is beir	a amortiz	ed in this plan year, see instru	otiono	and	ontor th	a date of the letter ruling

Page 3 - 1

lf	ou 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 No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	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.)	to			
1	3c(1) Name of plan(s): 1	3 <b>c(2)</b> El	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	<b>14b</b> ⊺	rust's EIN		

09/14/2015 01:33PM 5099222196 WALDU SCHWEDA

Form 5500-SF	Short Form Anni	of Small Employee	OMB Nos, 1210-01 1210-00			
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Plan ed under sections 104 and 4	1085 of the Employee Retirement	2014		
Department of Labor Employee Benefits Security Administration	n Income Security Act of 197	4 (ERISA), and sections 605 Revenue Code (the Code	7(b) and 6058(a) of the Internal	This Form is Open to		
Pension Benefit Guaranty Corporation	Complete all entries in	• • • • • •	uctions to the Form 5500-SF.	Public inspection		
	rt Identification Information	n	acaona to the Form adop-of.			
For calendar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending 1:	2/31/2014		
A This return/report is for:	X a single-employer plan	a multiple-employer p	an (not multiemployer) (Filers ch	acking this box must attach a ill		
	🗌 à one-participant plan	ver information in accordance with	the form instructions)			
B This return/report is	the first return/report	a foreign plan the final return/report				
	an amended return/report					
C Check box if filing under:	X Form 5558	automatic extension		DFVC program		
	special extension (enter desc	cription)				
Part II   Basic Plan Inf	formation-enter all requested in	nformation				
1a Name of plan				ree-digit		
NALDO, SCHWEDA & MC	ONTGOMERY, PS 401K PR	OFIT SHARING PLAN		n number 001		
				N)		
				ecuve date of plan ./01/1988		
2a Plan sponsor's name and s WALDO, SCHWEDA & MO	address; include room or suite numb ONTGOMERY, PS	ber (employer, if for a single		ployer Identification Number N) 91-1232340		
2246 N DINTA 22			20 Sr	onsor'a telephone number		
2206 N PINES RD				9-924-3686 siness code (see instructions)		
SPOKANE VALLEY						
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v. 140124

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WALDO SCHWEDA

		Pagę 2						
Ba Were all of the plan's assets during the plan year invested in eligib	de assets? (S	ee Instructions.)					2	
D Are you claiming a waiver of the annual examination and report of	an independe	Int qualified public account	a - 1 /1/				_	
under 29 CFR 2520.104-46? (See Instructions on walver eligibility If you answered "No" to either line 6a or line 6b, the plan comm	and condition	5.)					ı X	(es 🗌 N
C If the plan is a defined benefit plan, is it covered under the PBGC in	ISUITADCE DOOL	ram (see ERISA section A	101 US 021\2	Forn 1	10000		<b></b>	
Part III Financial Information		(000 ENIOA 38000) 4	02 I) !	····· L				termined
Plan Assets and Liabilities								
a Total plan assets	╉╶╌╋	(#) Beginning of Ye				(b) En	d of Yea	<u> </u>
b Total plan liabilities		3	197	94				36834
C Net plan assets (subtract line 7b from line 7a)	7b 7c		1.07					
Income, Expenses, and Transfers for this Plan Year	/6		197	94				36834
a Contributions received or receivable from:	+	(a) Amount				(b)	Total	
(1) Employers	8a(1)		122	00				
(2) Participants	8=(2)		129	92				
(3) Others (Including rollovers)	8a(3)		•		4			
b Other income (loss)	86		233	50	1			
2 Total income (add fines 8a(1), 8a(2), 8a(3), and 8b)	8c .		1	1			` . `	4855
Benefits paid (Including direct rollovers and insurance premiums					.1 .1	····		
to provide benefits)								
Certain deemed and/or corrective distributions (see instructions)	<u>8e</u>		••	[:				
Administrative service providers (salaries, fees, commissions)	8f		-	<u> `</u> _				
	80			<u> </u> :				
Total expenses (add lines 8d, 8e, 8f, and 8g)	I			_				•
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	81		21	_				4855
	8							
If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D								
at     If the plan provides pension benefits, enter the applicable pension       2E     2J       2K     3D       b     If the plan provides welfare benefits, enter the applicable welfare fer								
at       If the plan provides pension benefits, enter the applicable pension         2E       2J       2K       3D         b       If the plan provides welfare benefits, enter the applicable welfare fe         art V       Compliance Questions					es in t		tions:	
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	Form 5500-SF 2014	Page 3 -						
lfy	ou completed line 12s, complete lines 3, 9, and 10 of Schedule I	MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year			126				
C	Enter the amount contributed by the employer to the plan for this pla	an yéar		120	1			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	he result (enter a minus sign to the left		12d				
e	Will the minimum funding amount reported on line 12d be met by the				Ve:	3	No	N/A
Part	VII Plan Terminations and Transfers of Assets				<u> </u>			
13a	Has a resolution to terminate the plan been adopted in any plan year?			X	Yes	No		
	If "Yes," enter the amount of any plan assets that reverted to the em	nployer this year		13#	T	-		0
þ	Were all the plan assets distributed to participants or beneficiaries, t of the PBGC?	transferred to another plan, or brought	under the c	ontrol			∏ Yez	5 🔀 No
c	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)					•		
1	3c(1) Name of plan(s):		11	ic(2) E	IN(s)	•	13c(3	3) PN(5)
			•					

Part VIII Trust Information (optional) 14a Name of trust	
144 Name of trust	14b Trust's EIN