## 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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		t identification information				
For calendar p	olan year 2014 or	fiscal plan year beginning 01/01/	<u>2014</u>	and ending 12	2/31/2014	
		X a single-employer plan		er plan (not multiemployer)		
A This return	n/report is for:		_ ' ' "	nployer information in acco	rdance with the form	instructions)
D		a one-participant plan	a foreign plan	d		
<b>B</b> This return,	report is	the first return/report	the final return/rep		4. \	
		an amended return/report	a short plan year r	eturn/report (less than 12 n	nonths)	
C Check hox	c if filing under:	Form 5558	automatic extensi	on	DFVC pro	ogram
• Oncor box	cir illing dilder.	special extension (enter des	cription)		<u> </u>	
_		formation—enter all requested i	nformation		1	
1a Name of		GING CO., INC. PROFIT SHARING	DL AN		<b>1b</b> Three-digit plan number	
CASTLE AND	COLLIVIAIN LOGI	SING CO., INC. FROFT STAKING	FLAN		(PN)	001
					1c Effective dat	e of plan
					10	)/01/1976
	nsor's name and	address; include room or suite num	per (employer, if for a sir	ngle-employer plan)		entification Number
OAOTEL AND C	OLLIVAN LOCC				(=)	I-0774505
DO BOY 4700					2c Sponsor's te	elephone number 1-426-8262
PO BOX 1760 SHELTON, WA	98584					de (see instructions)
						13310
3a Plan adm	inistrator's name	and address XSame as Plan Spor	nsor.		<b>3b</b> Administrato	r's EIN
		_				
					3C Administrato	r's telephone number
		the plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN	
		number from the last return/report.			4c PN	
<b>a</b> Sponsor's		its at the beginning of the plan year			+	
		its at the end of the plan year			. 5b	(
		h account balances as of the end o			. 5c	(
•	,	participants at the beginning of the			5d(1)	15
d(2) Tatal	number of optive	continuonto at the and of the plan v				
		participants at the end of the plan y			5d(2)	(
		terminated employment during the			5e	(
		e or incomplete filing of this retu			use is established	
		other penalties set forth in the instru				
	le MB completed e, correct, and co	and signed by an enrolled actuary,	as well as the electronic	version of this return/repo	rt, and to the best of	my knowledge and
		d/valid electronic signature.				
HERE			_			
S	signature of plar	administrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN						
		loyer/plan sponsor	Date			oyer or plan sponsor
Preparer's na	me (including firn	n name, if applicable) and address (	include room or suite nu	mber ) (optional)	Preparer's telepho	one number (optional)

	Form 5500-SF 2014		Page <b>2</b>							
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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public accounta ions.)	int (IQ	PA)			X Y		10
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40	21)?		Yes	No	Not det	ermined	
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year		
<u>a</u>	Total plan assets	. 7a	10530						0	
	Total plan liabilities	7b	40506	0					0	
	Net plan assets (subtract line 7b from line 7a)	7c	10530	)33	-				0	_
	ncome, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otal		
	(1) Employers	8a(1)								
	2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	187	772						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	8772	
	Benefits paid (including direct rollovers and insurance premiums oprovide benefits)	. 8d	10718	305						
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						107	1805	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-105	3033	
j	Transfers to (from) the plan (see instructions)	8j								
b	If the plan provides pension benefits, enter the applicable pension 2E 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E.									
Part					Yes	No		<b>A</b>		
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		res	NO		Amoun	τ	_
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X				
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				
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 a	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							-			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Y	es X N	10
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?	Y	es X N	10
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter tl 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 No	1
	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 of the PBGC?	control		X Yes 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):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			

**14b** Trust's EIN 910774505

14a Name of trust
CASTLE AND COLEMAN LOGGING CO., INC

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2014 or fiscal plan year beginning

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 section 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.

01/01/2014

and ending

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

12/31/2014

			90								
				*		Countries in the State of the					
Pre	eparer's name (including firm n	name, if applicable) and address; i	nclude room or suite numb	er (optional)	Preparer's	telephone	number (optional)				
SIGN Doe Coleman  HERE Signature of employer/plan sponsor  Date Enter name of individual signing as employer or plan sponsor							or plan sponsor				
Q.			2/10/15	Joe Coleman							
	ERE Signature of plan adm	inistrator	Date	Enter name of individua	al signing as	s plan admii	nistrator				
S	IGN JELL		2110/15	Joe Coleman							
	lief, it is true, correct, and com		as iron as the electronic ve		., 4.14 10 111						
Un SB	der penalties of perjury and ot	ther penalties set forth in the instru nd signed by an enrolled actuary,	ictions, I declare that I have as well as the electronic ve	e examined this return/re ersion of this return/repor	port, includ	ling, if applic	cable, a Schedule knowledge and				
		or incomplete filing of this retur									
e,	less than 100% vested				5e		0				
		ticipants at the end of the plan yea erminated employment during the		See and the	5d(2)		0				
		ticipants at the beginning of the planting	~								
41		ticinante at the heginning of the pla			5d(1)		15				
	Number of participants with a	account balances as of the end of	the plan year (defined ben	efit plans do not	5c		0				
oa b	201 Dec 20 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	at the beginning of the plan year at the end of the plan year			5a 5b		0				
Euro.	Sponsor's name	at the heginning of the plan year	<del>1,300 (11.00)</del>		4c PN 5a		15				
_	8 8 8	nber from the last return/report.			40 DN						
4		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN		(4)				
			u u		3C Adm	inistrator's	telephone number				
							restriction to the second seco				
3a		nd address X Same as Plan Sp	onsor Name		3b Adm	inistrator's	EIN				
	US Shelton WA 98584					310	(See manachons)				
PO Box 1760						iness code	3262 (see instructions)				
							hone number				
۷d	Castle and Coleman	ldress; include room or suite numb Logging Co., Inc.	oei (employer, ii for a singl	e-employer plan)		loyer Identi I) 91-07'	fication Number 74505				
20	Dian anareste services	Ideana include access as a suite service	oor (omnlover if for a significant	o omnlover plant		01/1976	Carlina Maria				
	Castle and Coleman	Logging Co., Inc. Prof	ic snaring rian		1c Effe						
ıd	Name of plan	Logging Co. To- De-f	it Charina Dia-		plan	number	001				
100		rmation enter all requested	information		1b Thre	o digit					
_		special extension (enter desc									
С	Check box if filing under:	eck box if filing under: Form 5558 automatic extension					ım				
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	2 months)						
В	This return/report is:	the first return/report	x the final return/report	<del>7</del>							
	anconsove test statistical electric factors (1000)	a one-participant plan	a foreign plan	.p. a.							
Α	This return/report is for:			er plan (not multiemployer) (Filers checking this box must attach a list inployer information in accordance with the form instructions)							

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (	(See instructions.)				XYes No
b	Are you claiming a waiver of the annual examination and report of a		V				<u></u>
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a						XYes No
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use For	m 5500-SF and must instead	use	Form	5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	rogram (see ERISA section 40	21)?	[	Ye	s No Not determine
Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a	1,053,0	33			0
b	Total plan liabilities			0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,053,0	33			0
8	Income, Expenses, and Transfers for this Plan Year	There is	(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)					
-	(2) Participants	8a(2)	252000.2-1-100.2-2				
-	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	18,7	72			Althoropy the medical
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					18,772
d	Benefits paid (including direct rollovers and insurance premiums		1 071 0	۸۲	100		South British Committee
	to provide benefits)	8d	1,071,8	05			
	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		-			
_g h	Other expenses (add lines 9d, 9e, 9f, and 9g)	8g 8h					1,071,805
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8i					(1,053,033)
÷	Transfers to (from) the plan (see instructions)	8j	terbellet spillet ver ek Ekit Belge (183 4 bk)				
Pa	rt IV Plan Characteristics				No. of Contract of	American Superior	
-	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Charac	terist	ic Cod	es in t	he instructions:
-	2E 3D	ataro oca	o nom the bloc of Flam onarac		000	00 III (	no mondonono.
h	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the Liet of Plan Characte	rietio	Code	e in the	a instructions:
~	if the plant provides wertare benefits, effect the applicable wertare rea	ture codes	TOTAL COLOR OF THE OTHER ACTOR	3113110	Oude.	3 111 (11)	s matructions.
Pa	rt V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributi	ions within	the time period described in				
<del></del>	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci			10a		х	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	-4		10b		х	
	Was the plan covered by a fidelity bond?			10c		x	
$\frac{d}{d}$	Did the plan have a loss, whether or not reimbursed by the plan's fi			100		Α	
	or dishonesty?		50 ST 1	10d		х	
е	Were any fees or commissions paid to any brokers, agents, or other						
	insurance service, or other organization that provides some or all o instructions.)			10e		х	
	Has the plan failed to provide any benefit when due under the plan			10f		х	
<u> </u>				E-2000000			
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as			10g		Х	
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)		and the state of t	10h		х	
	If 10h was answered "Yes," check the box if you either provided the			.011			
	exceptions to providing the notice applied under 29 CFR 2520.101-			10i			
Par	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirement						
110	5500) and line 11a below)  Enter the unpaid minimum required contribution for current year fro				-	·····	Les IVO
12	Is this a defined contribution plan subject to the minimum funding re		Company of the Compan	w		12 of F	ERISA? Yes X No
	2000 1000 1000 1000 1000 1000 1000 1000			JI 380	, ,	JZ 01 E	TOVE   LIES TO NO
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  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		Mon	ith _		Day	/ Year

	Form 5500-SF 2014	Page 3-				
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	)), and skip to line 1:	3.			
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 negative amount)			12d		
е	Will the minimum funding amount reported on line 12d be met by the funding dead	line?			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 Y	es 🗌 N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	r		13a		0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to ar which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s):		13c	(2) EIN(	(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					
14a i	Name of trust			14b T	rust's EIN	
c	astle and Coleman Logging Co., Inc				91-0774	1505