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) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit SHOEMAKER MANUFACTURING COMPANY 401(K) PLAN plan number (PN) ▶ 002 1c Effective date of plan 01/01/2008 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SHOEMAKER MANUFACTURING COMPANY (EIN) 91-0614362 Sponsor's telephone number 509-674-4414 104 MONTGOMERY AVE CLE ELUM, WA 98922-1223 Business code (see instructions) 332900 **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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 93 **b** Total number of participants at the end of the plan year..... 5b 96 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 92 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 80 d(2) Total number of active participants at the end of the plan year..... 5d(2) 85 e Number of participants that terminated employment during the plan year with accrued benefits that were 6 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 t	true, correct, and complete.					
SIGN HERE	Filed with authorized/valid electronic signature.	05/29/2015	JOHN HEIN, PRESIDENT			
	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 sponsor			
Preparer's	name (including firm name, if applicable) and address (include r	Preparer's telephone number (optional)				

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.). If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								s 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	Not dete	rmined		
Par	t III Financial Information	1	Г		-						
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		7.45		
	Total plan assets	7a	50677	701 777	-	5418745					
	Total plan liabilities	7b	50669			5418745					
	Net plan assets (subtract line 7b from line 7a)	7c		724			740				
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total						
	(1) Employers	8a(1)	2650)35							
	(2) Participants	8a(2)	2420)40							
	(3) Others (including rollovers)	8a(3)									
<u>b</u>	Other income (loss)	8b	2744	169							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						781	544		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4034	126							
	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	262	297							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						429	723		
i	Net income (loss) (subtract line 8h from line 8c)	8i						351	821		
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:	C 20-1	and the control of the second of the		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 Fidu Were there any nonexempt transactions with any party-in-interest	iciary Cor	rection Program)	10a		X					
	on line 10a.)	·····		10b		X					
C	Was the plan covered by a fidelity bond?			10c	X				500000		
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?										
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X					
f	f Has the plan failed to provide any benefit when due under the plan?					X					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)										
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i	Χ						
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	s No		
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
	(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		e letter r Year	uling		

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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

Form 5500-SF

Department of the Treasury Internal Revenue Service

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Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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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

Part I Annı	ual Report	Identificati	ion Informatio								
For calendar plan y	ear 2014 or fis		peginning	01/01/2014	а	and ending	12/31	1/2014			
A This return/repo	ort is for:	a single-er	mployer plan	اسما		r) (Filers checking this box must attach a list ordance with the form instructions)					
		a one-part	ticipant plan	a foreign plan							
B This return/repor	t is	the first re	eturn/report	the final return/report							
		an amend	ied return/report	a short plan yea	r return/report	(less than 12 m	nonths)				
C Check box if filing	ng under:	Form 5558		automatic exter	nsion		DFVC program				
		special ex	tension (enter des	scription)							
Part II Basi	c Plan Info	rmation—er	nter all requested	information	*****		***************************************				
1a Name of plan SHOEMAKER MANUFACTURING COMPANY 401(K) PLAN							1b Three-diplan nur (PN) ▶	- 1			
							1c Effective date of plan 01/01/2008				
2a Plan sponsor's SHOEMAKER MA				mber (employer, if for a	single-employ	er plan)	2b Employer Identification Number (EIN) 91-0614362				
104 MONTGOM	ERY AVE						2c Sponsor's telephone number 509-674-4414				
CLE ELUM		WA	98922-12	223			2d Business code (see instructions) 332900				
3a Plan administra	ator's name ar						3b Administrator's EIN				
4 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 nam							4c PN				
		=		ır				93			
							5b	96			
complete this i	tem)			of the plan year (define			5c	92			
, ,	·	·		e plan year			5d(1)	80			
				year			5d(2)	85			
•	•		loyment during the	e plan year with accrue	d benefits that	were	5e	6			
Under penalties of	perjury and otl 3 completed a	her penalties so nd signed by ar	et forth in the instr		I have examine	ed this return/re	eport, including,	hed. if applicable, a Schedule st of my knowledge and			
SIGN /	ohn k	Hein		5/22	/15 JOHN	HEIN, PR	RESIDENT				
HERE	ture of plan a			Date	Enter	name of individ	dual signing as r	olan administrator			
SIGN	мго с. р	W11				Thank I	, aud. 5.g ,				
Lucoc -				Data	Entor		name of individual cigning as amplayer as also as				
Preparer's name (in	ure ot emplo eluding firm r	yer/plan spon	able) and address	Date Date			vidual signing as employer or plan sponsor Preparer's telephone number (optional)				
Treparer s riamo (ii	ioluding iiiii ii	allie, ii uppiiva	ibley and dadress	(molado room or oako	number / (opa-	Jilaij	Γιοραιοίο τοι	epitone number (options.)			

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6a Were all of the plan's assets during the plan year invested in eligib b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)	ant (IC	(PA)			Yes No						
If you answered "No" to either line 6a or line 6b, the plan can C If the plan is a defined benefit plan, is it covered under the PBGC						JNo □ Note	datarminad				
Part III Financial Information	insurance p	rogram (see ERISA section 40	121)?	······ L	_ Yes [No	determined				
7 Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Ye					
a Total plan assetsb Total plan liabilities		50	6770	_			5418745				
		E O.	77	-		, 	<u> </u>				
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c		6692	34			5418745				
a Contributions received or receivable from:		(a) Amount		\dashv		(b) Total					
(1) Employers	8a(1)	2	6503	35							
(2) Participants	8a(2)	2.	4204	ŧ 0							
(3) Others (including rollovers)											
b Other income (loss)		2 '	7446	59		***************************************	An				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						781544				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4.	0342	26							
e Certain deemed and/or corrective distributions (see instructions)				\top							
f Administrative service providers (salaries, fees, commissions)							26297				
g Other expenses											
h Total expenses (add lines 8d, 8e, 8f, and 8g)											
i Net income (loss) (subtract line 8h from line 8c)			***	1	429723 351821						
j Transfers to (from) the plan (see instructions)				1							
Part IV Plan Characteristics	, 9,					•					
9a If the plan provides pension benefits, enter the applicable pension	n feature cod	des from the List of Plan Chara	acteris	stic Co	odes in th	ne instructions:					
b If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Plan Charac	cterist	ic Cod	des in the	e instructions:					
Dest V. Commission of Occasions											
Part V Compliance Questions	·····	****			1 1						
During the plan year:				Yes	No	Amo	unt				
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic	duciary Corr	ection Program)	10a		Х						
b Were there any nonexempt transactions with any party-in-interes	st? (Do not i	nclude transactions reported	10b		Х						
The state of the s	on line 10a.)						7. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
C Was the plan covered by a fidelity bond?	10c	X			500000						
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	10d		х								
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					Х						
f Has the plan failed to provide any benefit when due under the plan	10e 10f		х								
g Did the plan have any participant loans? (If "Yes," enter amount			Х		W 1144						
h If this is an individual account plan, was there a blackout period?	10g 10h	Х	1								
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the				Х							
exceptions to providing the notice applied under 29 CFR 2520.10	J1-3		10i								
Part VI Pension Funding Compliance											
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)						Form	Yes No				

11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

a 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

Yes X No

Year

Day