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).

1210-0089

2014

OMB Nos. 1210-0110

This Form is Open to Public Inspection

For calendar plan year 2014 o	C				
	or fiscal plan year beginning 01/01/	2014	and ending 12/	31/2014	
A This return/report is for:	a single-employer plan		ver plan (not multiemployer) (mployer information in accord	-	
·	a one-participant plan	a foreign plan			,
B This return/report is	the first return/report	the final return/rep	oort		
·	an amended return/report	a short plan year i	eturn/report (less than 12 mo	onths)	
C Check box if filing under:	Form 5558	automatic extens	ion	DFVC pro	ogram
	special extension (enter des	cription)			
Part II Basic Plan II	nformation—enter all requested in	nformation			
1a Name of plan G S LONG CO INC 401K PRO	FIT SHARING PLAN			1b Three-digit plan number	
				(PN)	001
				1c Effective dat	te of plan 2/01/1980
2a Plan sponsor's name and G S LONG CO INC	d address; include room or suite num	ber (employer, if for a si	ngle-employer plan)		entification Number I-1093076
2517 OLD TOWN ROAD				2c Sponsor's te	elephone number
UNION GAP, WA 98903-0000				2d Business co	de (see instructions)
3a Plan administrator's name	e and address XSame as Plan Spor	nsor		3b Administrato	
Tan daminorator o name	o and address plants as rian open			7 tarriirilotrato	. 0 2
	f the plan sponsor has changed since	e the last return/report fil	ed for this plan, enter the	4b EIN	
a Sponsor's name	number from the last return/report.			4c PN	
	ants at the beginning of the plan year			5a	95
b Total number of participa	ants at the end of the plan year				30
C Number of participants w	with account balances as of the and a			5b	
complete this item)			benefit plans do not	5b 5c	100
'	e participants at the beginning of the p		benefit plans do not		100 94
d(1) Total number of active		blan year	benefit plans do not	5c	100 94 86
d(1) Total number of actived(2) Total number of activee Number of participants the	e participants at the beginning of the perfection participants at the end of the plan you at terminated employment during the	plan year	benefit plans do not	5c 5d(1)	100 94 86 94
d(1) Total number of actived(2) Total number of activee Number of participants the less than 100% vested	e participants at the beginning of the per participants at the end of the plan you at terminated employment during the	plan yearearplan year with accrued	benefit plans do not	5c 5d(1) 5d(2) 5e	100 94 86 94
d(1) Total number of active d(2) Total number of active e Number of participants the less than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB complete	e participants at the beginning of the per participants at the end of the plan year at terminated employment during the eate or incomplete filing of this return dother penalties set forth in the instructed and signed by an enrolled actuary,	plan year with accrued mr/report will be assesuctions, I declare that I h	benefit plans do not benefits that were sed unless reasonable cau	5c 5d(1) 5d(2) 5e se is established. Fort, including, if ap	100 94 86 94 0
d(1) Total number of active d(2) Total number of active e Number of participants the less than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB complete belief, it is true, correct, and of	e participants at the beginning of the per participants at the end of the plan year at terminated employment during the eate or incomplete filing of this returned other penalties set forth in the instructed and signed by an enrolled actuary, complete.	plan year with accrued mr/report will be assesuctions, I declare that I h	benefit plans do not benefits that were sed unless reasonable cau	5c 5d(1) 5d(2) 5e se is established. Fort, including, if ap	100 94 86 94 0
d(1) Total number of active d(2) Total number of active e Number of participants the less than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB complete belief, it is true, correct, and co	e participants at the beginning of the per participants at the end of the plan year at terminated employment during the eate or incomplete filing of this return dother penalties set forth in the instructed and signed by an enrolled actuary,	plan year with accrued mr/report will be assesuctions, I declare that I h	benefit plans do not benefits that were sed unless reasonable cau	5c 5d(1) 5d(2) 5e se is established. Fort, including, if app, and to the best of	94 86 94 00 plicable, a Schedule my knowledge and
d(1) Total number of active d(2) Total number of active e Number of participants the less than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB complete belief, it is true, correct, and co	e participants at the beginning of the participants at the end of the plan year at terminated employment during the attemposition of this return dother penalties set forth in the instruction and signed by an enrolled actuary, complete.	plan year with accrued plan year with accrued pri/report will be assesuctions, I declare that I has well as the electronic	benefit plans do not benefits that were sed unless reasonable cause examined this return/report	5c 5d(1) 5d(2) 5e se is established. Fort, including, if app, and to the best of	94 86 94 0 plicable, a Schedule my knowledge and
d(1) Total number of active d(2) Total number of active e Number of participants the less than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB complete belief, it is true, correct, and co	e participants at the beginning of the participants at the end of the plan year at terminated employment during the eate or incomplete filing of this returned other penalties set forth in the instructed and signed by an enrolled actuary, complete. The experimental control of the participant of the participant of the provided and signed by an enrolled actuary, complete. The experimental control of the participant of the partic	plan year with accrued plan year with accrued pri/report will be asses actions, I declare that I has well as the electronic	benefit plans do not benefits that were sed unless reasonable causave examined this return/report version of this return/report Enter name of individual	5c 5d(1) 5d(2) 5e se is established. Fort, including, if app, and to the best of the best	94 86 94 00 plicable, a Schedule my knowledge and
d(1) Total number of active d(2) Total number of active e Number of participants the less than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB complete belief, it is true, correct, and complete selief, it is true, correct, and	e participants at the beginning of the participants at the end of the plan year at terminated employment during the attemposition of this return dother penalties set forth in the instruction and signed by an enrolled actuary, complete.	plan year with accrued rn/report will be asses uctions, I declare that I h as well as the electronic	benefit plans do not benefits that were sed unless reasonable cau have examined this return/report c version of this return/report Enter name of individu	5c 5d(1) 5d(2) 5e se is established. bort, including, if app, and to the best of ual signing as plan ual signing as empl	94 86 94 00 plicable, a Schedule my knowledge and

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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 indepen and conditi	ident qualified public accounta	nt (IC	(PA)		X Yes [No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pi	rogram (see ERISA section 40	21)?		Yes	No Not determine	ed
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
a	Total plan assets	. 7a	110691	_			12444051	
<u>b</u>	Total plan liabilities	. 7b		0			0	
C	Net plan assets (subtract line 7b from line 7a)	7c	110691	76			12444051	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)	3011	22				
	(2) Participants	8a(2)	5328	800				
	(3) Others (including rollovers)		3	898				
b	Other income (loss)	. 8b	5602	297				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1394617	
	Benefits paid (including direct rollovers and insurance premiums	0.1	181	72				
	o provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d	10	12				
	Administrative service providers (salaries, fees, commissions)	8e 8f	15	70				
	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					19742	
	Net income (loss) (subtract line 8h from line 8c)	8i					1374875	
	Transfers to (from) the plan (see instructions)	8j						
Par	IV Plan Characteristics	٠,						
Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature code	es from the List of Plan Chara	cterist	tic Cod	ies in 1	ne instructions:	
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 Corr	ection 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		500	0000
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X		
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 bene	efits under the plan? (See	10e	X		34	4980
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	nd.)	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)							No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule 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? Yes 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 (enter tl Day		

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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

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN

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SIGN.

Signature of

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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	Complete all entries in a	ccordance with the instruction	s to the Form 5500)-SF.	
Part I Annual Report	l Identification Information	1		12/31/2014	
or calendar plan year 2014 or fi		01/01/2014	and ending		
This return/report is for: This return/report is: Check box if filing under:	a single-employer plan a one-participant plan the first return/report an amended return/report Form 5558	a multiple-employer plan (i of participating employer ir a foreign plan the final return/report a short plan year return/re	nformation in accord	ance with the form	instructions)
5.1.55tt 2.57tt	special extension (enter desc	cription)			
Part II Basic Plan Inf	ormation enter all requested	I information			
1a Name of plan	OLK PROFIT SHARING PLAN			1b Three-digit plan numbe (PN) ▶	r 001
G S LONG CO INC 40	JIK PROFIT BIBLETO T-5.			1c Effective da 02/01/19	•
Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) G S LONG CO INC			2b Employer Identification Number (EIN) 91-1093076 2c Sponsor's telephone number		
2517 OLD TOWN ROAD				(509) 57 2d Business co 325300	75-8382 ode (see instructions)
US UNION GAP WA 98903-	and address X Same as Plan S			3b Administrat	or's EIN
				3c Administrat	or's telephone number
4 If the name and/or EIN of the name, EIN, and the plan n	the plan sponsor has changed sincumber from the last return/report.	e the last return/report filed for th	is plan, enter the	4b EIN	
a Sponsor's name				4c PN	
5a Total number of participan	ts at the beginning of the plan year	***************************************		5a 5b	95 100
b Total number of participan	ts at the end of the plan year h account balances as of the end o	of the plan year (defined henefit r	lans do not		
c Number of participants wit complete this item)	h account balances as of the end o			5c	94
	articipants at the beginning of the p			5d(1)	86
d(2) Total number of active p	participants at the end of the plan ye	ear		5d(2)	94
e Number of participants that less than 100% vested	at terminated employment during th	e plan year with accrued benefit	***************************************	5e	0
Caution: A penalty for the la	te or incomplete filing of this ret	urn/report will be assessed un	less reasonable ca	use is establishe	d
	l other penalties set forth in the inst d and signed by an enrolled actuary	ructions. I declare that I have ex	amined this return/re	eport, including, if a rt, and to the best o	ipplicable, a Schedule

Enter name of individual aighing as employer or plan sponsor Date HERE 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)

Enter name of individual signing as plan administrator

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (\$	See instructions.)	******			XYes No	
	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 canno	t use Forr	n 5500-SF and must instead u					
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section 4021)? .		Yes	No Not determined	
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		<u> </u>		(b) End of Year	
<u>a</u>	Total plan assets	7a	11,069,1				12,444,051	
<u>b</u>	Total plan liabilities	7b		0			0	
	Net plan assets (subtract line 7b from line 7a)	7c	11,069,1	76	 		12,444,051(b) Total	
$\frac{8}{a}$	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(D) Total	
	(1) Employers	8a(1)_	301,12	22				
	(2) Participants	8a(2)	532,80					
	(3) Others (including rollovers)	8a(3)		98				
b	Other income (loss)	8b	560,29	37			1 004 615	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c					1,394,617	
	to provide benefits)	8d	18,1	72				
е	Certain deemed and/or corrective distributions (see instructions)	8e				100		
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	1,5	70	ļ			
<u>g</u>	Other expenses	8g					19,742	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1,374,875	
+	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i 8i	<u>.</u>			_	2/5/2/5/5	
D.	rt IV Plan Characteristics	<u> </u>						
	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Characte	eristic	Code	s in th	e instructions:	
Ju	2A 2E 2G 2J 2K 3D 3H							
ь	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Characte	ristic (Codes	in the	instructions:	
-	n dio pian provide di salari di							
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ction Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x		
				10c	х		500,000	
d								
	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	er persons	s by an insurance carrier, efits under the plan? (See					
	instructions.)			10e	х		34,980	
f	Has the plan failed to provide any benefit when due under the plan	າ?	***************************************	10f		x_		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х		
h				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	ne required	I notice or one of the	10i			2015 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - 13 - 13	
Pa	rt VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If ")	Yes," see instructions and comp	lete S	Schedu	ıle SB	(Form Yes X No	
11	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39							
12	Is this a defined contribution plan subject to the minimum funding			r sect	tion 30	2 of E	RISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			-		I	•	
a	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instruct			nter th Da		
	granting the waivergranting the waiver		IVIO				,	