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).

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

	oort Identification Information				
For calendar plan year 2014	or fiscal plan year beginning 01/01/2	201 <u>4</u>	and ending	12/31/2014	
A This return/report is for:	∡ a single-employer plan	of participating empl	plan (not multiemploye oyer information in acc		s box must attach a list instructions)
_	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retu	rn/report (less than 12	months)	
C Check box if filing under		automatic extension		DFVC pro	ogram
	special extension (enter desc	inpuon)			
	Information—enter all requested in	formation		T	1
1a Name of plan JOHNSON STONE COUNTE	RTOP 401(K) PLAN			1b Three-digit plan number (PN) ▶	001
				1c Effective dat	
2a Plan sponsor's name ar E & E ENTERPRISES, LLC	nd address; include room or suite numb	per (employer, if for a single	e-employer plan)	' '	entification Number 6-0737733
10604 30TH AVENUE SOUTH	4			2c Sponsor's te	elephone number
LAKEWOOD, WA 98499	•				de (see instructions)
3a Plan administrator's nar	me and address XSame as Plan Spon	sor.		3b Administrato	r'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	4b EIN	
	n number from the last return/report.	and last rotally ropert mea	ior and plan, eriter and	4c PN	
5a Total number of particip	pants at the beginning of the plan year			5a	g
b Total number of particip	pants at the end of the plan year			5b	11
	with account balances as of the end of			5c	5
• •	ve participants at the beginning of the p			5d(1)	11
	ve participants at the end of the plan ye			5d(2)	10
	hat terminated employment during the	•	nefits that were	5e	C
Under penalties of perjury a	late or incomplete filing of this returned other penalties set forth in the instruted and signed by an enrolled actuary, complete.	ictions, I declare that I hav	e examined this return/	report, including, if ap	plicable, a Schedule
SIGN Filed with author	ized/valid electronic signature.	08/14/2015	JOSHUA LAVINE		
HERE Signature of p	lan administrator	Date	Enter name of indiv	vidual signing as plan	administrator
SIGN					
HERE Signature of e	mployer/plan sponsor	Date	Enter name of indiv	idual signing as empl	oyer or plan sponsor
Preparer's name (including	iirm name, if applicable) and address (i	nclude room or suite numb	er) (optional)	Preparer's telepho	one number (optional)

	Form 5500-SF 2014		Page 2							
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 cann	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	nt (IC	PA) Form	5500.		X Ye		No 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	ermine	;d
Par	t III Financial Information	1	Г		-					
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	4850	0	-			546	0 0	
	Total plan liabilities	7b	4850					546	920	
	Net plan assets (subtract line 7b from line 7a)	7c		713			4 > -		1920	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	32	272						
	(2) Participants	8a(2)	380	050						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	205	585						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						61	907	
	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								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
i	Net income (loss) (subtract line 8h from line 8c)	8i						61	907	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Charac	cterist		les in t	the instruction	ons:		
10	During the plan year:			1	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	iciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		X				
c	Was the plan covered by a fidelity bond?			10c	X				540	692
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 ben	efits under the plan? (See	10e	X					595
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	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					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,		·							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ie 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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Department of Labor Employee Benefits Security Administration 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

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Part I Annual Rep	ort Identification Information	n			
For calendar plan year 2014		01/01/2014	and ending	12/31/:	2014
A This return/report is for:	a single-employer plan		plan (not multiemployer) byer information in acco		is box must attach a list
	a one-participant plan	a foreign plan			•
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)	
C Check box if filing under:	X Form 5558	automatic extension		☐ DFVC p	rogram
· ·	special extension (enter des	cription)		_	
Part II Basic Plan II	nformation—enter all requested in	nformation			
1a Name of plan	mormation—enter all teduested l	mormation		1b Three-digit	
	NTERTOP 401(K) PLAN			plan number	
				1c Effective da	ate of plan
				01/01/2	
2a Plan sponsor's name and E & E ENTERPRISES	d address; include room or suite num , LLC	ber (employer, if for a single	e-employer plan)	11750000111-1	dentification Number 0737733
10604 30TH AVENUE	COLLED			2c Sponsor's	telephone number
TOOOT SOIN AVENUE	500111			253-460	
LAKEWOOD	WA 98499			238300	ode (see instructions)
3a Plan administrator's name	e and address XSame as Plan Spor	nsor,		3b Administrat	tor's EIN
				30 Administrat	tor's tolorbone number
				3C Administrat	tor's telephone number
4 If the name and/or EIN o	f the plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	4h EIN	
name, EIN, and the plan	f the plan sponsor has changed since number from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN	
name, EIN, and the plan a Sponsor's name	number from the last return/report.			4c PN	
name, EIN, and the plan a Sponsor's name 5a Total number of participa	number from the last return/report.			4c PN 5a	9
name, EIN, and the plan a Sponsor's name 5a Total number of participa b Total number of participa	number from the last return/report. ants at the beginning of the plan year ants at the end of the plan year			4c PN 5a 5b	1:
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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility 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	an independe and condition ot use Form	ent qualified public accountans.)	nt (IQI	PA) Form	5500.	X Yes [] No
_	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Baginning of Vac	_	Т		/h) Fad af Vasa
a	Total plan assets	7a	(a) Beginning of Yea	3501	3		(b) End of Year 546920
	Total plan liabilities	7b		3301	0	_	0 10320
	Net plan assets (subtract line 7b from line 7a)	7c	4.5	3501	3	_	546920
8	Income, Expenses, and Transfers for this Plan Year	70		3301	_		100-0-101100000001
	Contributions received or receivable from:		(a) Amount		+		(b) Total
	(1) Employers	8a(1)		327	2		
	(2) Participants	8a(2)		3805	0		
-	(3) Others (including rollovers)	8a(3)			0		
b	Other income (loss)	8b		2058	5		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					61907
d	Benefits paid (including direct rollovers and insurance premiums					-	
=	to provide benefits)	8d			-		
	Certain deemed and/or corrective distributions (see instructions)	8e			-		
_	Administrative service providers (salaries, fees, commissions)	- 8f			-		
<u>g</u>	Other expenses				-		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1		0
(<u> </u>	Net income (loss) (subtract line 8h from line 8c)				4		61907
	Transfers to (from) the plan (see instructions)	8j					
Par	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature codes	Trom the List of Flam Charac	Jensu	C Cod		ne instructions.
10	During the plan year:			- 1	Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide		C-00	10a	103	х	Amount
t	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not inc	clude transactions reported	10b		Х	
C	Was the plan covered by a fidelity bond?			10c	Х		54692
	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 insurance service, or other organization that provides some or all	her persons to of the benefi	by an insurance carrier, its under the plan? (See	40.	х		595
	instructions.) Has the plan failed to provide any benefit when due under the pla			10e		77	
_				10f		X	
				10g		X	
-	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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Par	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)						
_11a	Enter the unpaid minimum required contribution for current year f	rom Schedul	e SB (Form 5500) line 39	389		11a	
12	Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applicab	ile.)				
a	If a waiver of the minimum funding standard for a prior year is beingranting the waiver.				and e	nter th	
1.0							

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If you completed line 12a, complete lines 3, 9, and 1	0 of Schedule MB (Form 5500), a	nd skip to lin	e 13.			
b Enter the minimum required contribution for this plan	ı year			12b		
c 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 negative amount)				12d		
e Will the minimum funding amount reported on line 12	2d be met by the funding deadline?				Yes	No N/A
Part VII Plan Terminations and Transfers	of Assets				-11	
13a Has a resolution to terminate the plan been adopted in a	any plan year?			Y	'es X No	
If "Yes," enter the amount of any plan assets that re-	verted to the employer this year			13a		
b Were all the plan assets distributed to participants of the PBGC?						Yes X N
C If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See inst		er plan(s), ide	ntify the plan(s)	to		
13c(1) Name of plan(s):			1	3c(2) El	N(s)	13c(3) PN(s)
						ie I
Part VIII Trust Information (optional)			3,6//			
14a Name of trust				14b Tr	ust's EIN	