## 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 10/31/2015 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) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit STEPPING STONE 401(K) PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 07/01/1980 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SMITH-KEM ELLENSBURG, INC. 91-0934278 (EIN) Sponsor's telephone number 509-925-5977 P.O. BOX 774 ELLENSBURG, WA 98926 Business code (see instructions) 115110 **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 8 **b** Total number of participants at the end of the plan year..... 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 0 complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 0 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 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	Filed with authorized/valid electronic signature.	11/24/2015	ANDREW ERICKSON					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Enter name of individ	of individual signing as employer or plan sponsor					
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)				

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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 cannot be a continuous control of the plan cannot be a control of the control	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d <b>d use</b>	PA) Form	5500.		X Yes	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 L	Not dete	rmined
Par	t III   Financial Information	1	Г						
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End c	f Year	
	Total plan assets	7a	8198	346					0
	Total plan liabilities	7b	8198	846	-				0
	Net plan assets (subtract line 7b from line 7a)	7c		7-10	-		(b) T-	4-1	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) To	itai	
	(1) Employers	8a(1)	25	504					
	(2) Participants	8a(2)	37	754					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-261	175					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-19	917
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7977	761					
	Certain deemed and/or corrective distributions (see instructions)	8e	11	120					
	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g	10	)48					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						799	929
i	Net income (loss) (subtract line 8h from line 8c)							-819	846
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	ns:	
10	During the plan year:				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 Fidure)	iciary Cor	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Χ			
c	Was the plan covered by a fidelity bond?			10c	X				100000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ			
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			
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 as	s of year e	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ			
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		e letter r Year	uling

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lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 1	3.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (tive amount)	`		12d			
е	Will t	he 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 N	0	
	If "Y	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1:	<b>3c(2)</b> E∣	IN(s)	13c(3	<b>)</b> 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

Employee Benefits Security Administration

Part I

Department of Labor Pension Benefit Guaranty Corporation

**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 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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

For calenda	ar plan year 2014 or f	iscal plan year beginning	01/01/2015	and ending	10/31/2015						
A This ret	turn/report is for:	x a single-employer plan a one-participant plan	of participating employ		(Filers checking this box dance with the form instr						
<b>D</b>		=		a foreign plan							
B This retu	urn/report is	the first return/report	x the final return/report								
		an amended return/report	X a short plan year return	n/report (less than 12 m	nonths)						
C Check b	box if filing under:	Form 5558	automatic extension		DFVC program	ı					
		special extension (enter descri	ription)								
Part II	Basic Plan Info	ormation—enter all requested in	formation								
<b>1a</b> Name Steppin		k) Profit Sharing Pla	an		1b Three-digit plan number 0 (PN) ▶	01					
					1c Effective date of 1 07/01/1980	olan					
<b>2a</b> Plan sp Smith-F	ponsor's name and ac Kem Ellensbur	ddress; include room or suite numb g, Inc.	er (employer, if for a single-	employer plan)	2b Employer Identific (EIN) 91-0934						
P.O. Bo	ox 774				2c Sponsor's teleph 509-925-597						
					2d Business code (se						
Ellensh	ourg	WA 98926			115110	•					
3a Plan ad	dministrator's name a	nd address XSame as Plan Spons	sor.		3b Administrator's El	N					
4 If the name,	name and/or EIN of th , EIN, and the plan nu	e plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN						
4 If the name, a Sponso	, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN 4c PN						
name, <b>a</b> Sponse	, EIN, and the plan nu or's name	e plan sponsor has changed since imber from the last return/report.		187	4c PN	8					
a Sponso	, EIN, and the plan nu or's name number of participants	ımber from the last return/report.			4c PN . 5a						
name, a Sponso 5a Total r b Total r c Number	EIN, and the plan nu or's name number of participants number of participants er of participants with	s at the beginning of the plan year	the plan year (defined bene	fit plans do not	4c PN . 5a	0					
a Sponso 5a Total r b Total r c Number complete	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan years at the end of the plan year	the plan year (defined bene	fit plans do not	4c PN 5a 5b 5c	0					
name, a Sponso 5a Total r b Total r c Number comple d(1) Total	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan years at the end of the plan yearaccount balances as of the end of	the plan year (defined bene	fit plans do not	4c PN 5a 5b 5c 5d(1)	0 0					
name, a Sponso 5a Total r b Total r c Numbe comple d(1) Tota d(2) Total e Numbe	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of articipants at the beginning of the plan year erminated employment during the plan year employment employment during the plan year employment employment employment employment employment	the plan year (defined bene lan yearar	fit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2)	0 0 0 0					
name, a Sponse 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less tha	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of articipants at the beginning of the plan year erminated employment during the p	the plan year (defined bene lan year arar with accrued bene	fit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	0 0					
name, a Sponso 5a Total r b Total r c Numbe comple d(1) Tota e Numbe less the Caution: A Under pena	EIN, and the plan number of participants number of participants are of participants with ete this item)	at the beginning of the plan year	the plan year (defined bene lan yearar	fit plans do not  fits that were  unless reasonable cau examined this return/re	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. port, including, if applicate, and to the best of my k	0 0 0 0					
name, a Sponso 5a Total r b Total r c Number completed(1) Total d(2) Total e Number less that Caution: A Under penal SB or Schebelief, it is t	EIN, and the plan number of participants number of participants are of participants with ete this item)	at the beginning of the plan year	the plan year (defined bene lan yearar	fit plans do not  fits that were  unless reasonable cau	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. port, including, if applicate, and to the best of my k	0 0 0 0					
name, a Sponso 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less tha Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan number of participants number of participants are of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the beginning of the plan year articipants at the end of the plan year erminated employment during the plan year or incomplete filing of this return ther penalties set forth in the instruction signed by an enrolled actuary, applete.	the plan year (defined bene lan yearar	fit plans do not  fits that were  unless reasonable cau examined this return/report	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. port, including, if applicate, and to the best of my k	0 0 0 0 0 0 0 oble, a Schedule					
name, a Sponso 5a Total r b Total r c Numbe comple d(1) Tota e Numbe less tha Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN	EIN, and the plan number of participants number of participants are of participants with each this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the beginning of the plan year articipants at the end of the plan year erminated employment during the plan year or incomplete filing of this return ther penalties set forth in the instruction signed by an enrolled actuary, applete.	the plan year (defined bene lan yearar	fit plans do not  fits that were  unless reasonable cau examined this return/report	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. port, including, if applicate, and to the best of my k  on	0 0 0 0 0 0 0 oble, a Schedule					
name, a Sponse 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less tha Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of participants number of participants are of participants with each this item)	at the beginning of the plan year	the plan year (defined bene lan year	fit plans do not  fits that were  unless reasonable care examined this return/re sion of this return/report  Andrew Ericks  Enter name of individ	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. port, including, if applicate, and to the best of my k  on	0 0 0 0 0 0 0 0 le, a Schedule nowledge and					
name, a Sponse 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less tha Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of participants number of participants are of participants with each this item)	at the beginning of the plan year	the plan year (defined bene lan year	fit plans do not  fits that were  unless reasonable care examined this return/re sion of this return/report  Andrew Ericks  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applicate, and to the best of my k on	0 0 0 0 0 0 0 0le, a Schedule nowledge and					

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	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 lf you answered "No" to either line 6a or line 6b, the plan cannot be a plan to the plan to th	an independ and condition	dent qualified public accountar ons.)	nt (IQI	PA)			2	-	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in				_		No [	No	t deterr	mined
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Y	ear	
а	Total plan assets	7a	81	984	6					0
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	81	984	6					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
_a 	Contributions received or receivable from: (1) Employers	8a(1)		250	4					
. "	(2) Participants	8a(2)		375	4					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-2	2617	5					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								19917
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	79	776	1					
_	Certain deemed and/or corrective distributions (see instructions)	8e		112	_				-	
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g		104	8					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7	99929
	Net income (loss) (subtract line 8h from line 8c)	8i								19846
Ť	Transfers to (from) the plan (see instructions)	8j						ī,		
	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension	feature cod	les from the List of Plan Chara	acteris	tic Co	des in	the instruc	tion	s:	
	2E 2J 2K 2F 2G 2R 3D								11	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Charac	teristi	c Cod	es in th	ne instruct	ions	1	
Par	V Compliance Questions	22								
10	During the plan year:				Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection 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	х				1	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		Marine - 1900 Marine Louis Marine Marine William Marine Ma	10d		х				
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 bene	efits under the plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	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	notice or one of the	10i						
Part	VI Pension Funding Compliance									
11	ls this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							T	Yes	□ No
11a	Enter the unpaid minimum required contribution for current year fi					11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	Π	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 being ranting the waiver.	ng amortize	ed in this plan year, see instruc		, and e	nter th	e date of	he l		ing

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If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and sk	ip t	to line	13.	_					
b	Enter the minimum required contribution for this plan year					.	12b	L			
	Enter the amount contributed by the employer to the plan for this plan year						12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)						12d				
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?					•••••	X \	Yes	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the						13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferrof the PBGC?	ed to another pla	an, o	or brou			control			X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another pla	n(s)	), ident	ify the plar	n(s)	to				
1	3c(1) Name of plan(s):					1	3c(2) E	IN(s)		13c(3	) PN(s)
Part	VIII Trust Information (optional)							and the second			
14a	Name of trust						14b ⊤	rusťs El	N		