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

For calend		rt Identification Informatio							
	ar plan year 2014 or	fiscal plan year beginning 10/01/	<u>2014</u>	and ending 09	9/30/2015				
A This ref	turn/report is for:	X a single-employer plan		plan (not multiemployer) oyer information in accor					
		a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	the final return/repor	t					
		an amended return/report	a short plan year reto	urn/report (less than 12 m	2 months)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter des	cription)						
Part II	Basic Plan Inf	formation—enter all requested i	nformation						
1a Name MM & S PS	of plan PROFIT SHARING	PLAN & TRUST			1b Three-digit plan number				
					(PN) 1C Effective da				
2a Plan s	ponsor's name and a	address; include room or suite num	ber (employer, if for a singl	e-employer plan)		dentification Number			
	MIKKELSEN & SEC		(1) /	, , , ,		91-1078087			
926 W. SPR	AGUE, SUITE 300					telephone number 09-747-6154			
SPOKANE, WA 99201				2d Business code (see instructions)					
		🗖			_	541211			
3a Plan a	dministrator's name	and address XSame as Plan Spo	nsor.		3b Administrat	tor's EIN			
		the plan sponsor has changed sinc number from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN				
name a Spons	, EIN, and the plan n or's name	number from the last return/report.	· 	· 	4c PN				
a Spons 5a Total	, EIN, and the plan nor's name number of participan	ts at the beginning of the plan year	·		4c PN 5a	55			
name a Spons 5a Total b Total	, EIN, and the plan n or's name number of participan number of participan	ts at the beginning of the plan year ts at the end of the plan year			4c PN 5a	55 6			
name a Spons 5a Total b Total c Numb compl	, EIN, and the plan nor's name number of participan number of participan er of participants wit ete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined be	nefit plans do not	4c PN 5a				
name a Spons 5a Total b Total c Numb compl	, EIN, and the plan nor's name number of participan number of participan er of participants wit ete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined be	nefit plans do not	4c PN 5a 5b	6			
name a Spons 5a Total b Total c Numb compl d(1) Tot	, EIN, and the plan nor's name number of participan number of participan er of participants wite this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined be	nefit plans do not	4c PN 5a 5b 5c	6			
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numbe	, EIN, and the plan nor's name number of participan number of participans wit ete this item) al number of active per of participants that	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined be plan year earear with accrued be	nefit plans do not	4c PN 5a 5b 5c 5d(1)	6 6 55			
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numbe less th	, EIN, and the plan nor's name number of participan number of participans wit ete this item) al number of active p al number of active p er of participants that an 100% vested	ts at the beginning of the plan year its at the end of the plan year	of the plan year (defined be plan yeareareareaplan year with accrued be	nefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	6 55 6 0			
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numbe less th Under pens SB or Sche	p. EIN, and the plan nor's name number of participan number of participans number of participants wite teet this item)	ts at the beginning of the plan year its at the end of the plan year	plan year (defined be plan yeareareaplan year with accrued be plan year will be assesse uctions, I declare that I have	nefit plans do not nefits that were d unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	6 55 6 0 d.			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the caution: A Under pension Scheleief, it is	p. EIN, and the plan nor's name number of participan number of participan number of participants wite tet this item) al number of active per of participants that tan 100% vested A penalty for the late alties of perjury and dedule MB completed true, correct, and co	ts at the beginning of the plan year its at the end of the plan year	plan year (defined be plan yeareareaplan year with accrued be plan year will be assesse uctions, I declare that I have	nefit plans do not nefits that were d unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a art, and to the best of	6 55 6 0 d.			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under penson SB or Schebelief, it is	p. EIN, and the plan nor's name number of participan number of participan number of participants wite tet this item) al number of active per of participants that tan 100% vested A penalty for the late alties of perjury and dedule MB completed true, correct, and co	ts at the beginning of the plan year its at the end of the plan year	plan year (defined be eare plan year with accrued be urn/report will be assesse uctions, I declare that I hav, as well as the electronic v	nefit plans do not nefits that were d unless reasonable ca e examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a rt, and to the best conditions.	6 55 6 0 d. applicable, a Schedule of my knowledge and			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pensense or Schebelief, it is	p. EIN, and the plan nor's name number of participan number of participans number of participants wite teet this item) al number of active per of participants that nan 100% vested A penalty for the late alties of perjury and addule MB completed true, correct, and correct, and correct, and correct.	ts at the beginning of the plan year its at the end of the plan year	plan year (defined be plan yeareareaplan year with accrued be plan year will be assessed uctions, I declare that I have as well as the electronic very series.	nefit plans do not nefits that were d unless reasonable ca e examined this return/re ersion of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a rt, and to the best conditions.	6 55 6 0 d. applicable, a Schedule of my knowledge and			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pensor Schebelief, it is	, EIN, and the plan nor's name number of participan number of participants wite tet this item)	ts at the beginning of the plan year ts at the end of the plan year	plan year (defined be plan yeareareaplan year with accrued be plan year will be assessed uctions, I declare that I have as well as the electronic very series.	nefit plans do not nefits that were d unless reasonable ca e examined this return/repore ersion of this return/repore ELIZABETH ELFERIN	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if a rt, and to the best of the bes	d. applicable, a Schedule of my knowledge and			
name a Spons 5a Total b Total c Number completed (1) Total d(1) Total e Number less the Caution: A Under penson SB or Schebelief, it is SIGN HERE SIGN HERE	p. EIN, and the plan nor's name number of participan number of participants wite this item)	ts at the beginning of the plan year its at the end of the plan year	plan year (defined be eare plan year with accrued be eare plan year with accrued be ear	nefit plans do not nefits that were d unless reasonable ca e examined this return/re ersion of this return/repor ELIZABETH ELFERIN Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established a comport, including, if a comport, including, if a comport, and to the best of the comport	6 55 6 0 d. applicable, a Schedule of my knowledge and			

	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 cannot be a continuous control of the plan cannot be a control of the control of th	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.		X Ye	es 🗌	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 det	ermine	t
Par –										
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End		2679	
	Total plan assets	7a	172140	004	+			12.	2079	
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b	172148	364	+			72:	2679	
	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(b) T		2070	
	Contributions received or receivable from:		(a) Amount				(b) T	Ulai		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	1322	261						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						13	2261	_
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	166244	146						
	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						1662	4446	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1649	2185	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b		eature cod	es from the List of Plan Charac	cterist	1		he instructi	ons:		
10	During the plan year:				Yes	No		Amoun	t	
	Was there a failure to transmit to the plan any participant contribut 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	Χ				5000	00
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				
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		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			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	es X	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	es 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 tl Day		ne letter Year	ruling	_

	Form 5500-SF 2014 Page 3 - 1				
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 N	10	
	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 PBGC?	e control		Yes	x 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.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	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

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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		Identification Information				
For calend	dar plan year 2014 or fi	scal plan year beginning	10/01/2014	and ending	09/30/20	015
A This re	eturn/report is for:	⊠ a single-employer plan		olan (not multiemployer) oyer information in acco		
		a one-participant plan	a foreign plan			•
B This ret	:urn/report is	the first return/report	the final return/report			
	·	an amended return/report		rn/report (less than 12 r	months)	
C Check t	box if filing under:	Form 5558	automatic extension		DFVC prog	gram
		special extension (enter desc	cription)			
Part II	Basic Plan Info	rmation—enter all requested in	nformation			
1a Name					1b Three-digit	
MM c C	De Drofit ch	aring Plan & Trust			plan number	
מ א מימי	LOTTE SIL	aring Pian & Trust			(PN) >	001
					1c Effective date 10/01/19	
2a Plans	sponsor's name and ad iid, Mikkelsen	dress; include room or suite numb & Secrest, P.S.	per (employer, if for a single	-employer plan)	2b Employer Idea (EIN) 91-10	
					2c Sponsor's tele (509) 747-	ephone number
926 W.	Sprague, Sui	te 300			2d Business code	
Spokan	e		WA	99201	541211	((Coo mon donomo)
		nd address XSame as Plan Spon			3b Administrator	s EIN
4 If the i	name and/or EIN of the , EIN, and the plan nur	e plan sponsor has changed since nber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	
	nsor's name				4c PN	
5a Total	number of participants	at the beginning of the plan year.			5a	55
		at the end of the plan year			5b	
C Numb	er of participants with a	account balances as of the end of	the plan year (defined bene	fit plans do not	5c	6
		ticipants at the beginning of the p			5d(1)	55
d(2) Tot	al number of active par	ticipants at the end of the plan ye	ar		5d(2)	6
		rminated employment during the p		fits that were	5e	0
		or incomplete filing of this return		uniess reasonable car	ise is established	
Under pena SB or Sche	alties of perjury and oth	ner penalties set forth in the instructed actuary, and signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/re	port, including, if appl	icable, a Schedule ly knowledge and
SIGN	Xam E	Mclan	12 8 (15	Jim McDirmid	 	
HERE	Signature of plan ac	dministrator	Date			Included a s
	Sygnature or plan at	uninistrator	Date	Enter name of individ	ual signing as plan ac	ministrator
SIGN HERE						
	Signature of employ		Date	Enter name of individ		
Preparer's	name (including tirm na	ame, if applicable) and address (ir	nclude room or suite numbe	r) (optional)	Preparer's telephon	e number (optional)

C	CC00	\circ	004	
Form	こつしに	-SE	ン())	

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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannulf the plan is a defined benefit plan, is it covered under the PBGC in	an independe and condition ot use Form	ent qualified public account ns.) n 5500-SF and must inst ea	ant (IC	QPA) e Form	n 5500			Yes	s No
	t III Financial Information		0 (Ш (
	Plan Assets and Liabilities	[· · · · · · · · · · · · · · · · · · ·	(a) Beginning of Ye	ar			(b) En	d of V	'oar	
	Total plan assets	7a	17,21		54		(D) EII	<u> </u>		22,679
	Total plan liabilities	7b			-					22,07.
	Net plan assets (subtract line 7b from line 7a)	7c	17,21	4 . 8 6	5.4				7	22,679
	Income, Expenses, and Transfers for this Plan Year	- /-	(a) Amount	1,0		•	(b)	Total		
	Contributions received or receivable from:		(a) Amount		╅		(0)	Total		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								_
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	13	2,26	51					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	32,261
	Benefits paid (including direct rollovers and insurance premiums			,	╅					
	to provide benefits)	8d	16,62	4,44	16					
<u>e</u>	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		•	П			1	6,6	24,446
i	Net income (loss) (subtract line 8h from line 8c)	8i	· <u>···</u>					-1	6,4	92,185
	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics	<u> </u>								
b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 2D If the plan provides welfare benefits, enter the applicable welfare fe		· · · · · · · · · · · · · · · · · · ·							
Part	V Compliance Questions									
10	During the plan year:				Yes	No	<u> </u>	Am	ount	
a 	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correc	tion Program)	10a		Х				
<u>d</u>	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				51	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			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 benefit	ts under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	า?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	1	10g	 	Х				
- h	If this is an individual account plan, was there a blackout period? (See instructi	ons and 29 CFR	10g		Х				
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required n	otice or one of the	10ii		Λ.				
Part	<u></u>			•	•	•	•			
11	Is this a defined benefit plan subject to minimum funding requirements 500 and line 11a below)							Тг	Yes	⊠ No
112	Enter the unpaid minimum required contribution for current year fro					11a			•	
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	T	Yes	X No
14				. UI SE	JOHOTT	JUZ 01	LINOA!			k7 140
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortized	in this plan year, see instru		, and	enter th Day		the le		iling

	Form 5500-SF 2014	Page 3 - [
If	you 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			
	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)				12d			-
e	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 Y	es N	0	•
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferrof the PBGC?				control		☐ Yes	⊠ 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),	dentify the plan(s)	to			
	13c(1) Name of plan(s)	······································		1	13c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)						<u>.l.</u>	
14a	Name of trust				14b Tr	ust's EIN		