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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

English and the second	Annual Repor							
For calend	lar plan year 2014 or	fiscal plan year beginning 10/01/	<u>/2014</u>	and ending 09	9/30/2015			
A This re	turn/report is for:	(Filers checking this rdance with the form	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 retur	n/report (less than 12 n	nonths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram		
		special extension (enter des	cription)					
Part II	Basic Plan Inf	ormation—enter all requested i	nformation					
1a Name SHOPE EN		01(K) PROFIT SHARING PLAN &	TRUST		1b Three-digit plan number			
					(PN)	002		
					1c Effective dat	te of plan 7/01/1986		
	sponsor's name and a rERPRISES, INC.	address; include room or suite num	ber (employer, if for a single-	employer plan)		entification Number I-0857069		
1618 EAST I	MAIN STREET				2c Sponsor's te	elephone number 3-848-1551		
PUYALLUP,	WA 98371				2d Business code (see instructions)			
3a Plan a	administrator's name	and address XSame as Plan Spo	nsor.		3b Administrato	r's EIN		
4 If the								
	name and/or EIN of t	he plan sponsor has changed sinc	e the last return/report filed for	or this plan, enter the	4b EIN			
		he plan sponsor has changed sinc umber from the last return/report.	e the last return/report filed for	or this plan, enter the	4b EIN 4c PN			
a Spons	e, EIN, and the plan r sor's name				4c PN	55		
a Spons 5a Total	e, EIN, and the plan r sor's name number of participan	umber from the last return/report.	·		4c PN 5a			
a Spons5a Totalb Totalc Numb	e, EIN, and the plan r sor's name number of participan number of participan per of participants wit	umber from the last return/report.	of the plan year (defined bene	efit plans do not	4c PN 5a 5b 5c	48		
a Spons5a Totalb Totalc Number complex	e, EIN, and the plan r sor's name number of participan number of participan per of participants wit lete this item)	umber from the last return/report. ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of	of the plan year (defined bene	efit plans do not	4c PN 5a 5b 5c	48		
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a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numbe	e, EIN, and the plan resor's name number of participan number of participants wit lete this item)	ts at the beginning of the plan year at the end of the plan year	of the plan year (defined bene plan yeareare	efit plans do not	4c PN 5a 5b 5c 5d(1)	48 22 47 43		
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a Spons 5a Total b Total c Number completed (1) Total d(1) Total d(2) Total e Number less the	e, EIN, and the plan resor's name number of participan number of participants wit lete this item)	ts at the beginning of the plan year its at the end of the plan year	plan year (defined beneather) plan yeare plan year with accrued beneather) plan year with accrued beneather) plan year will be assessed uctions, I declare that I have, as well as the electronic ver	efit plans do not efits that were unless reasonable ca examined this return/report sion of this return/report Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. export, including, if aport, and to the best of dual signing as plandual signing as employed.	plicable, a Schedule my knowledge and		

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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 of the control of the plan cannot be a control of the cont	nt (IQ d use	PA) Form	5500.		X Yes			
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	21)?		Yes	No	Not deter	mined
Par	t III Financial Information	1	1		-				
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o		.00
	Total plan assets	7a	17779	974	-			17365	88
	Total plan liabilities	7b	17779	7/				17365	388
	Net plan assets (subtract line 7b from line 7a)	7c		71 -			/b\ To		,00
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	tai	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	534						
	(3) Others (including rollovers)	8a(3)	340						
	Other income (loss)	8b	-462	238					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						412	276
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	826	62					
е	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						826	
	Net income (loss) (subtract line 8h from line 8c)	8i						-413	886
	Transfers to (from) the plan (see instructions)	8j							
Par 9a	If the plan provides pension benefits, enter the applicable pension								
b	2E 2H 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe								
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			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				200000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 instructions.)	of the ber	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	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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)							Yes	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	requirem	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 e	enter th Day		e letter ru Year	ıling

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip t	o 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)			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?			۱ 🔲 ۱	′es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer t	his year		13a			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					Yes X 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 plan(s)	identify the plan(s)	to			
1	3c(1) Name of plan(s):		1	3c(2) El	N(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)		•			•	
	Name of trust PE ENTERPRISES, INC. RETIREMENT				rust's EIN 11372868		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I 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 section 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

Foi	r calendar plan year 2014 or fi	scal plan year beginning	10/01/2014	and ending	09/30/201	.5				
A	This return/report is for:	a single-employer plan			tiemployer) (Filers checking this box must attach a list ion in accordance with the form instructions)					
В	This return/report is:	the first return/report an amended return/report	the final return/report	n/report (less than 12 m						
an amended return/report a short plan year return/report (less than 12 months)										
С	Check box if filing under:	Form 5558 special extension (enter descr	automatic extension		☐ DFVC program					
D	art II Basic Plan Info	ormation enter all requested								
_	Name of plan	Offication enter an requested	inioniation		1b Three-digit					
	Shope Enterprises,	Inc. 401(k) Profit Sha	x) Profit Sharing Plan & Trust			er 002				
						ate of plan 986				
2a	Plan sponsor's name and a Shope Enterprises,	ddress; include room or suite numb	er (employer, if for a single	employer plan)		dentification Number -0857069				
	1618 East Main Street				2c Sponsor's (253) 8	telephone number 48-1551				
					2d Business of 327300	ode (see instructions)				
3a	US Puyallup WA 98371 Plan administrator's name a	and address X Same as Plan Spo	onsor Name		3b Administra	tor's E IN				
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.						4b EIN				
а	Sponsor's name				4c PN					
5a	Total number of participants	at the beginning of the plan year	•••••		5a	55				
b		s at the end of the plan year			5b	48				
С		account balances as of the end of			5c	22				
d	(1) Total number of active pa	rticipants at the beginning of the pla	n year		5d(1)	47				
d	• •	rticipants at the end of the plan yea			5d(2)	43				
е	Number of participants that less than 100% vested	terminated employment during the	plan year with accrued ben	efits that were	5e	0				
U	nder penalties of perjury and o	e or incomplete filing of this return other penalties set forth in the instru and signed by an enrolled actuary, in plets	ctions, I declare that I have	examined this return/re	port, including, if a	pplicable, a Schedule				
9	sign / Jan	altes	12/21/15	Gary Pattee						
K1111998(J	HERE Signature of plan adr	ministrator	Date	Enter name of individua	al signing as plan	administrator				
×	SIGN									
:::::X-2218161	Signature of employe	er/plan sponsor	Date	Enter name of individua	al signing as empl	oyer or plan sponsor				
Pr	reparer's name (including firm	name, if applicable) and address; in	nclude room or suite numbe	er (optional)	Preparer's teleph	none number (optional)				

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Were all of the plan's assets during the plan year invested in eligible					•••••	•••••	X Yes 1
Are you claiming a waiver of the annual examination and report of ar		•	(1QP)	\) ••••••			X Yes
under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan canno	na condition t use Fori	ons.) <mark>m 5500-SF and must instead</mark> u	se Fo	orm 55	500.		
If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section 4021)? .	[Ye	s 🔲 No	Not determ
Part III Financial Information							
Plan Assets and Liabilities		(a) Beginning of Year				(b) End	of Year
Total plan assets	7a	1,777,97	74	<u> </u>			1,736,588
Total plan liabilities	7b			<u> </u>			
Net plan assets (subtract line 7b from line 7a)	7c	1,777,97	74				1,736,588
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otal
(1) Employers	8a(1)						
(2) Participants	8a(2)	53,44	18				
(3) Others (including rollovers)	8a(3)	34,06	66				(West
Other income (loss)	8b	(46,238	3)				and the second
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		9 68		EMMY		41,276
to provide benefits)	8d	82,66	52	i i i i i i i i i i i i i i i i i i i			
Certain deemed and/or corrective distributions (see instructions)	8e						
Administrative service providers (salaries, fees, commissions)	8f						
Other expenses	8g					tele gji	
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						82,662
Net income (loss) (subtract line 8h from line 8c)	8i		3.1		ANT THE		(41,386)
Transfers to (from) the plan (see instructions)art IV Plan Characteristics	8j			Hiperia 2			
2E 2H 2J 2K 3D		es from the List of Plan Characte					
2E 2H 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fea							
2E 2H 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fea art V Compliance Questions During the plan year:	ture codes	s from the List of Plan Character	istic (
2E 2H 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fea Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributions	ture codes	s from the List of Plan Character	istic (Codes	in the		ns:
If the plan provides welfare benefits, enter the applicable welfare fea art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest?	ions withir	s from the List of Plan Character the time period described in ction Program) nclude transactions reported	10a	Codes	in the		ns:
If the plan provides welfare benefits, enter the applicable welfare fea art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ture codes	s from the List of Plan Character the time period described in ction Program) nclude transactions reported	istic (Codes	No X		ns: Amount
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If the plan provides welfare benefits, enter the applicable welfare fea art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	ions within iary Corre (Do not in iiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	the time period described in ction Program) nclude transactions reported id, that was caused by fraud	10a 10b 10c	Yes	No X		ns: Amount
If the plan provides welfare benefits, enter the applicable welfare fea art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of	ions within iary Corre (Do not in idelity borner persons of the bene	in the time period described in ction Program) Include transactions reported Ind, that was caused by fraud In the time period described in ction Program) Include transactions reported	10a 10b 10c 10d	Yes	No X X		ns: Amount
If the plan provides welfare benefits, enter the applicable welfare fea art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all coinstructions.)	ions within iary Corre (Do not in idelity borner persons of the bene	in the time period described in ction Program) and, that was caused by fraud by an insurance carrier, effits under the plan? (See	10a 10b 10c 10d	Yes	No X X X		ns: Amount
2E 2H 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fea Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan	ions withir iary Corre (Do not in idelity borner persons of the bene	in the time period described in ction Program) Include transactions reported Ind, that was caused by fraud Is by an insurance carrier, effits under the plan? (See	10a 10b 10c 10d	Yes	No X X X X X		ns: Amount
2E 2H 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fea Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plants of the plan have any participant loans? (If "Yes," enter amount as the plan have any participant loans? (If "Yes," enter amo	ions withir iary Corre (Do not in its persons of the beneates of year e	in the time period described in ction Program) and, that was caused by fraud and, that was caused by fraud by an insurance carrier, effits under the plan? (See	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X X		ns: Amount
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If 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			_			
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 12b. Enter the result (enter a negative amount)	•		12d					
е_	Will the minimum funding amount reported on line 12d be met by the funding deadling	ne?		<u></u>	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?		□ Ye	s X No	0				
	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 an of the PBGC?	-							
С	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	other plan(s), identi	ify the plan(s) to				_		
1	3c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3) PN(s)	_		
Part	VIII Trust Information (optional)						_		
14a Name of trust				14b T	rust's EIN				
S	hope Enterprises, Inc. Retirement			91-1372868					
							_		