## 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.

2215

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part		rt Identification Information								
For cal	endar plan year 2015 or	fiscal plan year beginning 01/01/2015		and ending 12/	/31/2015					
A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this b										
7	a one-participant plan a foreign plan									
<b>B</b> This	return/report is	or the all								
		an amended return/report	snort plan year returi	n/report (less than 12 mo	ontns)					
C Che	eck box if filing under:	片	automatic extension		DFV	C program				
		special extension (enter description	•							
Part		formation—enter all requested informa	tion							
	ame of plan ON STONE COUNTER	FOP 401(K) PLAN			<b>1b</b> Three-di plan nun (PN) ▶	~ I				
					1c Effective					
Ma	ailing address (include ro	oloyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Box			<b>2b</b> Employe (EIN)	r Identification Number 26-0737733				
	ty or town, state or provin NTERPRISES, LLC	nce, country, and ZIP or foreign postal coo	de (if foreign, see instr	ructions)	2c Sponsor's telephone number 253-460-1585					
					2d Business	s code (see instructions)				
	OTH AVENUE SOUTH DOD, WA 98499					238300				
<b>3a</b> Pla	an administrator's name	and address XSame as Plan Sponsor.			<b>3b</b> Administ	rator's EIN				
					<b>3C</b> Administ	rator's telephone number				
4 If	the name and/or FIN of t	the plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	<b>4b</b> EIN					
na	ame, EIN, and the plan n	number from the last return/report.	or rotally ropole mod is	p.a, eee						
	oonsor's name				4c PN	44				
_		ts at the beginning of the plan year		Ī	5a	11				
		ts at the end of the plan yearh account balances as of the end of the pl		<del> </del>	5b	11				
				ent plans do not	5c	11				
d(1)	Total number of active p	participants at the beginning of the plan ye	ar		5d(1)	10				
d(2)	Total number of active p	participants at the end of the plan year			5d(2) 1					
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
		e or incomplete filing of this return/repo								
SB or S		other penalties set forth in the instructions and signed by an enrolled actuary, as wel mplete.								
SIGN	Filed with authorize	ed/valid electronic signature.	04/12/2016	JOSHUA LAVINE						
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as p	lan administrator				
SIGN										
HERE	Signature of emp	oloyer/plan sponsor	Date	Enter name of individu	ame of individual signing as employer or plan sponsor					

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Preparer's telephone number

Form 5500-SF 2015		Page <b>2</b>						
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul>	an independent and condition to the condition of the cond	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No No	t determined
Part III Financial Information	1				-			
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Y	
a Total plan assets	. 7a		546	920				653219
<b>b</b> Total plan liabilities	. 7b		F.40	0				050040
C Net plan assets (subtract line 7b from line 7a)	. 7с			920	-			653219
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total	
(1) Employers	. 8a(1)		69	080				
(2) Participants	. 8a(2)		38	875				
(3) Others (including rollovers)	. 8a(3)							
<b>b</b> Other income (loss)	. 8b		-	157				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							107798
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		1	474				
Certain deemed and/or corrective distributions (see instructions)	. 8e							
f Administrative service providers (salaries, fees, commissions)	. 8f			25				
g Other expenses	. 8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							1499
i Net income (loss) (subtract line 8h from line 8c)	. 8i							106299
j Transfers to (from) the plan (see instructions)	. 8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in tl	he instruction	s:
B If the plan provides welfare benefits, enter the applicable welfare f	footure code	os from the List of Pla	n Char	octorict	ic Coc	loc in the	n instructions:	
in the plan provides welfare benefits, enter the applicable welfare i	eature coue	es nom the List of Fia	ii Cilaia	acterist	ic Coc	162 111 1116	e iristi uctionis.	•
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Am	ount
Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	/oluntary Fi	duciary Correction	10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-interest					X			
reported on line 10a.)			10b		^			
C Was the plan covered by a fidelity bond?			10c	X				54692
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her persons ne or all of t	by an insurance he benefits under	10e	X				684
f Has the plan failed to provide any benefit when due under the pla					Х			004
			10f		-			
<ul><li>g Did the plan have any participant loans? (If "Yes," enter amount a</li><li>h If this is an individual account plan, was there a blackout period?</li></ul>	•	· ·	10g		X			
2520.101-3.)	•		10h		X			
·	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3							
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance			-			•		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a		
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1								
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing			
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui				
b	Enter t	ne minimum required contribution for this plan year		12b						
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c						
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d						
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A			
Part		Plan Terminations and Transfers of Assets			100	110	1471			
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No				
		s," 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 brough	ght under the co	ontrol		Yes X	No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part	: VIII	Trust Information								
14a	Name o	f trust		14b 1	Γrust's EIN	١				
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's			
140 Name of trustee of custodian						telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design-based safe ADP/ACP harbor test method						
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratio percentage test Average benefit						
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions			
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable				
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	" enter amount		19						
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A			

## 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

2015

This Form is Open to Public Inspection

	t Identification Information							
For calendar plan year 2015 or		01/01/2015	and ending	12/31/20				
A Thin potential to form	x a single-employer plan	a multiple-employer	plan (not multiemployer)	(Filers checking this cordance with the fr	box must attach a			
A This return/report is for:    list of participating employer information in accordance with the form instruction   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	ırn/report (less than 12 mo	onths)				
C Check box if filing under:	☐ Form 5558	automatic extension		☐ DFVC pr	ogram			
	special extension (enter desc							
Part II   Basic Plan Inf	ormation—enter all requested in	formation						
1a Name of plan JOHNSON STONE COUNT		1b Three-digit plan number (PN)						
		1c Effective date of plan 01/01/2008						
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)			ntification Number			
City or town, state or provir E & E ENTERPRISES	nce, country, and ZIP or foreign pos	tal code (if foreign, see ins	structions)	<b>2c</b> Sponsor's te 253-460-	•			
10604 30TH AVENUE	SOUTH			2d Business coo 238300	le (see instructions)			
LAKEWOOD	WA 98499							
3a Plan administrator's name	and address XSame as Plan Spor	sor.		3b Administrator	's EIN			
				3c Administrator	's telephone number			
4 If the name and/or EIN of t	he plan sponsor has changed since umber from the last return/report.	the last return/report filed	I for this 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	11			
<b>b</b> Total number of participan	ts at the end of the plan year			5b	11			
C Number of participants wit complete this item)	h account balances as of the end o	f the plan year (defined be	nefit plans do not	5c	11			
d(1) Total number of active p	participants at the beginning of the p	olan year		5d(1)	10			
	participants at the end of the plan ye			5d(2)	10			
	at terminated employment during th			5e	0			
Caution: A penalty for the lat	e or incomplete filing of this retu other penalties set forth in the instru and signed by an enrolled actuary,	rn/report will be assesse actions. I declare that I have	d unless reasonable cau re examined this return/report rersion of this return/report	port, including, if ap t, and to the best of	plicable, a Schedule			
SIGN HERE		Date	JOSHUA LAVINE  Enter name of individent		administrator			
Signature of plan	auministrator	Date	Enter name of marva	adi digiling do pidil				
HERE	oloyer/plan sponsor	Date	Enter name of individ	ual signing as empl	oyer or plan sponsor			
Preparer's name (including firm	n name, if applicable) and address (			Preparer's telepho				
					A STATE OF THE RESERVE OF THE PARTY OF THE P			
	tice and OMB Control Numbers, see t				Form 5500-SF (2015)			

Form 5500-SF 2015		Page <b>2</b>									
<ul> <li>Were all of the plan's assets during the plan year invested in eligible</li> <li>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</li> </ul>	an independ and condition ot use Forn	ent qualified public acns.)ns.) state of the second	ccounta instea	nt (IQ: d use	PA)  <b>Form</b>	5500.		X	Yes Yes	_ []	No No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA se	ction 40	)21)? .	📙	Yes	No [	Not	determ	ined	_
Part III Financial Information											_
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Ye			
a Total plan assets	7a		54	1692	+-				65	32	19
b Total plan liabilities	7b				0						_
C Net plan assets (subtract line 7b from line 7a)	7c		54	1692	익				65	32	19
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt		-		(b) T	otal	VIIII	NIC	
a Contributions received or receivable from:	8a(1)			5908	0						
(1) Employers	8a(2)			3887	5	0.00		170		, II	
(3) Others (including rollovers)	8a(3)				-		of Jan.	15,			L. L
b Other income (loss)	8b			-15	7		4-17	(T)	V. III		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	TO YAKE DE	12 07						10	77	98
d Benefits paid (including direct rollovers and insurance premiums	- 00					IF OF		of the	W II	į.	功
to provide benefits)	8d			147	4				200	B. W	
e Certain deemed and/or corrective distributions (see instructions)	8e					W. 6, 1	- N 67		ulter.	- 31,	1
f Administrative service providers (salaries, fees, commissions)	8f			2	5	30	100				
g Other expenses	8g				.31	70,744	Day Eller	1 2	1		9 V
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h										99
i Net income (loss) (subtract line 8h from line 8c)	8i						55 v		10	062	99
j Transfers to (from) the plan (see instructions)	8j				30	70 (1)	8	Lev	- 10	garin.	
Part IV Plan Characteristics											
9a If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Pla	an Cha	racteri	stic Co	des in t	he instru	ctions			
B If the plan provides welfare benefits, enter the applicable welfare for	antura anda	a from the List of Dia	Char	ctorist	ic Coc	lae in th	a instruct	ions:	_		—
If the plan provides welfare benefits, effer the applicable welfare	eature code	S HOIR the List of Flai	TOTIATE	iotorist		100 111 111	C MISTIGOT	10110.			
Part V Compliance Questions											
10 During the plan year:				Yes	No	N/A		Am	ount		_
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fig	duciary Correction	10a		х						
b Were there any nonexempt transactions with any party-in-interest			40h		Х						
reported on line 10a.)			10b	7/	_	0.1000					
C Was the plan covered by a fidelity bond?			10c	Х						54	1692
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х						_
e Were any fees or commissions paid to any brokers, agents, or otle carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of th	ne benefits under	10e	х		=1577					684
f Has the plan failed to provide any benefit when due under the pla			10f		Х	131					
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х						_
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	ctions and 29 CFR	10h		Х	Liby.		38		Lais Live	m Hills
i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i			Es.					
j Did the plan trust incur unrelated business taxable income?			10j								
Part VI Pension Funding Compliance											
11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)									Yes	П	No
11a Enter the unpaid minimum required contribution for all years from						11a					
12 Is this a defined contribution plan subject to the minimum funding						302 of E	ERISA?		Yes	X	No

Form 5500-SF 2015	Page <b>3 -</b>								
(If "Yes," complete line 12a or lines 12b, 12c, 12d,	and 12e below, as applicable.)								
a If a waiver of the minimum funding standard for a p granting the waiver.				nter t		the letter ruli Year	ng		
If you completed line 12a, complete lines 3, 9, and	10 of Schedule MB (Form 5500), and sk	p to line	e 13.						
<b>b</b> Enter the minimum required contribution for this pla	12b	-							
c Enter the amount contributed by the employer to the				12c					
d Subtract the amount in line 12c from the amount in negative amount)				12d					
e 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?				Ye	s X No			
If "Yes," enter the amount of any plan assets that re	everted to the employer this year			13a					
b Were all the plan assets distributed to participants of the PBGC?						Yes X No			
C If during this plan year, any assets or liabilities wer which assets or liabilities were transferred. (See in		(s), iden	tify the plan(s) to						
13c(1) Name of plan(s):			13c(2)	EIN(s		13c(3) P	N(s)		
Part VIII Trust Information									
14a Name of trust				14b	Trust's Ell	N			
14c Name of trustee or custodian				140	14d Trustee's or custodian's telephone number				
Part IX IRS Compliance Questions									
<b>15a</b> Is the plan a 401(k) plan?				\	es es	No			
15b If "Yes," how does the 401(k) plan satisfy the nondi matching contributions (as applicable) under section	scrimination requirements for employee dens 401(k)(3) and 401(m)(2)?	ferrals a	and employer		Design- based safe harbor method	P/ACP			
15c If the ADP/ACP test is used, did the 401(k) plan pe testing method" for nonhighly compensated employ 2(a)(2)(ii))?	ees (Treas. Reg sections 1.401(k)-2(a)(2)	(ii) and 1	I.401(m)-		es es	No			
16a Check the box to indicate the method used by the				Ш	Ratio percentage test		erage efit test		
16b Does the plan satisfy the coverage and nondiscrim this plan with any other plans under the permissive					es	No			
17a Has the plan been timely amended for all required	tax law changes?				es	□ No	∏ N/A		
17b Date the last plan amendment/restatement for the for tax law changes and codes).	required tax law changes was adopted		, Enter the	applic	able code	(See ii	nstruction		
17c If the plan sponsor is an adopter of a pre-approved advisory letter, enter the date of that favorable letter	er and the lette	r's seria	l number		-		or		
17d If the plan is an individually-designed plan and reco				the p	lan's last fa	avorable			
18 Is the Plan maintained in a U.S. territory (i.e., Puer made), American Samoa, Guam, the Commonwea				ПА	'es	No			
19 Were in-service distributions made during the plan	year?				res es	No			
If "Yes," enter amount				19	9				
Were required minimum distributions made to 5% of retired), as required under section 401(a)(9)?					/es	No	□ N/A		