## 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).

This Form is Open to **Public Inspection** 

2014

OMB Nos. 1210-0110

1210-0089

**Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 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 THE STAR STORE 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/1998 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number THE STAR STORE, INC. 91-1248266 (EIN) Sponsor's telephone number 360-221-5222 201 1ST STREET PO BOX 307 Business code (see instructions) LANGLEY, WA 98260 445110 **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 34 **b** Total number of participants at the end of the plan year..... 5b 32 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 34 d(2) Total number of active participants at the end of the plan year..... 5d(2) 32 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 true, correct, and complete

Filed with authorized/valid electronic signature 03/02/2015 **EUGENE FELTON SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional) Preparer's telephone number (optional)

|            | Form 5500-SF 2014  |   | Page <b>2</b>  |         |                        |                 |                   |  |  |  |
|------------|--|---|--|---------|------------------------|-----------------|-------------------|--|--|--|
| <b>b</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 figure of you answered "No" to either line 6a or line 6b, the plan cannot be a contracted to the plan cannot be a contracte | an indepe<br>and condi<br>ot use Fo                                   | ndent qualified public accounta<br>tions.)<br>orm 5500-SF and must instead | nt (IQ  | PA)<br><br><b>Form</b> | 5500.           |                   |  |  |  |
|            | 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 determined |  |  |  |
| Par        | III Financial Information  |   | 1  |         |                        |                 |                   |  |  |  |
| <u>7</u>   | Plan Assets and Liabilities  |   | (a) Beginning of Yea   |         |                        |                 | (b) End of Year   |  |  |  |
| <u>a</u>   | Total plan assets  | 7a  | 19558  | 317     | -                      |                 | 2117298           |  |  |  |
|            | Total plan liabilities   | 7b  |  |         |                        |                 |                   |  |  |  |
|            | Net plan assets (subtract line 7b from line 7a)  | 7c  | 19558  | 317     |                        |                 | 2117298           |  |  |  |
|            | ncome, Expenses, and Transfers for this Plan Year  |   | (a) Amount   |         |                        |                 | (b) Total         |  |  |  |
|            | Contributions received or receivable from:  1) Employers   | 8a(1)   | 332  | 279     |                        |                 |                   |  |  |  |
|            | 2) Participants  | 8a(2)   | 1071   | 15      |                        |                 |                   |  |  |  |
|            | 3) Others (including rollovers)  | 8a(3)   |  | 0       |                        |                 |                   |  |  |  |
|            | Other income (loss)  | 8b  | 1345   | 64      |                        |                 |                   |  |  |  |
|            | Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c  |  |         |                        |                 | 274958            |  |  |  |
|            | Benefits paid (including direct rollovers and insurance premiums   |   |  |         |                        |                 |                   |  |  |  |
| t          | o provide benefits)  | 8d  | 949  | 933     |                        |                 |                   |  |  |  |
| е (        | Certain deemed and/or corrective distributions (see instructions)  | 8e  |  |         |                        |                 |                   |  |  |  |
| <u>f</u> / | Administrative service providers (salaries, fees, commissions)   | 8f  | 185  | 544     |                        |                 |                   |  |  |  |
| <u>g</u> ( | Other expenses   | 8g  |  |         |                        |                 |                   |  |  |  |
| <u>h</u>   | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h  |  |         |                        |                 | 113477            |  |  |  |
|            | Net income (loss) (subtract line 8h from line 8c)  | 8i  |  |         |                        |                 | 161481            |  |  |  |
| <u>j</u> - | Fransfers to (from) the plan (see instructions)  | 8j  |  |         |                        |                 |                   |  |  |  |
| b          | 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions   |   |  |         |                        |                 |                   |  |  |  |
| 10         | During the plan year:  |   |  |         | Yes                    | No              | Amount            |  |  |  |
| a<br>b     | <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  |   |  |         |                        | X               |                   |  |  |  |
|            | on line 10a.)  |   | ······································                                     | 10b     |                        | X               |                   |  |  |  |
| С          | Was the plan covered by a fidelity bond?   |   |  | 10c     | X                      |                 | 250000            |  |  |  |
| 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  | nefits 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                      |                 | 14255             |  |  |  |
| h          | If this is an individual account plan, was there a blackout period? (  | count plan, was there a blackout period? (See instructions and 29 CFR |  |         |                        | X               |                   |  |  |  |
| i          | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101   |   |  | 10i     |                        |                 |                   |  |  |  |
| Part       | VI Pension Funding Compliance  |   |  |         |                        |                 |                   |  |  |  |
| 11         | Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)   |   |  |         |                        |                 |                   |  |  |  |
| 11a        | Enter the unpaid minimum required contribution for current year from   | om Sched  | dule SB (Form 5500) line 39  |         |                        | 11a             |                   |  |  |  |
| 12         | Is this a defined contribution plan subject to the minimum funding   |   |  | or se   | ction                  | 302 of          | ERISA? Yes X No   |  |  |  |
|            | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,  |   |  |         |                        |                 |                   |  |  |  |
| a          | If a waiver of the minimum funding standard for a prior year is bein granting the waiver.  | -   |  |         | , and 6                | enter th<br>Day |                   |  |  |  |

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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    | <b>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 pla<br>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):  |                                    | <b>13c(2)</b> EI | N(s)     | <b>13c(3)</b> PN(s) |
|      |   |                                    |                  |          |                     |
|      |   |                                    |                  |          |                     |

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

LUID OF ET ITEUR

Form 5500-SF

Department of the Treasury internal Review

Department of Labor Bingleyes Bonetis Socurity Administration

## 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 9057(b) and 5068(a) of the internal Revenue Code (the Code).

OMB Nos. 1210-0110 12/10/0089

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2014

This Form is Open to

| ~~~  | erest Guaranty Corporation   | Complete all entries in ac  | cordance with the instr  | uctions to the Form 5   | 500-3F.   | t. erecites stratementerics  |  |  |  |
|--|--|---|--|---|---|--|--|--|--|
| Parti  |  | Identification information  |  | 44.   |   |  |  |  |  |
| For calend   | ar olen year 2014 or fi  | scal plan year beginning  | 01/01/2014   | gniline bne   | <u> Annangarangan ang ang ang ang ang ang ang ang an</u>  |  |  |  |  |
| A This return/report is for:   |  |   |  |   |   |  |  |  |  |
| <b>C</b> Check   | box if filing under:   | Form 5558 special extension (enter descrip  |  | at about have never ve u  | ecounts.  | C program  |  |  |  |
| Part II  | Basic Plan Info  | <b>rmation—</b> enter all requested infor   | Trialitari   |   |   |  |  |  |  |
| 1a Name<br>The Sta   | diplan<br>ar Store 401()   | t) Plan   | 7 10 0   |   |   | wper 001   |  |  |  |
| The St. 201 ls PO Box  | ar Store, Inc<br>t Street<br>307   |   | (employer, if for a single-  | employer (Nen)  | 2b Employs<br>(EIN) 9<br>2c Spanso<br>360-2<br>2d Gueines | or Identification Number<br>1-1248266<br>r's telephone number<br>31-5222<br>s code (see instructions)  |  |  |  |
| Langle   |  | WA 98260<br>nd address (X5ame as Plan Sponso  | **************************************   |   | 445110  |  |  |  |  |
| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the half EIN name, EIN, and the plan number from the last return/report.  |  |   |  |   |   |  |  |  |  |
| and the same of th | or's meme<br>number of participants  | at the beginning of the plan year   | Management and the control of the co | ч.  | 4c PN<br>5a   | Apply 1990 Commence of the Com |  |  |  |
|  |  | at the end of the plan year   |  |   | Sh Sh   | 34<br>***  |  |  |  |
| C Numb<br>compli   | or of participents with :<br>sta this item)  | account balances as of the end of the   | a (Man year (defined bene  | fit plans do not  | 5c<br>5d(1)   | 32<br>29<br>34   |  |  |  |
| d(2) Tet   | al number of active pa   | rticipants at the end of the plan year.   | *********************************  | ********  | 5d(2)   | 3.4  |  |  |  |
| Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.  |  |   |  | fits that worn  | 50  | (a) 44.<br>(b)   |  |  |  |
| Caution: A<br>Under pani<br>58 or Sche   | penalty for the late a<br>silies of parjury and off  | or incomplete filling of this returning<br>ner penelties set forth in the instruction<br>of signed by an enrolled actuary, as | eport will be assessed :<br>ms. I declare that I have:   | unioss reasonable cau   | art, includios.   | if applicable, a Schedule  |  |  |  |
| SION<br>HERE   | <u> </u>   | ekm   | 2/2-7//5   | Sugene Felton   |   |  |  |  |  |
| SION<br>HERE   | Signature of Signa | diffe   | 2/27//5<br>Code  | Enter name of individual signing as plan administrator  Eugene Felton  Enter name of individual signing as employer or plan spo |   |  |  |  |  |
| Freparer's   | name (including firm n   | ame, if applicable) and address (incli  | ude room or suite numbe  | .) (obgove)   |   | ephone number (optional)   |  |  |  |

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|--------------|---|---------------------------------------|--|--------|----------|---------|--------------|--------|---------|
| b<br>c       | 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 lifyou answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in | an indeper<br>and condit<br>ot use Fo | ndent qualified public accounta<br>ions.)rm 5500-SF and must instead | nt (IQ | PA) Form | 5500.   |              | X Ye   | es No   |
| Pa           | t III Financial Information   | 1                                     | ī  |        |          |         |              |        |         |
| 7            | Plan Assets and Liabilities   |                                       | (a) Beginning of Yea   |        |          |         | (b) End      |        |         |
| <u>a</u>     | Total plan assets   | 7a                                    | 19!  | 5581   | _7       |         |              |        | 2117298 |
| b            | Total plan liabilities  | 7b                                    |  |        |          |         |              |        |         |
| С            | Net plan assets (subtract line 7b from line 7a)   | 7c                                    | 195  | 5581   | _7       |         |              |        | 2117298 |
| 8            | Income, Expenses, and Transfers for this Plan Year  |                                       | (a) Amount   |        |          |         | (b) 1        | otal   |         |
| а            | Contributions received or receivable from:  |                                       |  | 2225   | 7.0      |         |              |        |         |
|              | (1) Employers   | 8a(1)                                 |  | 3327   |          |         |              |        |         |
|              | (2) Participants  | 8a(2)                                 | 10   | 711    | .5       |         |              |        |         |
|              | (3) Others (including rollovers)  | 8a(3)                                 |  |        | 0        |         |              |        |         |
| <u>b</u>     | Other income (loss)   | 8b                                    | 13   | 3456   | 54       |         |              |        |         |
| C            | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c                                    |  |        |          |         |              |        | 274958  |
| d            | Benefits paid (including direct rollovers and insurance premiums  |                                       |  | 9493   | 33       |         |              |        |         |
| _            | to provide benefits)  | . 8d                                  | -  | , 1, 5 | , 5      |         |              |        |         |
| <del>t</del> | Certain deemed and/or corrective distributions (see instructions)   | 8e                                    |  | 105/   | 1.4      |         |              |        |         |
| <u> </u>     | Administrative service providers (salaries, fees, commissions)  | 8f                                    | -  | L854   | 14       |         |              |        |         |
| _ <u> </u>   | Other expenses  | - 8g                                  |  |        |          |         |              |        |         |
|              | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h                                    |  |        |          |         |              |        | 113477  |
| <u></u>      | Net income (loss) (subtract line 8h from line 8c)   | - 8i                                  |  |        |          |         |              | 161481 |         |
|              | Transfers to (from) the plan (see instructions)   | 8j                                    |  |        |          |         |              |        |         |
| Pai          | Part IV Plan Characteristics  |                                       |  |        |          |         |              |        |         |
| 9a           | 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  |                                       |  |        |          |         |              |        |         |
|              | 2E 2J 2K 2F 2G 3D 2T  |                                       | and former than Line of Direct Observation                           |        | . 0      |         | h a faatawat |        |         |
| b            | If the plan provides welfare benefits, enter the applicable welfare fe  | eature cod                            | es from the List of Plan Charac                                      | tensi  | ic Coa   | es in t | ne instruct  | ons:   |         |
| Par          | V Compliance Questions  |                                       |  |        |          |         |              |        |         |
| 10           | During the plan year:   |                                       |  |        | Yes      | No      |              | Amoun  | •       |
|              | Was there a failure to transmit to the plan any participant contribut   | tions withi                           | n the time period described in                                       |        |          |         |              | Amoun  | •       |
|              | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu   |                                       | •  | 10a    |          | Х       |              |        |         |
| b            | Were there any nonexempt transactions with any party-in-interest  | ? (Do not                             | include transactions reported  |        |          | Х       |              |        |         |
|              | on line 10a.)   |                                       |  | 10b    |          |         |              |        |         |
| С            | Was the plan covered by a fidelity bond?  |                                       |  | 10c    | Х        |         |              |        | 250000  |
| d            | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud 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 ben                            | efits under the plan? (See   | 10e    |          | Х       |              |        |         |
| f            | Has the plan failed to provide any benefit when due under the plan  | n?                                    |  | 10f    |          | Х       |              |        |         |
| g            |   |                                       |  |        | Х        |         |              |        | 14255   |
|              | If this is an individual account plan, was there a blackout period? (   | -                                     |  | 10g    | 21       |         |              |        | 11235   |
|              | 2520.101-3.)  |                                       |  | 10h    |          | Х       |              |        |         |
| İ            | exceptions to providing the notice applied under 29 CFR 2520.10   |                                       |  | 10i    |          |         |              |        |         |
| Part         | <u> </u>  |                                       |  |        |          |         |              |        |         |
| 11           | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  |                                       |  |        |          |         | •            | Y      | es No   |
| _11a         | Enter the unpaid minimum required contribution for current year fr  | om Sched                              | lule SB (Form 5500) line 39  |        |          | 11a     |              |        |         |
| 12           | Is this a defined contribution plan subject to the minimum funding  | requireme                             | ents of section 412 of the Code                                      | or se  | ection 3 | 302 of  | ERISA?       | Ye     | es X No |

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

granting the waiver. ..

|          | Form 5500-SF 2014   | Page <b>3</b> -                           |           |            |                     |
|----------|---|---|-----------|------------|---------------------|
| lf       | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For   | rm 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)  | `   | 12d       |            |                     |
| <u>e</u> | 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?   |   |           | Yes 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, transferr of the PBGC?   |   | e control |            | 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     |            |                     |
|          | 13c(1) Name of plan(s):   |   | 13c(2) E  | IN(s)      | <b>13c(3)</b> PN(s) |
| Dart     | VIII Truct Information (ontional)   |   |           |            |                     |
|          | VIII Trust Information (optional)   |   | 14h ±     | rust's EIN |                     |
| 144      | Name of trust   |   | 140       | IUSES EIN  |                     |