Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Repor	t Identification Information				
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/201	4	and ending 12	2/31/2014	
Δ This re	eturn/report is for:	a single-employer plan		plan (not multiemployer) oyer information in accor		
71 1111510	taninoport is ion.	a one-participant plan	a foreign plan	oyer imormation in accor	dance with the for	in motraditions)
R This ret	turn/report is	the first return/report	the final return/report	•		
D IIII3 ICI	din/report is	an amended return/report	:	· urn/report (less than 12 m	onthe)	
		an amended return/report	a short plan year rett	ini/report (less than 12 h	ioritris)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descrip	tion)			
Part II	Basic Plan Inf	ormation—enter all requested infor	mation			
1a Name					1b Three-digit	
CRX 401(K)) PLAN				plan numb (PN) ▶	er 001
					1c Effective d	
						01/01/2008
2a Plan s	sponsor's name and a DM PRESCRIPTION	address; include room or suite number	(employer, if for a singl	e-employer plan)		dentification Number
THE COSTC	JWIT RESCRIPTION	SHOLL E, EEG			(=)	20-0020000
1313 E. MAF	PLE ST., SUITE 101					telephone number 60-685-4270
BELLINGHA	M, WA 98225-5708				2d Business c	ode (see instructions)
						446110
3a Plan a	administrator's name	and address XSame as Plan Sponso	r.		3b Administra	tor's EIN
A 16 th a	TIN (Coulting to a start to	45 - 500	
name	e, EIN, and the plan n	he plan sponsor has changed since th umber from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN	
	sor's name	to at the beginning of the plant can			4c PN	
		ts at the beginning of the plan year			F	45
		ts at the end of the plan year			5b	27
		h account balances as of the end of th			5c	18
d(1) To	tal number of active p	participants at the beginning of the plan	ı year		5d(1)	30
d(2) To	tal number of active p	participants at the end of the plan year.			5d(2)	14
		terminated employment during the pla	•	nefits that were	5e	(
-		e or incomplete filing of this return/		d unless reasonable ca	use is establishe	d.
Under pen SB or Sch	nalties of perjury and	other penalties set forth in the instruction and signed by an enrolled actuary, as	ons, I declare that I hav	e examined this return/re	port, including, if a	applicable, a Schedule
SIGN		d/valid electronic signature.	07/15/2015	SARAH PITTS		
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as pla	n administrator
SIGN						
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	dual signing as em	ployer or plan sponsor
Preparer's		name, if applicable) and address (incl				hone number (optional)

	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 considerable with the considerable wi	an indeper and condit	ndent qualified public accounta	nt (IC	(PA)				<u>.</u>	es [No No
C	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		lot de	ermi	ned
Par	t III Financial Information	•									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) E	nd of	Year		
a	Total plan assets	7a	6417						49	2612	
b	Total plan liabilities	7b	155								
C	Net plan assets (subtract line 7b from line 7a)	7c	6262	286					49	2612	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(k) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)		0							
	(2) Participants	8a(2)	440)21							
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	203	394							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							6	4415	
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	1972	289							
	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f	8	300							
	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19	8089	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-13	3674	
j	Transfers to (from) the plan (see instructions)	8j									
Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Charad	cterist	tic Cod	des in t	he instr	uctior	ns:		
10	During the plan year:				Yes	No		Α	moun	t	
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	X					7	2447
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					10	0000
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 ben	efits under the plan? (See	10e	X						600
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	nd.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (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)								Υ	es	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule 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	302 of	ERISA?	·	Y	es 🔀	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 (enter th Day			letter ear _	rulin	g

	Form 5500-SF 2014	Page 3 - 1			
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	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X 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), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Report Identification Information

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OMB Nos. 1210-0110 1210-0089

2014

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		cal plan year beginning	01/01/2014	and ending	12/31/2014	
Tor Garoriaan plan		a single-employer plan		an (not multiemployer)	(Filers checking this box	x must attach a list
A This return/re			prompt.	er information in accor	dance with the form inst	ructions)
		a one-participant plan	a foreign plan			
B This return/rep	ort is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C Check box if f	filing under	Form 5558	automatic extension		DFVC progra	m
• CHECK BOX II I	ming under	special extension (enter des	cription)			
D-44 D-	-i- Di I-fai					
Part II Bas		rmation—enter all requested i	information		1b Three-digit	
CRX 401 (K)					plan number	001
					(PN)	i nlan
					1c Effective date of 01/01/2008	
2a Plan sponso	r's name and add	dress; include room or suite num	ber (employer, if for a single-	employer plan)	2b Employer Identif	fication Number
		ION SHOPPE, LLC			(EIN) 20-002	
3010 E M	DIE GE C	VIII 101			2c Sponsor's telep	
1313 E. MA	THE ST., S	00116 101			360-685-42 2d Business code (
BELLINGHAM	I	WA 98225-57	708		446110	ooo mondonono,
		d address XSame as Plan Spo	onsor,		3b Administrator's I	EIN
		4 1			3c Administrator's t	telenhana numbar
					JC Administrators	telephone namber
		plan sponsor has changed sinc	ce the last return/report filed f	or this plan, enter the	4b EIN	
name, EIN,	and the plan nur	e plan sponsor has changed sinc nber from the last return/report.	ce the last return/report filed f	or this plan, enter the	4b EIN 4c PN	
name, EIN, a Sponsor's na	and the plan nur ame				4c PN	45
name, EIN, a Sponsor's na 5a Total number	and the plan nur ame er of participants	mber from the last return/report.	г		4c PN 5a	45
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