Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested.

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

5c

5d(1)

5d(2)

5e

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

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 final return/report **B** This return/report is the first return/report 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 CC SEATTLE RETIREMENT PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2005 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number CC SEATTLE, LLC (EIN) 91-2135859 CALIFORNIA CLOSETS Sponsor's telephone number 253-479-0366 20450 - 84TH AVE. S **KENT, WA 98032** Business code (see instructions) 442299 **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 52 Total number of participants at the end of the plan year..... 5b

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Number of participants with account balances as of the end of the plan year (defined benefit plans do not

complete this item) d(1) Total number of active participants at the beginning of the plan year.....

d(2) Total number of active participants at the end of the plan year.....

e Number of participants that terminated employment during the plan year with accrued benefits that were

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 t	true, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	09/28/2015	DIANE B. STEWART				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spo				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)			

35

45

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b	Were all of the plan's assets during the plan year invested in eligib 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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public accounta	int (IQ	PA)			X Yes	
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)?		Yes	No	Not dete	rmined
Par	t III Financial Information	1	1						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		
	Total plan assets	7a	21352	202				2412	113
	Total plan liabilities	7b	21352	202				2412	112
	Net plan assets (subtract line 7b from line 7a)	7c		.02			(L) T		110
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	otai	
	(1) Employers	8a(1)	842	202					
	(2) Participants	8a(2)	1257	767					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	1328	305					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						342	774
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	658	363					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							863
	Net income (loss) (subtract line 8h from line 8c)	8i						276	911
Par	Transfers to (from) the plan (see instructions) IV Plan Characteristics	8j							
b	2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	tic Cod	les in t	he instruction	ons:	
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ			
C	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			
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 ber	efits under the plan? (See	10e	X				839
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 a	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)							Ye	s No
	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•	otio c	0.5-1	nate = 41	o dota af "	ا	ulina
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6	enter th Day		ie letter r Year	uiing

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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	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

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).

2014

OMB Nos. 1210-0110 1210-0089

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

This Form Is Open to **Public Inspection**

Part I Annual Repor	t identification information							
For calendar plan year 2014 or		/2014	and ending	12/31/2014				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan								
B This return/report is	the first return/report	a foreign plan						
• mis return report is	H ' '	the final return/report						
C Observate have 15 fillers and	an amended return/report X Form 5558		rn/report (less than 12 m					
C Check box if filing under:	<u> </u>	automatic extension		DFVC pro	gram			
	special extension (enter descri	iption)						
Part II Basic Plan Inf	ormation—enter all requested info	formation						
1a Name of plan				1b Three-digit				
CC SEATTLE RETIREMENT PL	AN			plan number	001			
				(PN)				
2a Plan sponsor's name and a				1c Effective date of plan 01/01/2005				
CC SEATTLE, LLC CALIFORNIA CLOSETS	ddress; include room or suite numbe	er (employer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 91-2135859				
20450 - 84TH AVE. S.				2c Sponsor's telephone number (253) 479-0366				
KENT. WA 98032				2d Business code (see instructions) 442299				
3a Plan administrator's name a	and address X Same as Plan Spons	Or.		3b Administrato	r's FIN			
				3c Administrato	's telephone number			
a Sponsor's name	ne plan sponsor has changed since tumber from the last return/report.			4b EIN				
5a Total number of participants	s at the beginning of the plan year			5a	52			
b Total number of participants	s at the end of the plan year	***************************************		. 5b	54			
C Number of participants with complete this item)	account balances as of the end of the	he plan year (defined bene	efit plans do not	5c	42			
d(1) Total number of active pa	articipants at the beginning of the pla	an year	***************************************	5d(1)	35			
d(2) Total number of active pa	articipants at the end of the plan yea	r		5d(2)	45			
Number of participants that t less than 100% vested	terminated employment during the pl	lan year with accrued bene	ifits that were	5e				
Caution: A penalty for the late	or incomplete filing of this return	ranort will be assessed	uniose masonable ser	use is cetablished				
CINCI bengines of belink SIM O	and signed by an enrolled actuary as	tions I declare that I have	avaminad this return less	mand in almost to the	olicable, a Schedule my knowledge and			
HERE × Lhaue B	Stwart	19/15/15	IXI Diane &	3. Stewar	₽			
Signature of plan	administrator	Date	Enter name of individ	lual signing as plan :	administrator			
SIGN HERE:				- Jane - Profit				
Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing as emple	Wer or plan sponsor			
Preparer's name (including firm i	name, if applicable) and address (inc	clude room or suite numbe	r) (optional)	Preparer's telepho	ne number (optional)			
For Paperwork Reduction Act Notice	ce and OMB Control Numbers see the	Inchmedian de Resident						

6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Ye		No No
_	in you answered "No" to either line 6a or line 6b, the plan can	not use Fo	rm 5500-SF and must instea	d use	Form	1 5500).				
C	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance p	program (see ERISA section 40	021)?	[Yes	No] N	ot dete	min	ed
Ø €	rt III Financial Information										
7_	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of	/ear		
a	Total plan assets	. 7a	213520		_	2412113					
b					\top					_	
c	Net plan assets (subtract line 7b from line 7a)	. 7c	213520	2	\top				41211	3	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_	(b) Total					
a	Contributions received or receivable from: (1) Employers	8a(1)	8420	2			(6)	IOLE			
	(2) Participants		12576	7	1			93	1967	2017	
	(3) Others (including rollovers)							ava ava			
<u>b</u>	Other income (loss)		13280	5	100	V4.85			100	SERVE S	545 2 C
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			100			ALC: NO.		24277	######################################	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	6586	3				Q VA	34277		
	Certain deemed and/or corrective distributions (see instructions)	. 8e								8-1	
f	Administrative service providers (salaries, fees, commissions)	. 8f							7		
g	Other expenses	. 8g						THE ST	emage d		No.
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			a				6586	3	
i_	Net income (loss) (subtract line 8h from line 8c)								27691		
_ j_	Transfers to (from) the plan (see instructions)	- 8j			100 E	TO SHE	70 PM	STALL.	27091	3228	20 E/12
Pa	rt iv Plan Characteristics		<u> </u>		2383	COMPANIE		U.S.O.	1000	10 1	REAL PROPERTY.
Par	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in	the instruc	tions			
10	10 During the plan year:										
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a	Yes	No		Am	ount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	notude transactions reported	10b		x		_			
C				400	Х						
d		fidelity hou	ad that was sound by fraud	10c		x				200	300
θ	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persons	s by an insurance carrier,	10a	х						839
f	Has the plan failed to provide any benefit when due under the plan	n?				X	 -				
g				10f	-						
h	If this is an individual account plan, was there a blackout period? (See instructions and 20 CEP			10g		X					
ı	2520.101-3.)			10h		Х					
Part	VI Pension Funding Compliance	1-0		101			Manager 1	EIN	型學者		(40m) 6
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "Y	es," see instructions and com	plete	Sched	ule Si	3 (Form	T -	1	_	
11a	5500) and line 11a below)	om Sched	ile SR (Form 5500) line 20		·····				Yes	Ц	No
12	Is this a defined contribution plan subject to the minimum funding	requirem	nto of postion 440 of the Co.			11a		ТЕ	1		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as analisa	his or section 412 of the Code	or se	ction 3	02 of	ERISA?		Yes	X	No
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	a amortina	of in this plantage and the tra	tions,	and e	nter th	ne date of			ling	
			TAI OI R			⊔ay		Yea	u		

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If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form				77	-		
b	Enter the minimum required contribution for this plan year		T ₁	2b				
					1			
c	Enter the amount contributed by the employer to the plan for this plan year		1	2c	Т			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enegative amount)	ontor a minus alon to the Latin.		2d				
е	Will the minimum funding amount reported on line 12d be met by the funding of	deadline?	··	Т		es [No	□ N/A
Part	Plan Terminations and Transfers of Assets			1	نـــــــــــــــــــــــــــــــــــــ	-	110	IVA
13a	13a Has a resolution to terminate the plan been adopted in any plan year?							
If "Yes," enter the amount of any plan assets that reverted to the employer this year					Yes X No			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?								
	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the plan	(s) to		ſ <u></u>			X No
1	3c(1) Name of plan(s):		13c() E	N/e)		120/3	3) PN(s)
			.00(.	, _,	14(3)		130() FN(S)
CHICKES CA	Truct information (antique)							
1/2 /	Trust Information (optional)							
14a Name of trust				14b Trust's EIN				