## 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

This Form is Open to Public Inspection

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

Farti		and planting the pinning of 104 1004 4		and anding 40	104 1004 4			
For calenda	ar pian year 2014 or ti	scal plan year beginning 01/01/2014	1		/31/2014			
A This		X a single-employer plan						
A This ret	urn/report is for:		of participating employer information in accordance with the form instructions)					
_		a one-participant plan	a foreign plan					
<b>B</b> This retu	ırn/report 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 t	oox if filing under:	X Form 5558	automatic extension DFVC program					
		special extension (enter description	on)					
Part II	Basic Plan Info	prmation—enter all requested inform	nation					
1a Name		That on the an requested inform	iation		1b Three-digit			
		PROFIT SHARING PLAN			plan numbe			
					(PN) • 1c Effective da	ote of plan		
						1/01/2004		
	oonsor's name and ac GEMENT, LLC	ddress; include room or suite number (e	employer, if for a single-	employer plan)		dentification Number 5-2202172		
5106 S FAIRI	FAXIANE					elephone number 9-290-2653		
	WA 99037-8236					ode (see instructions) 21340		
3a Plan a	dministrator's name a	nd address Same as Plan Sponsor.			<b>3b</b> Administrat	or's EIN		
STAR MANA	GEMENT, LLC	5106 S FAIR			35-2202172			
		VERADALE,	WA 99037-8236		<b>3c</b> Administrator's telephone number			
					509	9-290-2653		
4 If the r	name and/or EIN of the	e plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b EIN			
		mber from the last return/report.	, , , , , , , , , , , , , , , , , , ,		1.0 2			
<b>a</b> Sponso	or's name				4c PN			
5a Total number of participants at the beginning of the plan year					5a	21		
<b>b</b> Total number of participants at the end of the plan year					5b	13		
		account balances as of the end of the			5c	10		
•	,	irticipants at the beginning of the plan y			5d(1)	17		
<b>d(2)</b> Tota	al number of active pa	articipants at the end of the plan year			5d(2)	9		
		erminated employment during the plan			5e	0		
		or incomplete filing of this return/re						
SB or Sche	dule MB completed a	her penalties set forth in the instruction nd signed by an enrolled actuary, as w						
	rue, correct, and com	plete. /valid electronic signature.	10/15/2015	DALE STEVENS				
SIGN HERE		-	10/15/2015	DALE STEVENS				
	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as plar	administrator		
SIGN HERE								
	Signature of employer/plan sponsor Date Enter name of individus name (including firm name, if applicable) and address (include room or suite number ) (optional)				dual signing as employer or plan sponsor			
Preparer's DALE STEV		name, if applicable) and address (inclu-	de room or suite numbe	r) (optional)	Preparer's teleph	none number (optional)		
	RU BENEFITS, LLC				509	-755-3767		
	MULLAN ROAD, SU	ITE 216						
SFURAINE !	VALLEY, WA 99206							

	Form 5500-SF 2014		Page <b>2</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 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 th	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instea	int (IQ d <b>d use</b>	PA) Form	5500.		X Yes	s No
	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 dete	rmined
Par	t III   Financial Information	1	1		-				
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o		700
	Total plan assets	7a	10866	586	-			958	/23
	Total plan liabilities	7b	10866	896				958	722
	Net plan assets (subtract line 7b from line 7a)	7c		,00			(L) T		125
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) To	otai	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	135	577					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	373	348					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						50	925
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1755	531					
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f	33	357					
	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						178	888
i	Net income (loss) (subtract line 8h from line 8c)	8i						-127	963
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
b	2E 2G 2J 2R 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature cod	les from the List of Plan Chara	cterist		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 contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Cor	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
c	Was the plan covered by a fidelity bond?			10c	X				110000
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			
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				34979
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)							Yes	s 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 tl Day		e letter r Year	uling

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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):		<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

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OMB Nos. 1210-0110

1210-0089

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## Short Form Annual Return/Report of Small Employee Benefit Plan

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2014

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

Part I Annual Repo	ort Identification Information	-7 (0021	and ending	12/31/20	14			
or calendar plan year 2014 c	or fiscal plan year beginning	1/01/2014	And Growing					
	⊠ a sìnglę-employer plaп	a multiple-employer plan of participating employe	not multiemployer) (F	ance with the form	instructions)			
A This return/report is for:		of participating employe a foreign plan	r ilutormation in ecopiac	ando mar si-r				
	a ové-barticibant blau	1505.8 49						
B This return/report is	the first return/report	the final return/report		nthe\				
	an amended return/report	a short plan year return/	report (less than 12 mo					
	💢 Form 5558	automatic extension		☐ ØFVC pro	ogram			
C Check box if filing under:	<b></b>	ion)						
	special extension (enter descripti	(OII)						
Part II Basic Plan I	nformation—enter all requested inform	mation		1b Three-digit				
1.3 Name of plan			8	plan numbe	r 001			
STAR MANAGEMENT,	LLC 401K PROFIT SHARING I	PLAN		(PN) Þ				
				1c Effective da	te of plan			
				01/01/2				
2a Plan sponsor's name an	d address; include room or suite number	(employer, if for a single-	employer plan)	(EIN) 35-	lentification Number			
STAR MANAGEMENT,	LLC				elephone number			
				509-290				
5106 S FAIRFAX LA	ME			2d Business code (see instructions)				
	WA 99037-8236			621340				
VERADALE	A STATE OF THE STA	г		3b Administrator's EIN				
3a Plan administrator's nar					35 - 2202172  3c Administrator's telephone number			
STAR MANAGEMENT,	ي كالمار			BONDARD SCHOOL				
				509-290	-2653			
5106 S FAIRFAX L	ANE							
*******	WA 99037-8236							
VERADALE	of the plan sponsor has changed since the	e last return/report filed f	or this plan, enter the	4b EIN				
4 If the name and/or EIN	an number from the last return/report.			4c PN				
					21			
5a Tota number of partic	pants at the beginning of the plan year	,anuumn		5b	1.3			
b Total number of partic	ipants at the end of the plan year			55				
and the second	with appount balances as of the end of the	ne plan year (défined ben	ent plans do not	5c	1.0			
				5d(1)	1.			
d(1) Total number of act	ive participants at the beginning of the pia	III year						
d(2) Total number of ac	tive participants at the end of the plan yea	Γ	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5d(2)				
	" ti- stad amployment during the p	an year with accrued ben	GUIS MAI MAIC	5e	16			
less than 100% vested				ause is establishe	3d.			
Caution: A penalty for th	e late or incomplete filing of this return and other penalties set forth in the instruc-	tions I declare that I have	examined this return/	eport, including, if	applicable, a Schedule			
Under penalties of perjury	and other penalties set forth in the instructed and signed by an enrolled actuary, a	s well as the electronic ve	ersion of this return/repo	ort, and to the best	or my knowledge and			
58 or Schedule MB completely belief, it is true correct, an	nd.complete.		Stephen Scha	ofor				
	the - Scharfe	10/14/15						
	plan administrator	Date	Enter name of indiv		an administrator			
	de no Schafen	10/14/15	Stephen Scha					
SIGN 726	<del></del>	Date	Enter name of indiv	idual signing as e	mployer or plan sponsor ephone number (optional)			
Signature of	f employer/plan sponsor g firm name, if applicable) and address (ir	nolude room or suite num	ber ) (optional)	185				
Dale Stevens	3			509	-755-3767			
Break-Thru Bene	fite, LLC			en man presso				
200 North Mulla	n Road, Suite 216							
					of 1001			
Spokane Valley	WA 99206 Act Notice and OMB Control Numbers, see the	ne Instructions for Form 55	00-SF.		Form 5500-SF (2014 v. 14012			
For Paperwork Reduction	Act Notice and OWB Control Numbers, see to				200 708 3 343			

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Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  b 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.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 55  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	X Yes ☐ No 00.
b Are you claiming a waiver of the annual examination and report of an independent quairied public accountain (GPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes ☐ No 00.
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	⇒ Pluo Pluor deretimited
Part III Financial Information	
7 Plan Assets and Liabilities (a) Beginning of Year	(b) End of Year 958723
<b>a</b> Total plan assets	336,20
b Total plan liabilities 7b 1,086686	958723
C Net plan assets (subtract line 75 from line 73)	
8 Income, Expenses, and Transfers for this Plan Year (a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers 8a(1)	
(1) Employers	
(3) Others (including rollovers) 8a(3)	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	50925
d Benefits paid (including direct rollovers and insurance premiums 175531	
to provide benefits)	
e Certain deemed and discretific distributions (	
Administrative service profited of (ediana)	
g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h	178888
Of Control of the Con	-127963
i Net income (loss) (subtract line on from line oc)	
Part IV Plan Characteristics	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Code:  Part V Compliance Questions	
10 During the plan year:	No Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 20 CEP 2510 3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)	х
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	x 11000
C Was the plan covered by a fidelity bond?	11000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	Х
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	х
f Has the plan failed to provide any benefit when due under the plan? 10f	X
10g X	3497
b. It this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	х
2520 101-3 )	
i 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	
Part VI Pension Funding Compliance	INIA SB (Form
Part VI Pension Funding Compitance  11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete School is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete School is the SSO of Street SSOO) and line 11a below).	Yes N
44 - How was It minimum required contribution for current year from Schedule SB (Form 5500) line 05 //	
112 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section  12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	
(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a weiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and the weiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions.	enter the date of the letter ruling
If a waiver of the minimum funding standard for a prior year is being discussed	Day Tear

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If you completed line 12a, complete lines 3, 9, and 10 of Sched	ule MB (Form 5500), and skip to line 13.			
b Enter the minimum required contribution for this plan year		12b		
		-	<u> </u>	
C Enter the amount contributed by the employer to the plan for thi	is plan year	12c		
d Subtract the amount in line 12c from the amount in line 12b. En negative amount)	iter the result (enter a minus sign to the left of a	12d		T. F.W
e Will the minimum funding amount reported on line 12d be met to	by the funding deadline?		Yes	No N/A
Part VII Plan Terminations and Transfers of Assets		- T		
13a Has a resolution to terminate the plan been adopted in any plan year		L \	res X N	0
If "Yes," enter the amount of any plan assets that reverted to the	ne employer this year	13a		
b Were all the plan assets distributed to participants or beneficial of the PBGC?	ries, transferred to another plan, or brought under t	he control		Yes X No
c If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	d from this plan to another plan(s), identify the plan			
13c(1) Name of plan(s):	CANAL TO THE PARTY OF THE PARTY	13c(2) E	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		146 7	Trust's EIN	