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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection**

Pa	irt i 📕 Annuai Repor	t identification information						
For	calendar plan year 2015 or t	fiscal plan year beginning 01/01/2	2015	and ending 12/	/31/2015			
A 7	This return/report is for:	a single-employer plan a one-participant plan		lan (not multiemployer) (pployer information in acc		-		
B T	his return/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mo	onths)			
C	Check box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFV	/C program		
Pa	rt II Basic Plan Inf	ormation—enter all requested in	formation					
1a	Name of plan	K PROFIT SHARING PLAN			1b Three-di plan num (PN) ▶	nber 001		
					1c Effective	e date of plan 01/01/2004		
	Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employe (EIN)	er Identification Numb 35-2202172	oer	
	City or town, state or provin MANAGEMENT, LLC	ructions)		Sponsor's telephone number 509-290-2653				
	S FAIRFAX LANE DALE, WA 99037-8236				2d Business	s code (see instruction 621340	ns)	
3a	Plan administrator's name a	and address Same as Plan Spon	sor.		3b Administ	rator's EIN		
TAR	MANAGEMENT, LLC		FAIRFAX LANE	}	20 Autoriotae	35-2202172		
		VERADA	LE, WA 99037-8236		3C Administ	rator's telephone nur 509-290-2653	mber	
4		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN			
	Sponsor's name				4c PN		40	
_		s at the beginning of the plan year		Ī	5a		13	
		s at the end of the plan year		 -	5b		11	
С		account balances as of the end of	. , ,	•	5c		9	
d(articipants at the beginning of the pl			5d(1)		9	
d(2) Total number of active p	articipants at the end of the plan ye	ar		5d(2)		7	
	than 100% vested	t terminated employment during the			5e		0	
		or incomplete filing of this return						
SB		other penalties set forth in the instru- and signed by an enrolled actuary, an polete.						
SIGI	Filed with authorized	d/valid electronic signature.	07/22/2016	DALE STEVENS				

SIGN HERE Date 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) Preparer's telephone number **DALE STEVENS** 509-755-3767 BREAK-THRU BENEFITS, LLC

Date

HERE

200 NORTH MULLAN ROAD, SUITE 216 SPOKANE VALLEY, WA 99206

Signature of plan administrator

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Enter name of individual signing as plan administrator

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 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 lf you answered "No" to either line 6a or line 6b, the plan cann 	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)			es No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	rogram (see ERISA se	ection 4	021)? .		Yes	No Not det	ermined
Part III Financial Information	1							
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year	
a Total plan assets	7a		958	723			90	8992
b Total plan liabilities	7b		059	723			00	8992
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		1723			(b) Total	0992
a Contributions received or receivable from:		(a) Alliot	ant				(D) TOTAL	
(1) Employers	8a(1)							
(2) Participants	8a(2)		6	745				
(3) Others (including rollovers)	8a(3)			070				
b Other income (loss)	8b		-5	670				1075
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c							1075
to provide benefits)	8d		49	446				
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f		1	360				
g Other expenses	8g							2000
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0806
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i						-4	9731
, , , , , ,	8j							
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	e instructions:	
2E 2G 2J 2R 3D								
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructions:	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amour	nt
a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	iduciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		X			
C Was the plan covered by a fidelity bond?			10c	Х				110000
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 som the plan? (See instructions.)	ne or all of t	the benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the plan			10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount a				X				22250
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g 10h	^	X			33259
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	he required	I notice or one of the	10ii					
j Did the plan trust incur unrelated business taxable income?			10i					
Part VI Pension Funding Compliance			10)	<u> </u>				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								es Π 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							RISA? Y	es X No

	F	orm 5500-SF 2015 Page 3 - 1							
	(If "Ye	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 in ng the waiver		enter the Day	e date of	the letter ru Year	ling		
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal			
b	Enter th	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					
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d					
		ve amount)			Yes	No	N/A		
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A		
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No			
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No		
С	If durin	PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>			
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)		
	100(1)	uno oi piuntoj.	130(2)	LII4(3)		130(3)	· v (3)		
Dant		Turnet hafe amount on							
Part	Name o	Trust Information		14b Trust's EIN					
ı T a	Name 0	ii iiust		140	iusi s Lii	14			
14c	14c Name of trustee or custodian					Id Trustee's or custodian's telephone number			
			telephone number						
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	s	No			
					esign-				
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)?			based safe ADP/ACP harbor test				
450					ethod				
150		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 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		☐ Yes ☐ No					
	2(a)(2)	(ii))?		□ Ra	atio				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage		erage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	No			
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	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 fa	vorable			
18	Is the I	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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection**

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

Part Annual Report	Identification Information	1		· · · · · · · · · · · · · · · · · · ·	
For calendar plan year 2015 or f		01/01/2015	and ending	12/31/201	5
_	X a single-employer plan		an (not multiemployer)		
A This return/report is for:	a one-participant plan	a foreign plan	pioyer illiomation ill ac	cordance with the form	i ilisti detions)
B This return/report is	the first return/report	the final return/report			
•	an amended return/report	a short plan year returi	n/report (less than 12 m	onths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC prog	ram
	special extension (enter desc			·	
- 110 - 110	ormation—enter all requested in	nformation		4h Thurs dist	
1a Name of plan STAR MANAGEMENT, LL	C 401K PROFIT SHARING	G PLAN		1b Three-digit plan number (PN) ▶	001
		,		1c Effective date of 01/01/200	
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer Identi (EIN) 35-220	
City or town, state or proving STAR MANAGEMENT, L	ce, country, and ZIP or foreign pos LC	tal code (if foreign, see instr	ructions)	2c Sponsor's telep 509-290-2	
5106 S FAIRFAX LAN	E			2d Business code 621340	(see instructions)
VERADALE	WA 99037-82		· .		
3a Plan administrator's name a		nsor.		3b Administrator's 35-2202172	
STAR MANAGEMENT, LI	d C			3c Administrator's	
5106 S FAIRFAX LANE	e de la companya de			509-290-26	
STOO S INTIME					
VERADALE	WA 99037-8236				
	ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b EIN	
a Sponsor's name				4c PN	
5a Total number of participant	s at the beginning of the plan year		***************************************		13
	s at the end of the plan year			. 5b	11
	account balances as of the end o			5c	9
d(1) Total number of active pa	articipants at the beginning of the p	olan year		5d(1)	9
	articipants at the end of the plan ye			5d(2)	7
than 100% vested	t terminated employment during th			5e	0
Caution: A penalty for the late	or incomplete filing of this retu ther penalties set forth in the instru	rn/report will be assessed	unless reasonable ca	use is established.	cable a Schedule
SB or Schedule MB completed a belief, it is true, correct, and con	and signed by an enrolled actuary,	as well as the electronic ver	rsion of this return/repor	rt, and to the best of m	y knowledge and
SIGN Tiphen	4- 1-1	7.13.16	Stephen Schae		
Signature of plan	administrator	Date		dual signing as plan ad	ministrator
	N. Jehaifm	7.13.16	Stephen Schae	efer	
HERE Signature of empl	loyer/plan sponsor	Date		dual signing as employ	
Preparer's name (including firm Dale Stevens	name, if applicable) and address (include room or suite numbe	er)	Preparer's telephone 509-75!	
Break-Thru Benefits	· ·				
200 North Mullan Ro	ead, Suite 216				
Spokane Valley	WA 99206				

	Form 5500-SF 2015		Page Z							
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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								X Yes	No No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA se	ection 4	021)? .		Yes [No 📗	Not determ	ined
Pai	t III Financial Information						. ,			.
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End o	f Year	
a	Total plan assets	7a		95	8,72	3			908	,992
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		95	8,72	3			908	,992
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoı	ınt				(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)			6,74	5		1286	100	
	(3) Others (including rollovers)	8a(3)				130				
b	Other income (loss)	8b		_	5,67	0				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	ant of the figure of the figure						1	,075
	Benefits paid (including direct rollovers and insurance premiums		The Islandson of Street West, and Street Street, and Street	4	0 44		No company of the com			er in de
	to provide benefits)	8d		4	9,44	0	koko (j. 15 Seruakan	and the second	de primario de la composición de la co	
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			1 20	0	and the second	tale a la l	distribution de la company. Partico	
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	<u> </u>		1,36	U		i aldure i erit		
<u>g</u>	Other expenses	8g		11024100.4	er e toek				T. C.	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								731
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	 	OI granda ciingaanaa kannan araa ahaa ahaa ahaa ahaa ahaa ahaa						TERROR CO	731
530 WESON	Transfers to (from) the plan (see instructions) Plan Characteristics	· 8j					is jagbasia			
B Par	2E 2G 2J 2R 3D If the plan provides welfare benefits, enter the applicable welfare f Compliance Questions	eature cod	les from the List of Pla	n Chara	acterist	ic Co	des in th	e instructio	ons:	
10	During the plan year:				Yes	No	N/A		Amount	·
	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 F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)		The second secon	10b		X				
C	Was the plan covered by a fidelity bond?			10c	Х				11	10,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х				
е		ner person ne or all of	s by an insurance the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х				-
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	Х				3	3,259
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		100	ja saja s	
ī	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j	Did the plan trust incur unrelated business taxable income?			10j				1.		
Pari	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						1		1 1	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction	302 of E	ERISA?	Yes	X No

	Form 5500-SF 2015 Page 3 -			•				
	(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 prior year is being amortized in this plan year, see ins granting the waiver.	tructions, and a	enter the	_	e letter ru rear	ling		
<u>lf</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
b	Enter the minimum required contribution for this plan year	***************************************	12b					
C	Enter the amount contributed by the employer to the plan for this plan year		12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the I negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 📗	N/A		
² art	VII. Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		C			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?		ontrol	Yes X No				
с —	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifully which assets or liabilities were transferred. (See instructions.)	y the plan(s) to						
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	VIII Trust Information							
14a	Name of trust		14b Trust's EIN					
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number						
Part	IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan?		Ye	s	No			
15b	b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				ADP/ACP test			
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?				□No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ratio percentage test		Average benefit test			
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come this plan with any other plans under the permissive aggregation rules?			Yes		Paren		
17a	Has the plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
	for tax law changes and codes).	. Enter the			Ι`	nstructions		
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial n		t to a fa	vorable IRS	opinion	or		
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, er determination letter		the plai	n's last favo	rable			
	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes No					
19	Were in-service distributions made during the plan year?		Yes		No			
	If "Yes," enter amount		19					
	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of what retired), as required under section 401(a)(9)?		Ye	s	No	N/A		