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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Par			rt Identification Information	1					
For ca	alenda	r plan year 2015 or	fiscal plan year beginning 01/01/2	2016		and ending 0	8/01/2	016	
A Th	nis retu	urn/report is for:	a single-employer plan a one-participant plan	lis		an (not multiemployer) ployer information in a			
B Th	is retu	rn/report is	the first return/report an amended return/report	H	final return/report hort plan year return	n/report (less than 12 m	nonths))	
C CI	heck b	ox if filing under:	Form 5558 special extension (enter desc	ш	tomatic extension			DFVC progr	ram
Par	t II	Basic Plan In	formation—enter all requested in	formatio	n				
	lame o	of plan ROM CRX 401(K) I	PLAN				1b	Three-digit plan number (PN)	001
							1c	Effective date of 01/0	¹ plan 1/2008
N	1ailing	address (include ro	loyer, if for a single-employer plan) nom, apt., suite no. and street, or P.C		(if foreign one instr	uetions)	2b	Employer Identif (EIN) 20-0	ication Number 020000
		M PRESCRIPTION	nce, country, and ZIP or foreign post SHOPPE, LLC	iai code	(ii foreign, see instr	uctions)	2c	Sponsor's telep	hone number 85-4242
313 E BELLIN	MAPL IGHAN	E STREET, STE. 1 I, WA 98225-5708	01				2d	Business code (,
3a ₽	lan ad	Iministrator's name	and address Same as Plan Spon	sor.			3b	Administrator's I	EIN
							3c	Administrator's t	elephone number
			he plan sponsor has changed since number from the last return/report.	the last	return/report filed for	or this plan, enter the	4b	EIN	
		r's name					4c	PN	
	•		ts at the beginning of the plan year				5	а	27
			ts at the end of the plan year				5		0
C N	Numbe	er of participants wit	h account balances as of the end of	the plan	year (defined bene	fit plans do not	5		0
d(1) Tota	I number of active p	participants at the beginning of the p	lan year			5d	` '	15
d(2	t) Tota	I number of active p	participants at the end of the plan ye	ar			5d	(2)	0
	than 1	00% vested	at terminated employment during the				5		0
Unde SB or	r pena Sche	Ities of perjury and	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, a mplete.	ctions, I	declare that I have	examined this return/re	port, ii	ncluding, if applic	
SIGN		Filed with authorize	d/valid electronic signature.		08/29/2016	SARAH PITTS			
HERE									

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			☐ No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not determ	ined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year	
a Total plan assets	7a		429	400				0
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c			400				0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total	
(1) Employers	8a(1)							
(2) Participants	8a(2)		4	613				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		11	525				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1613	8
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		436	656				
Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f		8	8882				
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						44553	8
i Net income (loss) (subtract line 8h from line 8c)	8i						-42940	0
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D	feature coo	des from the List of Pla	an Cha	racteris	stic Co	des in th	e instructions:	
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:	
— In the plant provides worldre serionic, order the approvable well are to	odiaio oodi	oo nom the Election had	T Onarc	20101101		100 111 1110	mondono.	
Part V Compliance Questions								
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 Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	Х			1	00000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		<u> </u>	00000
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.)	ner persons ne or all of t	by an insurance he benefits under	10e	X				211
f Has the plan failed to provide any benefit when due under the pla			10f		Χ			
g Did the plan have any participant loans? (If "Yes," enter amount a					Х			
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g		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	he required	notice or one of the	10h 10i					
j Did the plan trust incur unrelated business taxable income?			10i 10j					
Part VI Pension Funding Compliance			٠٠,	1	<u> </u>	<u> </u>		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								☐ 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? Yes	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_		Τσαι	
b	Enter ti	he 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	sПNo	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian				s or custodi	an's
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	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)?		ha ha	sed safe arbor ethod	ADF test	P/ACP
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No	
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					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 lination 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	S	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

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OMB Nos. 1210-0110 1210-0089

2015

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Part I A	inual Report ic	lentification Information				
For calendar pla	an year 2015 or fisca	al plan year beginning	01/01/2016	and ending	08/01/2	
	2	a single-employer plan	a multiple-employer pla	an (not multiemployer)	(Filers checking th	s box must attach a
A This return/	report is for:	a one-participant plan		ployer information in a	ccordance with the	orm instructions)
	L	_ a one-participant plan	a foreign plan			
P This soturn/r	anartis [the first return/report	X the final return/report			
B This return/re	eport is	an amended return/report	x a short plan year return	/report (less than 12 m	nonths)	
	L	all amended returnineport	Z a onor plan your roller		_	
C Check box i	f filing under:	Form 5558	automatic extension		∐ DFVC p	rogram
	[special extension (enter descr	ription)			
Part II B	asic Plan Infori	mation—enter all requested inf	formation			
1a Name of pl					1b Three-digit plan numbe	r 001
Created f	rom CRx 401(k) Plan			(PN)	001
					1c Effective da	te of plan
					01/01/2	
2a Plan spons	sor's name (employe	er, if for a single-employer plan)			' '	entification Number
Mailing ad	dress (include room,	apt., suite no. and street, or P.C country, and ZIP or foreign post). Box) al code (if foreign, see instr	uctions)	(EIN) 20-	
		cion Shoppe, LLC	ar code (ii toreign, see man	dolloria)		elephone number
THE CUBE	.0 2200022				360-685	
1313 E M	aple Street,	Ste. 101			446110	de (see instructions)
Bellingh	am	WA 98225-57	08			
3a Plan admir	nistrator's name and	address XSame as Plan Spons	sor,		3b Administrate	or's EIN
					3c Administrat	or's telephone number
					JC Auministrati	or s telepitorie riumber
A If the new	a and/or FINI of the	wlan changed since	the last return/report filed f	or this plan enter the	4h FIN	
4 If the nam	e and/or EIN of the N, and the plan num	plan sponsor has changed since ber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	
4 If the nam name, Ell a Sponsor's	N, and the plan num	plan sponsor has changed since ber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN	
name, Ell a Sponsor's	N, and the plan num name	plan sponsor has changed since ber from the last return/report. It the beginning of the plan year			4c PN	27
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Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of a Total plan assets	
7 Plan Assets and Liabilities 7 7a 429,400 b Total plan assets	X Yes No X Yes No
a Total plan assets	
b Total plan liabilities	
C Net plan assets (subtract line 7b from line 7a)	0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	
a Contributions received or receivable from: (1) Employers	0
(1) Employers	tal
(2) Participants	
b Other income (loss)	
b Other income (loss)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
to provide benefits) 8d 436,656 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 8,882 g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2A 2E 2J 2K 2F 2G 3D B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 1 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2 the plan provides welfare benefits at the plan provides welfare benef	16,138
e Certain deemed and/or corrective distributions (see instructions)	
f Administrative service providers (salaries, fees, commissions)	
g Other expenses (add lines 8d, 8e, 8f, and 8g)	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2A 2E 2J 2K 2F 2G 3D B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 1 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 1 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2 the plan provides welfare benefits at the plan provides welfare b	445 530
j Transfers to (from) the plan (see instructions)	445,538 -429,400
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2A 2E 2J 2K 2F 2G 3D B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction	-429,400
	ons:
Part V Compliance Questions 10 During the plan year: Yes No N/A	A
a 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)	Amount
reported on line 10a.) 10b Y	100.00
C Was the plan covered by a fidelity bond?	100,00
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
e 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.)	21:
f Has the plan failed to provide any benefit when due under the plan?	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
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	
j Did the plan trust incur unrelated business taxable income?	
Part VI Pension Funding Compliance	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).	Yes No
11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of 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.)								
а	If a waiver of the minimum funding standard for a granting the waiver.					enter Da		of the let Year		ng
If	you completed line 12a, complete lines 3, 9, and	l 10 of Schedule MB (Form 5500), and	skip	to line	e 13.	_				
b	Enter the minimum required contribution for this pla	an year				12	b			
C Enter the amount contributed by the employer to the plan for this plan year						12	С			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						12	d	-	-	
е	Will the minimum funding amount reported on line	12d be met by the funding deadline?					Yes	No)	N/A
Part	VII Plan Terminations and Transfers	of Assets								
13a	Has a resolution to terminate the plan been adopted in	n any plan year?					×	'es 📗	No	
	If "Yes," enter the amount of any plan assets that	reverted to the employer this year				13	а			C
b	Were all the plan assets distributed to participants of the PBGC?					ontrol X Yes			s 🗌 N	٧o
С	If during this plan year, any assets or liabilities we which assets or liabilities were transferred. (See Ir		lan(s), iden	itify the plan(s) to	1				
	3c(1) Name of plan(s):				13c(2)	EIN((s)	13	3c(3) P	N(s)
Part	VIII Trust Information									
14a	Name of trust					14	b Trust's I	ΞIN		
14c	Name of trustee or custodian					14	telepho	e's or cu		ın's
Par	IRS Compliance Questions									
15a	is the plan a 401(k) plan?						Yes		No	
15b	If "Yes," how does the 401(k) plan satisfy the nond matching contributions (as applicable) under section						Design- based sa harbor method	ife [ADP test	
15c	If the ADP/ACP test is used, did the 401(k) plan per testing method" for nonhighly compensated emplo 2(a)(2)(ii))?	yees (Treas. Reg sections 1.401(k)-2(a)	(2)(ii)) and 1	1.401(m)-		Yes		No	
16a	Check the box to indicate the method used by the	plan to satisfy the coverage requiremen	ts und	der sed	ction 410(b):		Ratio percenta test	ge [erage efit test
16b	Does the plan satisfy the coverage and nondiscrin this plan with any other plans under the permissive						Yes		No	
17a	Has the plan been timely amended for all required	tax law changes?				$ \square $	Yes		No	N/A
17k	Date the last plan amendment/restatement for the for tax law changes and codes).	required tax law changes was adopted			Enter the	appl	icable cod	e	(See ir	nstruction
	If the plan sponsor is an adopter of a pre-approved advisory letter, enter the date of that favorable lett	er and the le	etter's	s seria	ıl number					or
17d	If the plan is an individually-designed plan and rec determination letter					f the	plan's last	favorat	ole	
18	Is the Plan maintained in a U.S. territory (i.e., Pue made), American Samoa, Guam, the Commonwe						Yes		No	
19	Were in-service distributions made during the plan	ı year?					Yes		No	
	If "Ven" enter emount					. 1	9			
	If Yes, effice amount					1	3442			
20	Were required minimum distributions made to 5% retired), as required under section 401(a)(9)?	owners who have attained age 70 ½ (re	gardl	ess of	whether or not		Yes		No	□N/A