-	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					e OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee F				etirement	2015					
Department of Labor Employee Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Revenue Code (the Code).						This Form is Open				
Pension Be	enefit Guaranty Corporation	uctions to the Form 5	500-SF.	Publi	c Inspection					
Part I	Annual Report I ar plan year 2015 or fise	dentification Information cal plan year beginning 01/01/2015		and ending 1	2/31/2015					
			cking this bo	x must attach a						
A This return/report is for: a one-participant plan a multiple-employer plan (not multiemployer) list of participating employer information in au a foreign plan						-				
B This retu	urn/report is	the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months)								
C Check	C Check box if filing under:						am			
		special extension (enter description								
Part II 1a Name		mation—enter all requested information	tion		1b Thre	e-diait				
	SKAGIT HOUSING 40	1(K) PLAN			plan	blan number				
					· · ·	PN) ▶ 001 ffective date of plan				
						/2009				
Mailing	g address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.O. Box e, country, and ZIP or foreign postal cod		uctions)	2b Emp (EIN	bloyer Identification Number I) 91-1005103				
	SKAGIT HOUSING		le (il loreign, see instr		2c Sponsor's telephone number 360-398-0223					
					2d Busi	siness code (see instructions)				
5373 GUIDE SUITE E105	MERIDIAN					813000				
BELLINGHA	M, WA 98226-9740					813000				
					3c Adm	iinistrator's te	elephone number			
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b EIN					
	, EIN, and the plan num or's name	ber from the last return/report.			4c PN					
· · · · ·		at the beginning of the plan year			5a		5			
b Total ı	number of participants a	at the end of the plan year			5b		5			
	· ·	ccount balances as of the end of the pla		•	5c		5			
		icipants at the beginning of the plan yea			5d(1)		5			
• •		ticipants at the end of the plan year			5d(2)		5			
e Numb	per of participants that to	erminated employment during the plan	year with accrued ber	nefits that were less	5e		0			
		r incomplete filing of this return/repo			use is esta	blished.				
SB or Sche		er penalties set forth in the instructions, d signed by an enrolled actuary, as wel lete.								
SIGN		alid electronic signature.	06/01/2016	NANCY LARSEN						
HERE	Signature of plan ac	Iministrator	Date	Enter name of individ	ual signing	as plan adm	inistrator			
SIGN HERE	Filed with authorized/v	alid electronic signature.	06/01/2016	NANCY LARSEN						
		re of employer/plan sponsor Date Enter name of individ								
Preparer's name (including firm name, if applicable) and address (include room or suite number)				Preparer's telephone number						
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.										
For Paperw	OR REDUCTION ACT NOTICE	and UMB Control Numbers, see the Instr	uctions for Form 5500-	эг.		ŀ	Form 5500-SF (2015) v. 150123			

b	 6a 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) inder 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. 									
	f the plan is a defined benefit plan, is it covered under the PBGC ir							No Not determined		
Par	t III Financial Information									
7 I	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar		(b) End of Year			
<u>a</u> -	Fotal plan assets	7a		170	163			193751		
b -	Fotal plan liabilities	7b				_				
C 1	Net plan assets (subtract line 7b from line 7a)	7c		170163			193751			
	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	(a) Amount			(b) Total			
	Contributions received or receivable from: 1) Employers	8a(1)		17	748					
	 Participants 	8a(2)		11	887					
	3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		-2	825					
C -	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						26810		
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d								
e (Certain deemed and/or corrective distributions (see instructions)	8e								
f /	Administrative service providers (salaries, fees, commissions)	8f		3	222					
g (Other expenses	8g				_				
<u>h</u> -	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_		3222		
	Net income (loss) (subtract line 8h from line 8c)	8i				_		23588		
_ J _	Fransfers to (from) the plan (see instructions)	8j								
Part										
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D									
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructions:		
Part	V Compliance Questions							-		
10	During the plan year:				Yes	No	N/A	Amount		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x				
b						х				
С	C Was the plan covered by a fidelity bond?				х			200000		
d	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				
e	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.)				х			695		
f	-					х				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х				
h						Х				
i	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									
j	j Did the plan trust incur unrelated business taxable income?									
Part	VI Pension Funding Compliance			10j	ı	ı	ı	1		

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)				
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	302 of E	RISA?	Yes	X No

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	(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 instructions, and enter the date of the letter ruling granting the waiver									
If 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									
C 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 (enter a minus sign to the left of a negative amount)									
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part	Part VII Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Yes X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	e of trust		14b	b Trust's EIN				
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es				
15b 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)?					esign- ased safe ADP/ACP arbor test ethod				
15c 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))?					es 🗌 No				
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					atio ercentage est	erage nefit 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?					es	No			
17a Has the plan been timely amended for all required tax law changes?				Ye	es	No	N/A		
	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).								
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or		
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/									
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?				s 🗌 No				
19 Were in-service distributions made during the plan year?					es	s 🗌 No			
If "Yes," enter amount									
20						No	N/A		