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

2015

OMB Nos. 1210-0110

This Form is Open to **Public Inspection**

Part I Annual Repo	ort Identification Informatio	n					
For calendar plan year 2015 o	or fiscal plan year beginning 01/01	/2015 and ending 12	2/31/2015				
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		-			
B This return/report is	This return/report is						
C Check box if filing under:	Form 5558 special extension (enter des			DFVC progi	ram		
	nformation—enter all requested i	information	1				
1a Name of plan SEATTLE SOUNDERS FC 40	1(K) PLAN		1b Thre plan (PN)	number	001		
			_ ` '	ctive date of	f plan 1/2010		
2a Plan sponsor's name (em Mailing address (include			Employer Identification Number (EIN) 26-2503037				
SEATTLE SOCCER LLC	2c Spo	2c Sponsor's telephone number 206-512-1200					
59 SOUTH JACKSON ST, SU BEATTLE, WA 98104	ITE 200		2d Busi	iness code (see instructions)		
3a Plan administrator's name	e and address XSame as Plan Spo	nsor.	3b Adm	ninistrator's I	ΞIN		
			3c Adm	ninistrator's t	elephone number		
name, EIN, and the plan	f the plan sponsor has changed sinc number from the last return/report.	e the last return/report filed for this plan, enter the	4b EIN				
a Sponsor's name			4c PN				
		ſ	5a		107		
 Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 				. 5b 107 5c 72			
,	plan year	5d(1)		78			
		rear	5d(2)		102		
e Number of participants t	hat terminated employment during th	ne plan year with accrued benefits that were less	5e		0		
Caution: A penalty for the la	ate or incomplete filing of this retu	irn/report will be assessed unless reasonable car	ise is esta	hlished			

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

beller, it is	true, correct, and complete.						
SIGN Filed with authorized/valid electronic signature.		07/29/2016	TOM RILEY				
HERE	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 sp				
Preparer's	s name (including firm name, if applicable) and address (inclu	per)	Preparer's telephone number				

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b Are you claiming under 29 CFR 2	plan's assets during the plan year invested in eligi g a waiver of the annual examination and report of 2520.104-46? (See instructions on waiver eligibility d "No" to either line 6a or line 6b, the plan can	an indeper and condit not use Fo	ndent qualified public a ions.)rm 5500-SF and mus	ccount	ant (IQ ad use	PA) Form	5500.			X Yes	
	efined benefit plan, is it covered under the PBGC	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	N	ot deter	mined
Part III Finan	cial Information		Г								
7 Plan Assets and			(a) Beginning	•				(b) E	nd of		
	S	7a		1273	3117					17679) 37
	iies	7b		1273	1117					47670	227
	(subtract line 7b from line 7a)es, and Transfers for this Plan Year	7с	(a) Ama-		0117	-		/1-	\ Tat	17679	131
	ceived or receivable from:		(a) Amou	ınt				(1)) Tota	aı	
		8a(1)		173	3317						
(2) Participants		8a(2)		378	3076						
	uding rollovers)	8a(3)			7096						
	oss)	8b		1	467						
	dd lines 8a(1), 8a(2), 8a(3), and 8b) cluding direct rollovers and insurance premiums	8с								6299	156
1 \	itis)	8d		133	3716						
e Certain deemed	and/or corrective distributions (see instructions)	8e									
f Administrative s	ervice providers (salaries, fees, commissions)	8f		1	1420						
g Other expenses		8g									
	(add lines 8d, 8e, 8f, and 8g)	1					135136				
	s) (subtract line 8h from line 8c)									4948	320
<u> </u>	m) the plan (see instructions) Characteristics	·· 8j									
B If the plan prov	ides welfare benefits, enter the applicable welfare ance Questions	feature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uction	s:	
10 During the plan	n year:				Yes	No	N/A		Α	mount	
described in 2	illure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's	Voluntary F	iduciary Correction	10a	X						41529
	y nonexempt transactions with any party-in-interes			400		X					
· · · · · · · · · · · · · · · · · · ·	e 10a.)covered by a fidelity bond?			10b	V	^					
	ave a loss, whether or not reimbursed by the plan's			10c	X						1000000
	honesty?			10d		X					
carrier, insurar	or commissions paid to any brokers, agents, or of once service, or other organization that provides so instructions.)	me or all of	the benefits under	10e		X					
						Χ					
g Did the plan ha											
h If this is an ind						X					
	wered "Yes," check the box if you either provided providing the notice applied under 29 CFR 2520.10			10i							
j Did the plan tr	ust incur unrelated business taxable income?			10j							
Part VI Pensio	n Funding Compliance			-							
11 Is this a define	d benefit plan subject to minimum funding requirer 11a below)									Yes	s X No
11a Enter the unpa	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40										
12 Is this a define	ed contribution plan subject to the minimum funding	g requireme	ents of section 412 of t	he Cod	le or se	ction 3	302 of E	RISA?	·	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	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 inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	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					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	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	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
14c Name of trustee or custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Yes No					
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)?						Design- based safe ADP/ACP harbor test method			
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))?									
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	U p∈	Ratio percentage test Average benefit 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 Has the plan been timely amended for all required tax law changes?						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		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	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 fav	vorable			
18									
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes," enter amount								
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

Department of Labor Income Securit

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

Part I	Annual Report	Identification Information							
For calen	dar plan year 2015 or f	iscal plan year beginning	01/01/2015	and ending		12/31/201	L5		
Λ This r	eturn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemploye	er) (File	s checking this b	oox must attach a		
A IIIIST	etumneport is for.	a one-participant plan	a foreign plan	mployer information in	accorda	ance with the forr	n instructions)		
B This re	turn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12	months)			
C Check	box if filing under:	Form 5558	automatic extension			DFVC prog	ram		
Dowt II	Desis Dies Infe	special extension (enter descri				***			
Part II 1a Name		prmation—enter all requested in	formation		141.		T		
	e Sounders FC	401(k) Plan			10	Three-digit plan number	0.01		
					1c	(PN) Fifective date of			
2a Plan	sponsor's name (emplo	yer, if for a single-employer plan)			26	01/01/2010			
Mailir	ng address (include roo	m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		ructions)	2b Employer Identification Number (EIN) 26–2503037				
	e Soccer LLC			,	2c	Sponsor's teleph (206) 512-			
150 0		0.11 000			2d	Business code (see instructions)		
	ith Jackson St	, Suite 200				711210			
Seattle 3a Plana		nd address XSame as Plan Spons	or. WA	98104	3b	Administrator's E	-IN		
					0.0	Administrator 3 L	-114		
						Administrator s ti	elephone number		
4 If the	name and/or EIN of the	plan sponsor has changed since t	he last return/report filed for	or this plan, enter the	4b	EIN			
	or's name	nber from the last return/report.			4c	PN			
5a Total	number of participants	at the beginning of the plan year					83		
		at the end of the plan year					107		
c Numb	er of participants with a	account balances as of the end of the	he plan year (defined bene	efit plans do not	50		72		
		ticipants at the beginning of the pla			5d(1)	78		
		ticipants at the end of the plan yea					102		
e Numb	per of participants that t	erminated employment during the	plan year with accrued ber	nefits that were less	5e		0		
Caution: A	I penalty for the late o	r incomplete filing of this return.	report will be assessed	unless reasonable ca	use is e	established.			
SB or Sche	alties of perjury and oth edule MB completed an true, correct, and comp	er penalties set forth in the instruct d signed by an enrolled actuary, as lete.	ions, I declare that I have swell as the electronic vers	examined this return/re sion of this return/repor	eport, ind rt, and to	cluding, if applica the best of my l	ble, a Schedule knowledge and		
SIGN	01/8	Cly		Tom Riley	750-3000				
HERE	Signature of plan ac	Iministrator	Date 7/28/16	Enter name of individ	lual sign	ning as plan admi	nistrator		
SIGN HERE			1		aa. o.g.	g do plan dom	inotrator		
	Signature of employ		Date	Enter name of individ	lual sign	ing as employer	or plan sponsor		
Preparer's	name (including firm na	me, if applicable) and address (inc	lude room or suite numbei	r)	Prepa	rer's telephone n	umber		

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 6a Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot clif the plan is a defined benefit plan, is it covered under the PBGC in 	an independ and condition of use Forn	lent qualified public ns.) n 5500-SF and mu	accour	ntant (IQPA) se Fori	m 5500.	X Yes No		
Part III Financial Information		3			[
7 Plan Assets and Liabilities		(-) D : - :			\neg				
a Total plan assets	70	(a) Beginnii	1,2	73 , 1	17		(b) End of Year 1,767,937		
b Total plan liabilities	7a 7b				+		17701733		
C Net plan assets (subtract line 7b from line 7a)	7c		1 2	73,1	17		1 767 025		
8 Income, Expenses, and Transfers for this Plan Year	70	(a) A		J, 1	1/		1,767,937		
a Contributions received or receivable from: (1) Employers	8a(1)	(a) Amo		73,3	17		(b) Total		
(2) Participants	8a(2)		37	78,0	76				
(3) Others (including rollovers)	8a(3)	***************************************		77,09	_				
b Other income (loss)	8b			1,46					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						629,956		
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	NAME OF THE PROPERTY OF THE PR	13	3,71	16				
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		1,420						
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						135,13		
i Net income (loss) (subtract line 8h from line 8c)	8i						494,820		
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D									
B If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	an Char	acteris	tic Cod	des in th	e instructions:		
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fidu	ciary Correction	10a	Х			41,529		
b Were there any nonexempt transactions with any party-in-interest?	(Do not incl	ude transactions							
reported on line 10a.)			10b		Х				
C Was the plan covered by a fidelity bond?			10c	Х			1,000,000		
d Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		Х				
carrier, insurance service, or other organization that provides some	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance rrier, insurance service, or other organization that provides some or all of the benefits under e plan? (See instructions.)				Х				
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 as									
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X				
i If 10h was answered "Yes," check the box if you either provided the									
Part VI Pension Funding Compliance			10j						
Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Yes	" see instructions a	and con	nplete :	Sched	ule SB (F	Form Yes X No		
11a Enter the unpaid minimum required contribution for all years from S	1000					11a			
		of section 412 of the							

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
If a waiver of the minimum funding standard for a prior year is being amortized in this plan y granting the waiver.	n year, see instructions, and enter the date of the letter ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and s	
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
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus negative amount)	us sign to the left of a 12d
e 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 any plan year?	Yes X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another pl of the PBGC?	plan, or brought under the control Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another pla which assets or liabilities were transferred. (See instructions.)	plan(s), identify the plan(s) to
13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) 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?	Yes No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee d matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	harbor test method
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year u testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2) 2(a)(2)(ii))?	(2)(ii) and 1.401(m)-
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements u	test benefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a) this plan with any other plans under the permissive aggregation rules?	(a)(4) by combining Yes No
17a Has the plan been timely amended for all required tax law changes?	Yes
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	The suppose of the su
	er's serial number
17d If the plan is an individually-designed plan and received a favorable determination letter from determination letter	Section of the Control of Control of the Control of the Control of the Control of Contro
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S.	on 1022(i)(2) has been e U.S. Virgin Islands)?
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 (regard retired), as required under section 401(a)(9)?	ardless of whether or not Yes No N/A