## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**HERE** 

## 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

F	Part I	Annual Report	t Identification Information									
Fo	r calenda	r plan year 2015 or f	fiscal plan year beginning 01/01/20	15	and ending 12/31/2	015						
Α	This retu	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan										
В	This retu	his return/report is										
С	Check b	ox if filing under:	▼ Form 5558     □ special extension (enter descrip	automatic extension	DFVC program							
	) t   I	Dania Dian Inf										
1a	Part II  Name of SEATTL		ormation—enter all requested info	rmation		Three-digit plan number (PN)	001					
					10	Effective date of p						
28	Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.			<b>2b</b> Employer Identification Number (EIN) 91-2135859						
	SEATTLE		ce, country, and ZIP or foreign postal	code (if foreign, see instr	2c	2c Sponsor's telephone number 253-246-4090						
	50 - 84TH IT, WA 98				2d	2d Business code (see instructions)  442299						
38	Plan ac	Iministrator's name a	and address XSame as Plan Sponso	r.	3b	<b>3b</b> Administrator's EIN						
					3c	Administrator's te	lephone number					
4			ne plan sponsor has changed since thumber from the last return/report.	e last return/report filed for	or this plan, enter the 4b	<b>D</b> EIN						
a	3 Sponso	r's name			4c	PN						
5a	Total n	umber of participants	s at the beginning of the plan year		<del></del>		57					
b			s at the end of the plan year			b	61					
C			account balances as of the end of th		3		47					
C	<b>d(1)</b> Tota	I number of active pa	articipants at the beginning of the plar	n year	<b></b>	<b>5d(1)</b> 48						
d(2) Total number of active participants at the end of the plan year						<b>5d(2)</b> 52						
	than 1			. <b>5e</b> 0								
			or incomplete filing of this return/				blo o Cob - did-					
SE	3 or Sche		other penalties set forth in the instructi and signed by an enrolled actuary, as aplete.									
	GN		d/valid electronic signature.	10/07/2016	DIANE STEWART							
HE	ERE	Signature of plan	administrator	nistrator Date Enter name of individu								
SI	GN	•										

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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<ul> <li>Were all of the plan's assets during the plan year invested</li> <li>Are you claiming a waiver of the annual examination and runder 29 CFR 2520.104-46? (See instructions on waiver of the you answered "No" to either line 6a or line 6b, the plan's assets during the plan year invested.</li> </ul>	eport of an independeligibility and condition	dent qualified public a	ccount	ant (IQ	PA)				X Yes X	No No
C If the plan is a defined benefit plan, is it covered under the	PBGC insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	No	ot determined	k
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	•				(b) Er	nd of `		
a Total plan assets	1		2412	2113					2614690	
<b>b</b> Total plan liabilities			2412	1440					261.4600	
Net plan assets (subtract line 7b from line 7a)      Income, Expenses, and Transfers for this Plan Year	7c	(a) Ama-		113	-		<b>/</b> l=	\ Tata	2614690	
a Contributions received or receivable from:		(a) Amou	ınt				a)	) Tota	II.	
(1) Employers	8a(1)		90	336						
(2) Participants	8a(2)		130	0050						
(3) Others (including rollovers)				181						
<b>b</b> Other income (loss)			10	)263						
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      Benefits paid (including direct rollovers and insurance prer									230830	
to provide benefits)			28	3253						
e Certain deemed and/or corrective distributions (see instruc	ctions) 8e									
f Administrative service providers (salaries, fees, commission	ons) <b>8f</b>									
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								28253	
Net income (loss) (subtract line 8h from line 8c)									202577	_
j Transfers to (from) the plan (see instructions)	····· 8j									
Part IV Plan Characteristics					<i>.</i> : 0					
9a If the plan provides pension benefits, enter the applicable 2E 2G 2J 2K 2T 3D	pension feature cod	les from the List of Pi	an Cha	racteris	stic Cc	ides in t	ne inst	ructioi	ns:	
B If the plan provides welfare benefits, enter the applicable	welfare feature code	es from the List of Pla	n Chara	acterist	ic Cod	les in th	e instru	uctions	3:	_
Part V   Compliance Questions				I						
<ul><li>During the plan year:</li><li>Was there a failure to transmit to the plan any participant</li></ul>	contributions within	the time period		Yes	No	N/A		Aı	mount	
described in 29 CFR 2510.3-102? (See instructions and Program)	DOL's Voluntary Fig	duciary Correction	10a		X					
<b>b</b> Were there any nonexempt transactions with any party-in			401		X					
reported on line 10a.)			10b		^					
C Was the plan covered by a fidelity bond?			10c	X					2000	00
<b>d</b> Did the plan have a loss, whether or not reimbursed by the by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, ager carrier, insurance service, or other organization that prov	nts, or other persons ides some or all of t	by an insurance he benefits under	100	X					6	85
the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under			10e		X				0	00
			10f							
g Did the plan have any participant loans? (If "Yes," enter a			10g		X					
h If this is an individual account plan, was there a blackout 2520.101-3.)			10h		X					
i If 10h was answered "Yes," check the box if you either pre- exceptions to providing the notice applied under 29 CFR			10i							
j Did the plan trust incur unrelated business taxable incom	ie?		10j							
Part VI Pension Funding Compliance					1		1			
11 Is this a defined benefit plan subject to minimum funding 5500) and line 11a below)									Yes	No
11a Enter the unpaid minimum required contribution for all ye						11a				
12 Is this a defined contribution plan subject to the minimum	n funding requiremen	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?		Yes X	No

	F	orm 5500-SF 2015 Page <b>3</b> - 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)		<b>13c(3)</b> 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					
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
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)?		Design- based safe ADP/ACP harbor test method					
15c	testing	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 1.4(ii))?	101(m)-	Yes No					
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratio Average benefit te			0		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b	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		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		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).

▶ 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** 

For colo	Annual Repor	rt Identification Information	<u> </u>						
FOF Callet	ndar plan year ∠015 or	fiscal plan year beginning 01/01/20		and ending 12					
<b>∆</b> This	return/report is for:	X a single-employer plan	a multiple-employer	r plan (not multiemployer	r) (Filers checking	this box must attach a			
F	Total Proportion . C.	a one-participant plan	a foreign plan	he form instructions)					
B This re	return/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year ret	turn/report (less than 12 r	months)				
C Chec	ck box if filing under:	X Form 5558	automatic extension			C program			
		special extension (enter description)		1	□ 5	o program			
Part II	Basic Plan Infe	ormation—enter all requested in		<del></del>					
	ne of plan				1b Three-dig	sit			
CC SEAT	TLE RETIREMENT PLA	AN			plan num				
					1c Effective	date of plan			
2a Plan	sponsor's name (emple	oyer, if for a single-employer plan)			01/01/200				
Mailir City o	ing address (include root or town, state or provinc	om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta	). Box) tal code (if foreign, see in:	structions)	(EIN) 91-2				
CC SEATT	TLE, LLC NIA CLOSETS	-		,		s telephone number (253) 246-4090			
10450 - 84	ITH AVE. S.				2d Business ( 442299	code (see instructions)			
KENT, WA	4 98032								
		nd address X Same as Plan Spons	POF		3b Administra				
			or.		Su Mullillistre	itors ein			
						itor's telephone number			
4 If the	name and/or EIN of the	e plan sponsor has changed since the	the last return/report filed	for this plan, enter the	4b EIN				
name	e, EIN, and the plan nun sor's name	mber from the last return/report.			4c PN				
		at the beginning of the plan year				57			
		at the end of the plan year			5b	61			
C Numb	ber of participants with a	account balances as of the end of tr	he plan vear (defined bene	efit plans do not	5c	47			
		rticipants at the beginning of the plai			5d(1)	48			
		rticipants at the end of the plan year			5d(1)	52			
e Numb	iber of participants that to	terminated employment during the p	plan year with accrued be-	enefits that were less	5e	0			
<u>Jaution: A</u>	A penaity for the late o	or incomplete filing of this return/	report will be assessed	unless reasonable cau	uso is actablished				
onaer pena SB or Sche	ialties of perjury and other	ner penalties set forth in the instructi nd signed by an enrolled actuary, as	tions. I declare that I have	eyamined this return/ren	nort including if a	andianhia a Cahadala			
SIGN HERE	× Diane 5-		110/7/16	xs Dane S	Awart				
IENE.	Signature of plan ad	Iministrator	Date	Enter name of individu	ual signing as plar	administrator			
SIGN IERE									
	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ual signing as emp	ployer or plan sponsor			
reparer s r	name (including firm name	ame, if applicable) and address (incl	iude room or suite number		Preparer's teleph				
				L	<u> </u>				
				1					

	5									
	Form 5500-SF 2015		Page <b>Ž</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 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 be a second or line 6b.		Yes No							
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA s	section 4	4021)?	·[	Yes	□ No □ Not	determined	
<b>a</b>	rt									
	Plan Assets and Liabilities		(a) Beginnir	ng of Ye	ar			(b) End of Ye	ar	
a	Total plan assets	7a		24121	13			26	14690	
b	Total plan liabilities	7b								
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		24121	13			26	14690	
	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Total		
а 	Contributions received or receivable from: (1) Employers	8a(1)		903	36	A				
	(2) Participants	8a(2)		1300	50			. 1997	X	
	(3) Others (including rollovers)	8a(3)		1	81		1=1 5			
b	Other income (loss)	8b		102	63					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						23	30830	
d d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	28253					, link in the		
е	Certain deemed and/or corrective distributions (see instructions)	8e								
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f				1				
9_	Other expenses	8g					l Es			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				É	28253			
	Net income (loss) (subtract line 8h from line 8c)	8i				Č.	202577			
	Transfers to (from) the plan (see instructions)	8j				5				
aı	t IV Plan Characteristics									
a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature code	s from the List of P	lan Cha	racteri	stic Co	odes in t	he instructions:	. <u>.</u>	
3	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Pla	n Chara	acteris	tic Cod	des in th	e instructions:	·	
11	V Compliance Questions									
)_	During the plan year:				Yes	No	N/A	Amo	ount	
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 Verogram)	oluntary Fidu	uciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not inc	lude transactions	10b		х				
С	Was the plan covered by a fidelity bond?			10c	х				200000	
d	Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?	fidelity bond,	that was caused	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons be or all of the	y an insurance benefits under	10e	х				685	
f	Has the plan failed to provide any benefit when due under the plan	12		405		Х				

Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes fr 2G 2J 2K 2T 3D В If the plan provides welfare benefits, enter the applicable welfare feature codes fro Part V **Compliance Questions** 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the ti described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia b Were there any nonexempt transactions with any party-in-interest? (Do not include reported on line 10a.) ..... Was the plan covered by a fidelity bond?..... Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that by fraud or dishonesty?..... Were any fees or commissions paid to any brokers, agents, or other persons by ar carrier, insurance service, or other organization that provides some or all of the be the plan? (See instructions.)..... f Has the plan failed to provide any benefit when due under the plan? ..... 10f Х Did the plan have any participant loans? (If "Yes," enter amount as of year end.) ..... 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) ..... 10h 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..... 10i Did the plan trust incur unrelated business taxable income? ..... 10i Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 🗌 5500) and line 11a below). 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

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	<del></del>						
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan yea granting the waiver.	Month	enter the	date of	the letter Year	ruling		
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ski	p to line 13.						
t	Enter the minimum required contribution for this plan year		12b					
	Enter the amount contributed by the employer to the plan for this plan year	***************************************	12c					
		on 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	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		13a	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, of the PBGC?	, or brought under the c	ontrol		Yes X	No		
С		s), identify the plan(s) to	)					
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
(**************************************								
Part	Trust Information							
14a	Name of trust		<b>14b</b> Tr	ust's EIN				
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number						
Par	IRS Compliance Questions							
15a	is the plan a 401(k) plan?		Yes		No			
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee defermatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas-	Design- based safe ADP/ACP harbor test method				
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) 2(a)(2)(ii))?	and 1 401(m)-	Yes		No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under		Rati pero	o centage		erage efit test		
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) this plan with any other plans under the permissive aggregation rules?		Yes		No			
17a	Has the plan been timely amended for all required tax law changes?		Yes		No	□N/A		
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap				structions		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submadvisory letter, enter the date of that favorable letter and the letter's	s serial number				or		
	If the plan is an individually-designed plan and received a favorable determination letter from the determination letter		he plan's	last favo	rable			
18	ls the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 10 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S.	22(i)(2) has been . Virgin Islands)?	Yes		No			
19 v	Nere in-service distributions made during the plan year?		Yes		No			
ř	f "Yes," enter amount		19					
<b>20</b> v	Nere required minimum distributions made to 5% owners who have attained age 70 ½ (regardles retired), as required under section 401(a)(9)?	s of whether or not	Yes		No	N/A		