Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

CAROL COLBY

119 E PALATINE ROAD, SUITE 104 PALATINE, IL 60067

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

Part I	Annual Repor	t identification information				
For caler	dar plan year 2015 or	fiscal plan year beginning 01/01/2	015	and ending 12/31	/2015	
A This	eturn/report is for:	lan (not multiemployer) (Fil nployer information in accor	-			
B This re	eturn/report is	a one-participant plan the first return/report	a foreign plan the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 montl	ns)	
C Chec	k box if filing under:	Form 5558	automatic extension		DFVC program	
D 4 !!		special extension (enter descr	• •			
Part II 1a Nam ANACOR	e of plan	ormation—enter all requested inf		1	b Three-digit plan number (PN)	001
				1	C Effective date of pla 04/01/20	
Maili	ng address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O			b Employer Identificat (EIN) 91-1733	
	or town, state or provin ES SENIOR HOUSING	ce, country, and ZIP or foreign posta 5, LLC	al code (if foreign, see insti	ructions) 2	C Sponsor's telephone 360-882-4	
	RK PLAZA, SUITE 109 ER, WA 98684	5		2	d Business code (see 623000	instructions)
3a Plan	administrator's name a	and address XSame as Plan Spons	sor.	3	b Administrator's EIN	
				3	C Administrator's telep	phone number
		ne plan sponsor has changed since tumber from the last return/report.	the last return/report filed for	or this plan, enter the 4	b EIN	
	nsor's name			4	C PN	
5a Tota	I number of participant	s at the beginning of the plan year			5a	54
_		s at the end of the plan year			5b	58
C Nun	ber of participants with	account balances as of the end of t	the plan year (defined bene	efit plans do not	5c	33
d(1) ⊤	otal number of active p	articipants at the beginning of the pla	an year	5	id(1)	51
		articipants at the end of the plan yea		_	id(2)	50
e Nur	nber of participants tha	It terminated employment during the	plan year with accrued be	nefits that were less	5e	3
Caution:	A penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cause		
SB or Sc	, , ,	other penalties set forth in the instruction and signed by an enrolled actuary, an oplete.			, 0, 1,	,
SIGN		d/valid electronic signature.	10/17/2016	ANGELO BRANCH		
HERE	Signature of plan		Date	Enter name of individual	signing as plan adminis	strator
SIGN						

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

847-776-2125

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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 a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an independendendendendendendendendendendendende	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		×	Yes 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 o	determined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) End		
a Total plan assets	7a		426	065					440087
b Total plan liabilities	7b		426	0					0 440087
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) A		065			(1-)		440067
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(a)	Total	
(1) Employers	8a(1)		22	808					
(2) Participants	8a(2)		63	612					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		1	455					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								87875
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		71	771					
e Certain deemed and/or corrective distributions (see instructions)	8e		1	382					
f Administrative service providers (salaries, fees, commissions)	8f			700					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								73853
i Net income (loss) (subtract line 8h from line 8c)	8i								14022
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 3D	feature coo	des from the List of PI	an Cha	racteris	stic Co	des in tl	he instru	uctions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instru	tions.	
— In the plant provides from the special control and approvable from the control of	odiaio oodo	oo nom are blocor ra	T Onarc	20101101	10 000		o motrac	otiono.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	unt
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 Fig	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?				Х					F00000
d Did the plan have a loss, whether or not reimbursed by the plan's			10c	^					500000
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	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla					X				
			10f		^				
g Did the plan have any participant loans? (If "Yes," enter amount a	•	·	10g	Х					38517
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		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			10i						
j Did the plan trust incur unrelated business taxable income?			10j			X			
Part 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	Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 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	e.)					
а	a If a waiver of the minimum funding standard for a prior year is being amortized			_			ing
If	granting the waiver			Day	Y	ear	
	b Enter the minimum required contribution for this plan year			12b			
				12c			
	Enter the amount contributed by the employer to the plan for this plan year			120			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (er negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding de	adline?		,	Yes	No	N/A
Part	t 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	/ear		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to fithe PBGC?					Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), iden	tify the plan(s) to				
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) P	N(s)
Part	rt VIII Trust Information						
	Name of trust ACORTES SENIOR HOUSING AND LIGHTHOUSE MEMORY CARE 401(K) PLA	N & TRUS			ust's EIN '33148		
	C Name of trustee or custodian N KALSHIAN, LANNEY WIXSON AND WENDY WIXSON				rustee's o elephone n		
Par	rt IX IRS Compliance Questions						
15a	a Is the plan a 401(k) plan?			Yes		No	
15b	b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					ADP test	/ACP
15c	C If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for th testing method" for nonhighly compensated employees (Treas. Reg sections 1.4 2(a)(2)(ii))?			Yes		No	
	a Check the box to indicate the method used by the plan to satisfy the coverage re	·	. ,	Rati perd test	centage		rage efit test
16b	b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(l this plan with any other plans under the permissive aggregation rules?			Yes		No	
17a	a Has the plan been timely amended for all required tax law changes?			Yes		No	N/A
	b Date the last plan amendment/restatement for the required tax law changes was for tax law changes and codes).					(See inst	
17c	C If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) advisory letter, enter the date of that favorable letter//	or volume submitter p and the letter's serial		t to a fav	orable IRS 	opinion (or
17d	d If the plan is an individually-designed plan and received a favorable determination determination letter/	on letter from the IRS, e	enter the date of	the plan's	s last favo	rable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under Emade), American Samoa, Guam, the Commonwealth of the Northern Mariana Is			Yes		No	
19	Were in-service distributions made during the plan year?			Yes		No	
	If "Yes," enter amount			19			
20	Were required minimum distributions made to 5% owners who have attained agretired), as required under section 401(a)(9)?			Yes		No	N/A

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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▶ 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

		Identification Information							
For calenda	ar plan year 2015 or f		/01/2015	and ending	12/31/20	,			
	•	lan (not multiemployer)							
A This ret	urn/report is for:			nployer information in a	accordance with the form instructions)				
		a one-participant platt	a foreign plan						
B This return/report is									
		an amended return/report	short plan year retur	n/report (less than 12 n	nonths)				
C Check b	ox if filing under:	X Form 5558	automatic extension		DFVC pro	ogram			
		special extension (enter description				3			
Part II	Bacic Blan Info	ormation—enter all requested informa	*						
1a Name		ormation—enter all requested fillorina	11011		1b Three-digit	<u> </u>			
	ES SENIOR HO	plan number	001						
		(PN)							
					1c Effective date	of plan			
					04/01/20	08			
		oyer, if for a single-employer plan)			2b Employer Ide				
		m, apt., suite no. and street, or P.O. Box ce, country, and ZIP or foreign postal coo		rictione)	(EIN) 91-1	733148			
	tes Senior H		ic (ii ioreign, acc man	dellona)	2c Sponsor's tel	-			
					360-882-				
201 NE	Park Plaza,	Suite 105			2d Business cod 623000	e (see instructions)			
,					623000				
Vancou	ver	WA · 98684							
		nd address XSame as Plan Sponsor.			3b Administrator	s FIN			
						~ _			
•						3c Administrator's telephone number			
						s telephone number			
					3C Administrator	s telephone number			
					3C Administrator	s telephone number			
					3C Administrator	s telephone number			
		e plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	3C Administrator	s telephone number			
name,	EIN, and the plan nu	e plan sponsor has changed since the la mber from the last return/report,	st return/report filed fo	or this plan, enter the	4b EIN				
	EIN, and the plan nu		st return/report filed fo	or this plan, enter the	4b EIN 4c PN	s telephone number			
name, a Sponso	EIN, and the plan nu or's name				4b EIN				
a Sponso	EIN, and the plan nu or's name number of participants	mber from the last return/report.			4b EIN 4c PN	*,			
name, a Sponso 5a Total n b Total n c Numbe	EIN, and the plan nu or's name number of participants number of participants er of participants with	at the end of the plan year	an year (defined bene	efit plans do not	4b EIN 4c PN 5a 5b	54 58			
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	Form 5500-SF 2015		Page 2								
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 can't the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi not use Fo	ndent qualified public ations.)orm 5500-SF and mus	account it instea	ant (IC	PA)	 5500.		∐ Ye	s No	
	rt III Financial Information	isurance j	orogram (see ERISA si	ection 4	021)?	······ L	j res	∏140 [Not dete	·	
7	Plan Assets and Liabilities		(a) Beginnin	a of Vo	۵۲	$\overline{}$		/b) Enc	of Year		
a	Total plan assets	. 7a	(a) Degimini		<u>б</u> ,06	5		(D) Enc		40,087	
	Total plan liabilities	7b				0				0	
-	Net plan assets (subtract line 7b from line 7a)	. 7c		42	6,06	5			4	40,087	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) '	Total		
a	Contributions received or receivable from:		"	2	2,80	۵					
	(1) Employers	8a(1)		-	3,61	344					
	(2) Participants	8a(2) 8a(3)			2,01	0					
	(3) Others (including rollovers)	8b			1,45	5					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1 (1 (2) (2) (2) (3) (3) (3) (3) (3)	87,875	
	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d			1,77	-					
	Certain deemed and/or corrective distributions (see instructions)	8e			1,38	1972					
	Administrative service providers (salaries, fees, commissions)	8f			70	U		a (babil) era Da vijera eje			
<u>g</u>	Other expenses (add lines add as of and as)	8g					\$ 600 KG 11 KG				
-	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (foss) (subtract line 8h from line 8c)	1						73,853			
	Transfers to (from) the plan (see instructions)		The second second seconds of				ANNUS.				
	t IV Plan Characteristics] 0]				1			25 5 5 5 5 7 2 7 5 2 8 3 8 5 8 5 8 5 8 5 8 5 8 5 8 5 8 5 8 5	TANGLER STEEL STEE	
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f										
Par	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	oluntary F	iduciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х					
C	Was the plan covered by a fidelity bond?			10c	X					500,000	
d 	by fraud or dishonesty?	***************************************		10d		Х					
e 	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?n		10f		Х			•		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X.		- 1, 3, 2			38,517	
h	If this is an individual account plan, was there a blackout period? 2520,101-3,)			10h		Х					
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			10i			AN				
j	Did the plan trust incur unrelated business taxable income?			10j			Х				
Part	VI Pension Funding Compliance			 							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions	and con	nplete	Sched	lule SB	(Form	Ye	s No	
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				

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.)							
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter Da		he letter ru Year	iling			
lf	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	12			· · · · · · · · · · · · · · · · · · ·			
	Enter the amount contributed by the employer to the plan for this plan year	12	3					
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)	124	1 .					
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 any plan year?		Yes	X No				
	If "Yes," 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 brought under the of the PBGC?	ontrol		Yes X				
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	0						
1	3c(1) Name of plan(s): 13c(2	EIN(s	i)	13c(3) i	PN(s)			
The state of the s			and the second s					
	VIII Trust Information							
14a	Name of trust	14h	Trust's ElN	1				
A	NACORTES SENIOR HOUSING AND LIGHTHOUSE MEMORY CARE 401(K) PLAN & TRUS		91-1	733148				
14c	Name of trustee or custodian	140	Trustee's		an's			
Ja	n Kalshian, Lanney Wixson and Wendy Wixson		telephone 360-	number 882-45	00			
Par	IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan?		/es	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)?	L	Design- based safe harbor method	ADF test				
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				
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	. ⊔	Ratio percentage test		rage 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?	0,	res `	No				
	Has the plan been timely amended for all required tax law changes?		es/es	No	□N/A			
	for tax law changes and codes).	• • •	able code	`	nstructions			
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subje advisory letter, enter the date of that favorable letter and prototype (M&P) or volume submitter plan that is subje		·		or			
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date o determination letter	the pl	an's last fav	orable				
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)?	ΔΑ	es	No				
19	Were in-service distributions made during the plan year?	<u> </u>	'es	No				
	If "Yes," enter amount	19						
20	Were required minimum distributions made to 5% owners who have atlained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	۱	'es	∏ No	∏N/A			