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

2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

		t Identification Information							
For	calendar plan year 2016 or	fiscal plan year beginning 01/01/2	2016 and ending	12/31/2016					
Α -	This return/report is for:	a single-employer plana one-participant plan	a multiple-employer plan (not multiemployer list of participating employer information in a foreign plan	•	•				
Вт	his return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12	months)					
С	Check box if filing under:	Form 5558 special extension (enter desci	automatic extension	DFVC	program				
Pa	rt II Basic Plan Inf	ormation—enter all requested in	formation						
	Name of plan	OCIATION 401(K) PROFIT SHARIN			ee-digit n number	001			
				1c Effe	ective date of 01/01				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)			2b Employer Identification Number (EIN) 91-0936489						
MILL	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **ILL CREEK COMMUNITY ASSOCIATION**				2c Sponsor's telephone number 425-449-6569				
	COUNTRY CLUB DRIVE CREEK, WA 98012		OUNTRY CLUB DRIVE EEK, WA 98012	2d Business code (see instructions) 531390					
3a	Plan administrator's name a	and address 🛚 Same as Plan Spor	nsor.	3b Adm	ninistrator's E	EIN			
				3c Adm	ninistrator's t	elephone number			
4		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN					
а	Sponsor's name			4c PN					
5a	Total number of participant	s at the beginning of the plan year		5a		1:			
b		' '		5b		1:			
С			the plan year (only defined contribution plans	5c		1:			
d((1) Total number of active p	articipants at the beginning of the pl	an year	5d(1)		1:			
d(• •		ar	5d(2)		1			
е		, ,	e plan year with accrued benefits that were less	5e					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 belief, it is true, correct, and complete

<u>beliet, it is t</u>	rue, correct, and complete.							
CICIT	Filed with authorized/valid electronic signature.	05/04/2017	MARY ANN HEINE					
HERE	Signature of plan administrator	Date	Enter name of individu	ual signing as plan administrator				
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	dual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include i	oom or suite numbe	r)	Preparer's telephone number				

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b	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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi not use Fo	ndent qualified public ations.)orm 5500-SF and mus	account t instea	ant (IC	PA) Form	5500.		× .	res 📗	No No			
	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	nsurance p	orogram (see ERISA se	ection 4	021)?		res	□INO	□ Not 0	determine	<u>∍a</u>			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(h) En	d of Year					
a	Total plan assets	7a	(a) Deginning	12805				(D) EIII		286				
	Total plan liabilities	7b		0)					0				
	Net plan assets (subtract line 7b from line 7a)	7с		12805					35	286				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b)	Total					
а	Contributions received or receivable from:			10379										
	(1) Employers	8a(1)		10288	_									
-	(2) Participants	8a(2)		10200										
	(3) Others (including rollovers)	8a(3)		2051										
	Other income (loss)	8b 8c							22	718				
	Benefits paid (including direct rollovers and insurance premiums	80												
	to provide benefits)	8d		0)									
е	Certain deemed and/or corrective distributions (see instructions).	8e		0										
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		237										
<u>g</u>	Other expenses	Other expenses						0 237						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								237				
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							22	481				
j	Transfers to (from) the plan (see instructions)	8j		С										
	t IV Plan Characteristics			01										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	structions:					
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acteris	tic Coc	des in t	he inst	ructions:					
Par	t V Compliance Questions				1	T		ı						
10	During the plan year:			ı	Yes	No	N/A		Amou	ınt				
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \		•											
	Program)		•	10a		X								
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X								
С	Was the plan covered by a fidelity bond?			10c		X								
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X								
е	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.)			10e	X						11			
f	f Has the plan failed to provide any benefit when due under the plan?			10f		X								
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Χ								
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 t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i										

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Part	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					\	∕es X No		
		r the unpaid minimum required contributions 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 sec ERISA?										
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling		
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1				
b	Enter	the minimum required contribution for this plan year			12b					
С	Enter	the amount contributed by the employer to the plan for this plan year			12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d					
		he 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		1						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo		
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		r the			Yes	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	fy the p	lan(s)) to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)			
Part	VIII	Trust Information								
14a	Name	of trust			14b ⁻	Trust's E	EIN			
14c	Name	of trustee or custodian					s or custod ne number	ian's		
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L		n-based narbor	d [Prior ye test	ear" ADP		
				Curre	ent year test	<u>"</u>	N/A			
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	1	Ratio perce test	entage		verage enefit test	□ N/A		
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No			
	the le									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation		
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s [No			
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Ye	s	No			

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

2016

This Form is Open to **Public Inspection**

For calendar plan year 2016 or	rt Identification Information		and ending 12	2/31/2016				
Tor caleridar plan year 2010 or	a single-employer plan	a multiple-employer pla			x must attach a			
A This return/report is for:	a one-participant plan		list of participating employer information in accordance with the form instructions.) a foreign plan					
B This return/report is	the first return/report	the final return/report						
b This return/report is	an amended return/report	H	/report (less than 12 m	onths)				
•			,,,opo.,, (,ooo ,,,a,,, , , , , , , , , , , , , , ,					
C Check box if filing under:	Form 5558	automatic extension		DFVC program				
	special extension (enter des	•						
	formation—enter all requested in	nformation		1b Three-digit				
1a Name of plan MILL CREEK COMMUNITY ASS	SOCIATION 401(K) PROFIT SHARI	NG PLAN		plan number (PN)	001			
				1c Effective date o	f plan 1/2015			
Mailing address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.	O. Box)		2b Employer Identii (EIN) 91-09	fication Number 936489			
City or town, state or provi MILL CREEK COMMUNITY ASS	nce, country, and ZIP or foreign pos OCIATION	stal code (if foreign, see instr	uctions)	2c Sponsor's telep				
15524 COUNTRY CLUB DRIVE MILL CREEK, WA 98012		2d Business code (
3a Plan administrator's name	and address X Same as Plan Spo	onsor.		3b Administrator's	EIN			
4 If the name and/or EIN of	the plan sponsor has changed since	e the last return/report filed fo	or this plan, enter the	4b EIN				
POSSER CONTRACTOR INTERNAL CONTRACTOR EXPONENTIAL EXPO	number from the last return/report.			4c PN				
a Sponsor's name	ts at the beginning of the plan year			5a	1			
				5b	1			
C Number of participants wit	ts at the end of the plan yearh account balances as of the end o	f the plan year (only defined	contribution plans	5c	1			
d(1) Total number of active	participants at the beginning of the	olan year		5d(1)	_ are sale 1			
d(2) Total number of active	participants at the end of the plan ye	ear		5d(2)	1			
Number of participants th than 100% vested	at terminated employment during th	e plan year with accrued ber	nefits that were less	5e				
Under penalties of periury and	e or incomplete filing of this retu other penalties set forth in the instru and signed by an enrolled actuary, mplete.	uctions, I declare that I have	examined this return/re	port, including, if applic	cable, a Schedule knowledge and			
SIGN		•	Mary An	n teen	<u> </u>			
HERE Signature of plan	administrator	Date 5/4/17	Enter name of individ	of individual signing as plan administrator				
SIGN ON	urken	, ,	JON ERIC	KSON				
HERE Signature of emp	loyer/plan sponsor name, if applicable) and address (Date 5/5/17	Enter name of individ	ual signing as employe Preparer's telephone				

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b Are you claiming a waker of the annual examination and report of an independent qualified public accountant (ICPA) under 28 CF 2520.104-467 (See instructions on waker eligibility and conditions.) If you answered "No" to either line & or tine &b, the plan cannot use Form 5500-8F and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		Were all of the plan's assets during the plan year invested in eligib								X	Yes 📗	No
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)						×	Yes 🗌	No
Part III Financial Information (a) Beginning of Year	•								_	□Not	determi	hod
7 Plan Assels and Liabilities		······································	isurance p	orogram (see ERISA se	3000114	021)?	····· L	162	Пио	☐ 1401	Geterrin	
a Total plan assets	Pa					Т						
B Total plant assets. (aubtract line 7b from line 7a)				(a) Beginning ((b) Enc		286	
C Net plan assets (subtract line 7b from line 7a)			1			\rightarrow						
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers					12805				_	35	286	
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Sa(3) (5) Other (including rollovers) (6) Dother (including rollovers) (7) Sa(3) (8) Sa(3) (8) Sa(3) (9) Sa(3) (1) Dother (including rollovers) (1) Dother (including rollovers) (2) Participants (3) Others (including rollovers) (4) Sa(2), Sa(3), and 8b) (5) Sa(3) (6) Sa(2) (7) Sa(3), sa(2), Sa(3), and 8b) (8) Sa(3) (9) Other income (acid lines Ba(1), Sa(2), Sa(3), and 8b) (1) Sa(4) (2) Sa(4) (3) Sa(4), Sa(2), Sa(3), and 8b) (4) Sa(4) (5) Sa(4) (6) Sa(4) (7) Sa(4) (7) Sa(4) (8) Sa(3) (8) Sa(4) (9) Sa(4) (9) Sa(4) (1) Sa(76	(a) Amoun		\dashv			/h)	Total		
(2) Participants				(a) Amour	<u></u>	\dashv			(0)	TOTAL		
(a) Other income (loss)			8a(1)		10379							
b Other income (loss)		(2) Participants	8a(2)		10288							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		()							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions). g Other expenses	b	Other income (loss)	8b		2051							
e Certain deemed and/or corrective distributions (see instructions). 8	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							22	718	
e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)	d		8d		0							
f Administrative service providers (salaries, fees, commissions)	е				0							
g Other expenses (add lines 8d, 8e, 8f, and 8g)					237							
Not income (loss) (subtract line 8h from line 8c)					0		-					
Net income (loss) (subtract line 8h from line 8c)		<u> </u>				一					237	
Transfers to (from) the plan (see instructions) 8j 0										22	481	-
Part IV Plan Characteristics	$\frac{\cdot}{1}$				0							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	Pai	t IV Plan Characteristics	<u> </u>						•			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	9a	If the plan provides pension benefits, enter the applicable pension 2A 2F 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the ins	tructions	:	
During the plan year: 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)	b		eature coo	les from the List of Pla	n Char	acteris	tic Cod	les in t	the inst	ructions:		
During the plan year: 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)	Par	t V Compliance Questions							_			
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			-			Yes	No	N/A		Amo	unt	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а											
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		•	-	· ·	10a		Х					
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			х					
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.)		·					Х					
by fraud or dishonesty?					106		- v	\vdash				
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		by fraud or dishonesty?		···· <u>·</u> ····	10d				-			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under	10e	×						11
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f							
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X					
	h	2520.101-3.)			10h		х					
exceptions to providing the notice applied under 29 CFR 2520.101-3	i				10i					·		

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Part	VΙ	Pension Funding Compliance								
11	ls th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)						Ye	s 🛛	No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					Ιг	Ye	s 🕅	No
		SA?Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	•••••			••••••	<u> </u>			
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ting the waiver		ns, and	i enter t Day		of the le		uling	
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line $^{\prime}$	13.							
<u>b</u>	Enter	the minimum required contribution for this plan year			12b					
С	Enter	the amount contributed by the employer to the plan for this plan year			12c					
	Sub	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the I	eft of a	а	12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	∐ No	<u> </u>	N/A	
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Ye	s X	No		
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug					Yes	· 🛛	No	
С		uring 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					
	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13	ic(3) F	PN(s)	
Part	VIII	Trust Information								
14a	Name	of trust			14b 1	rust's I	EIN			
14c	Name	e of trustee or custodian			i e		's or cus ne numi		n's	
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b	🛛	Yes			∏ No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		safe t	n-based arbor		Prio	r yeai	r" ADF	•
				"Curre	ent year test		N/A			
	year	testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:	0	Ratio perce test	entage		verage enefit te	st	□ N	/A
	for th	he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No			
	the le									f
	lette		nter th	e date	of the m	ost rec	ent dete	mina	tion	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa ce?		from	Yes	s	No.			
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	;] No			