## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

For calenda	ar plan year 2016 or fi	scal plan year beginning 03/01/2	2016	and ending 12	2/31/2016		
A This ret	urn/report is for:		r) (Filers checking this box must attach a accordance with the form instructions.)				
	·	a one-participant plan	a foreign plan				
<b>B</b> This retu	ırn/report is	X the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths)		
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program		
D ( II	Dania Blancini	special extension (enter desc					
Part II		ormation—enter all requested in	iformation		46 11 11 11	1	
1a Name NORTHSHO		R 401(K) RETIREMENT PLAN			<b>1b</b> Three-digit plan number (PN) ▶	001	
			1c Effective date of 03/0	of plan 1/2016			
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.0			<b>2b</b> Employer Ident (EIN) 91-1	ification Number 184432	
	RE SENIOR CENTER	ce, country, and ZIP or foreign pos	tal code (If foreign, see instr	uctions)	2c Sponsor's telep		
10201 DIVE	SCIDE DDIVE				2d Business code	(see instructions)	
BOTHELL, W	RSIDE DRIVE /A 98011				8130	000	
3a Plan ad	dministrator's name a	nd address X Same as Plan Spo	nsor.		<b>3b</b> Administrator's	EIN	
					<b>3c</b> Administrator's	telenhone number	
					7 (4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	тогорионо нагиво	
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	_	
name, <b>a</b> Sponso	•	mber from the last return/report.			4c PN		
		at the beginning of the plan year.			5a	37	
	·	at the end of the plan year			5b	37	
		account balances as of the end of		•	5c	17	
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	37	
		articipants at the end of the plan ye			5d(2)	34	
than '	100% vested	terminated employment during the			5e	0	
		or incomplete filing of this return ther penalties set forth in the instru				cable, a Schedule	
SB or Sche		nd signed by an enrolled actuary,					
SIGN HERE		/valid electronic signature.	07/26/2017	PAT PARKHURST			
	Signature of plan a	administrator	Date	Enter name of individ	ual signing as plan ad	ministrator	
SIGN HERE							
	Signature of emploname (including firm r	oyer/plan sponsor name, if applicable) and address (i	Date nclude room or suite numbe	Enter name of individer)	ual signing as employ Preparer's telephone		
, roparor o		(a, appa.a.) a a.a.		. ,	Troparor o totopito		

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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	an indepe and condit	ndent qualified public a	account	ant (IC	PA)			Yes No Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann						_		
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐No ∐	Not determined
Pa	rt III Financial Information								
	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End of `	
	Total plan assets	7a		U					362229
	Total plan liabilities	7b		0					362229
	Net plan assets (subtract line 7b from line 7a)	7c	, , ,						
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	it				(b) Tota	
а	(1) Employers	8a(1)		246	i				
	(2) Participants	8a(2)		52658					
	(3) Others (including rollovers)	8a(3)		302157					
b	Other income (loss)	8b		17992					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							373053
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		8782					
е	Certain deemed and/or corrective distributions (see instructions).	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		2042					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							10824
i	Net income (loss) (subtract line 8h from line 8c)	8i							362229
j	Transfers to (from) the plan (see instructions)	8i							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instruct	ions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruction	ons:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	A	mount
а	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 F	iduciary Correction	10a	Х				5738
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				1000000
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 oth 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	ın?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	X				18793
h	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					

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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 constructions and constructions and constructions and constructions and constructions and constructions are set of the second se				Y	es No
11a	Ente	r 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			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	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 X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(	<b>2)</b> 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 custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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		Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled under sections 104 and 4065 of the Employee Retirement

OMB Nos. 1210-0110 1210-0089

2016

	Department of Luber  Emoloyee Benefits Socially Administration  Pension Blinefit Guaranty Corporation  Pension Blinefit Guaranty Corporation  Pension Blinefit Guaranty Corporation							
Part	1	Complete all entries in		tructions to the Form	5500-SF.			
		Identification Information iscal plan year beginning	03/01/2016	and ending	12/	31/2016		
		X a single-employer plan				king this box must attach a		
A This re	eturn/report is for:	a one-participant plan				ith the form instructions.)		
B This re	This return/report is							
C Check	C Check box If filling under: Form 5558 automatic extension DFVC program							
		special extension (enter descr						
Part II		rmation—enter all requested int	formation					
1a Name Northsh	'	nter 401(k) Retiremen	it Plan		1b Three plan (PN)	number 001		
					13585	tive date of plan 1/2016		
Mailin	g address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O		A	2b Empk	oyer Identification Number 91-1184432		
	hore Senior Ce	e, country, and ZIP or foreign posts in tier:	ai cude (ii foreign, see ins	(Tuctions)	100 mm in 11 mm	sor's telephone number 286-1023		
	Riverside Driv	e			2d Busin 81300	ess code (see instructions) ) 0		
Bothel.		WA 98011						
3a Plan a	idministrator's name an	d address X Same as Plan Spon	BOF.		3b Admir	nistrator's EIN		
					1 3C Admir	istrator's telephone number		
		plan sponsor has changed since to	he last relum/report filed t	or this plan, enter the	3c Admir	nistrator's lelephone number		
name			he last return/report filed t	or this plan, enter the		istrator's telephone number		
a Spons	, EIN, and the plan num or's name	nber from the last return/report.			4b EIN			
a Spons 5a Total	, EIN, and the plan num or's name number of participants a	nber from the last return/report.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4b EIN 4c PN 5a	37		
a Spons 5a Total r b Total r c Numb	EIN, and the plan num or's name number of participants a number of participants a er of participants with a ete this item)	at the beginning of the plan year  It has no of the plan year  It has no of the plan year  It has no of the plan year	he plan year (only defined	contribution plans	4b EIN 4c PN 5a			
a Spons 5a Total r b Total r c Numb	EIN, and the plan num or's name number of participants a number of participants a er of participants with a ete this item)	at the beginning of the plan year  It the end of the plan year  Count balances as of the end of the	he plan year (only defined	contribution plans	4b EIN 4c PN 5a 5b	37 37		
b Total in C Number completed (1) Total d(2) Total	EIN, and the plan num or's name number of participants a number of participants with a ete this item)	at the beginning of the plan year  at the end of the plan year  count balances as of the end of the plan year at the beginning of the plan year	he plan year (only defined	contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1)	37 37 37		
b Total in C Numbu completed (1) Total d(2) Total or Numbu completed (2) Total or Numbu completed (3) Total or Numbu completed (4) T	EIN, and the plan numer's name number of participants a number of participants with a lete this item)	at the beginning of the plan year	ne pian year (only defined n year	contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1)	37 37 17 37 34		
b Total of C Number Completed (1) Total of C Number Completed (2) Total of Number Caution: A Caution: A	EIN, and the plan numor's name number of participants are of participants with a sete this item)	at the beginning of the plan year	n year with accrued be	contribution plans nefits that were less	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	37 37 17 37 34 0		
a Spons 5a Total in C Number compil d(1) Total in d(2) Total in Number in Nu	. EIN, and the plan numer's name number of participants are of participants with a set this item)	at the beginning of the plan year	he plan year (only defined in year	contribution plans nefits that were less unless reasonable ca	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estable	37 37 17 37 34 0 lished.		
name a Spons 5a Total n b Total n c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pens SB or Sche bellef, it is i	EIN, and the plan numer's name number of participants are of participants with a set this item)	at the beginning of the plan year	he plan year (only defined in year	contribution plans nefits that were less unless reasonable ca	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estable	37 37 17 37 34 0 lished.		
a Spons 5a Total in C Number completed (1) Total in d (2) Total in Number in	EIN, and the plan numer's name number of participants are of participants with a set this item)	at the beginning of the plan year	he plan year (only defined in year	contribution plans nefits that were less unless reasonable ca examined this return/resion of this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 6d(2) 5e use is estable port, including t, and to the terms.	37 37 17 37 34 0 ished. g, if applicable, a Schedule		
a Spons 5a Total in C Number completed (1) Total in C Number completed (2) Total in C Number completed (3) Total in Caution: A Under penass or Schebellet, it is it BIGN HERE	EIN, and the plan numor's name number of participants a er of participants with a ete this item)	at the beginning of the plan year	n year (only defined on year with accrued be report will be assessed ions, I declare that I have well as the electronic value.	contribution plans nefits that were less unless reasonable ca examined this return/re sion of this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 6d(2) 5e use is estable port, including t, and to the terms.	37 37 17 37 34 0 ished. g, if applicable, a Schedule		
a Spons 5a Total in C Number completed (1) Total in C Number completed (2) Total in C Number penals or Schebellef, it is in Sign HERE	EIN, and the plan numor's name number of participants a er of participants with a ete this item)	at the beginning of the plan year	he plan year (only defined in year	contribution plans  nefits that were less unless reasonable ca examined this return/repor sion of this return/repor Pat Parkhurst Enter name of individ	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is establiport, including t, and to the t	37 37 17 37 34 0 ished. g, if applicable, a Schedule pest of my knowledge and		
a Spons 5a Total in C Number completed (1) Total in C Number completed (2) Total in C Number penals or Schebellef, it is in Sign HERE	EIN, and the plan numor's name number of participants a er of participants with a ete this item)	at the beginning of the plan year	he plan year (only defined in year	contribution plans  nefits that were less unless reasonable ca examined this return/repor sion of this return/repor Pat Parkhurst Enter name of individ	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is estable port, including t, and to the terms and to the terms and signing as used signing as	37 37 17 37 34 0 ished. g, if applicable, a Schedule		

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b c	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 If the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi ot use Fo	endent qualified public a itions.) orm 5500-SF and mus	ccount t instea	ant (IC	PA) Form	5500.	X Yes No	
	rt III   Financial Information	TOV T	(A) P				3	WE LOW.	
7	Plan Assets and Liabilities	-	(a) Beginning (	or Year	0			<b>b) End of Year</b> 362,229	
<u>а</u> b	Total plan liabilities	7a 7b			-			302,223	
	Net plan assets (subtract line 7b from line 7a)	7c			0			362,229	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun		┪			(b) Total	
_	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amoun		246			(b) Total	
	(2) Participants	8a(2)		52,	_			AND AND AND AND	
_	(3) Others (including rollovers)	8a(3)		302,157					
b	Other income (loss)	8b		17,	992	130			
_ <u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		s file				373,053	
d —	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		8,	782				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					1150		
f_	Administrative service providers (salaries, fees, commissions)	8f		2,	042				
g	Other expenses	8g				100,100			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		11/11/1	200			10,824	
ᆣ	Net income (loss) (subtract line 8h from line 8c)	8i			4		362,229		
j	Transfers to (from) the plan (see instructions)	8j				flas	XIIII'I		
9a b	rt IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D  If the plan provides welfare benefits, enter the applicable welfare for								
Pai	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amount	
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Normal)	oluntary	Fiduciary Correction	10a	х			5,74	
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	,		10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х			1,000,000	

Χ

X

Х

Χ

18,793

Х

10d

10e

10f

10g

10h

**d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

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

f Has the plan failed to provide any benefit when due under the plan? .....

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) ......

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

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......

by fraud or dishonesty?

the plan? (See instructions.).....

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Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and composition (Form 5500) and line 11a below)	-			Ye	s No	
11a	Enter 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 ERISA?	or section			. Ye	s 🗓 No	
	(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 Mont		Day		Year	———	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		7252AS				
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				
a	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	∐ No L	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 control of the PBGC?				Yes X	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)						
i	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII Trust Information						
14a	Name of trust		14b 1	Trust's E	EIN		
14c	Name of trustee or custodian				s or custodia ne number	n's	
Par	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan? If "No," skip b	Yes		[	No		
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	□ safe i	n-based narbor ent year	L	"Prior yea	r" ADP	
		∐ ADP	test	L	N/A		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	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?	Yes			No		
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opin the letter and the serial number	nion lette	r or advi	sory lett	er, enter the	date of	
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter letter	the date	of the m	ost rec	ent determin	ation	
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separat service?	ed from	Ye	s [	] No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Ye	s [	No		