Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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**

Part I		Identification Information								
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	2016	and ending 1	2/31/2016					
A This retu	urn/report is for:	a single-employer plan			yer) (Filers checking this box must attach a in accordance with the form instructions.)					
	•	a one-participant plan	a foreign plan							
B This retu	ırn/report is	the first return/report	the final return/repor							
		an amended return/report	a short plan year ret	turn/report (less than 12 m	nonths)					
C Check b	oox if filing under:	Form 5558	automatic extension	n	DFVC program					
Dowt II	Doois Blan Info	special extension (enter descri	• /							
Part II		ormation—enter all requested in	formation		1b Three-digit					
1a Name of SKAGIT COL		MPANY, LLC 401(K) PLAN & TRUS	ST		plan numbe	er 001				
					1c Effective da	ate of plan 04/01/2008				
	, ,	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)			dentification Number				
City or		e, country, and ZIP or foreign post		estructions)	2c Sponsor's t	elephone number				
						ode (see instructions)				
201 NE PARI VANCOUVER	K PLAZA, SUITE 105 R, WA 98684				6	623000				
3a Plan ad	dministrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Administrate	or's EIN				
					3c Administrate	or's telephone number				
					oo manininanan	or a teleprioria framber				
		e plan sponsor has changed since mber from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN					
	EIN, and the plan nur		the last return/report file	d for this plan, enter the	4c PN					
name, a Sponso	EIN, and the plan nul or's name				4c PN 5a	65				
name, a Sponso 5a Total n b Total n	EIN, and the plan number's name number of participants number of participants	mber from the last return/report. at the beginning of the plan year at the end of the plan year			4c PN	65 89				
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name, a Sponso 5a Total n b Total n c Number complete	EIN, and the plan number's name number of participants number of participants er of participants with ete this item)	mber from the last return/report. at the beginning of the plan year at the end of the plan year	the plan year (only defin	ed contribution plans	4c PN 5a 5b 5c 5d(1)	89				
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name, a Sponso 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numb	EIN, and the plan number's name number of participants number of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan year terminated employment during the	the plan year (only defin lan yearar e plan year with accrued	ed contribution plans	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	89 30 60 80				
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name, a Sponso 5a Total n b Total n c Number completed d(1) Total e Number than 1 Caution: A Under penations SB or Sche	EIN, and the plan number's name number of participants number of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan articipants at the end of the plan year terminated employment during the or incomplete filing of this return ther penalties set forth in the instruend signed by an enrolled actuary, a	the plan year (only defined an year	ed contribution plans benefits that were less ed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if a	89 30 60 80 9 d. applicable, a Schedule				
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name, a Sponso 5a Total n b Total n c Number completed d(1) Total d(2) Total e Number than 1 Caution: A Under penal SB or Schee belief, it is t SIGN HERE	EIN, and the plan number of participants number of participants of participants of participants with ete this item)	mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of ricipants at the beginning of the plan year terminated employment during the terminated employment during the plan year terminated employment during the terminated by an enrolled actuary, a plete.	the plan year (only definance) ar	ed contribution plans benefits that were less ed unless reasonable ca ve examined this return/repo version of this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if a rt, and to the best of	30 60 80 60 80 d. epplicable, a Schedule of my knowledge and				
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name, a Sponso 5a Total n b Total n c Number completed d(1) Total e Number than 1 Caution: A Under pena SB or Schebelief, it is t SIGN HERE	EIN, and the plan number of participants number of participants er of participants with ete this item)	mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of ricipants at the beginning of the plan year terminated employment during the terminated employment during the or incomplete filing of this return her penalties set forth in the instruend signed by an enrolled actuary, applete. Avalid electronic signature. Administrator	the plan year (only defin lan year	ed contribution plans benefits that were less ed unless reasonable ca ve examined this return/repo ANGELO BRANCH Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established aport, including, if a rt, and to the best of the be	30 60 80 40. applicable, a Schedule of my knowledge and administrator				

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	Were all of the plan's assets during the plan year invested in eligib		•						X Ye	es No
ι	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Ye	es 🗌 No
	f the plan is a defined benefit plan, is it covered under the PBGC in						-	No	Not de	etermined
Part	III Financial Information						_			
_	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a 1	Total plan assets	7a		440087					5196	98
b 1	Total plan liabilities	7b		0)					
C N	Net plan assets (subtract line 7b from line 7a)	7c		440087	•				5196	98
8 I	ncome, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) 1	otal	
	Contributions received or receivable from:			20498						
	1) Employers	8a(1)		59711						
	2) Participants	8a(2)		00711						
	3) Others (including rollovers)	8a(3) 8b		28479						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1086	88
	Benefits paid (including direct rollovers and insurance premiums	- 00								
	o provide benefits)	8d		28082						
e (Certain deemed and/or corrective distributions (see instructions).	8e								
<u>f</u> /	Administrative service providers (salaries, fees, commissions)	8f		995						
g (Other expenses	8g			_					
<u>h</u> 1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						290		
	Net income (loss) (subtract line 8h from line 8c)	8i	Bi			79611				11
J 1	Transfers to (from) the plan (see instructions)	8j								
Part										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	it
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 Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ				
С	Was the plan covered by a fidelity bond?			10c	X					500000
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	n?	·····	10f		X			_	
g	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g	X					30645
	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						

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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 comp (Form 5500) and line 11a below)			B 		Yes		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?					Yes	X	No
a	(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 year, see instruct	tions and	l enter t	he date	of the le	ter rul	ina	
	granting the waiver		_ Day		Yea		9	
If	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		12b	ı				
С	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 sign to the left o negative amount)		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	I	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 u control of the PBGC?				Yes	X N	0	
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.)	ne plan(s)	to					
•	13c(1) Name of plan(s):	13c(2)	EIN(s)	130	(3) PN	l(s)		
Part	VIII Trust Information							
	Name of trust T COUNTY HOLDING COMPANY, LLC 401(K) PLAN & TRUST			733148				
	Name of trustee or custodian ALSHIAN, LANNEY WIXSON AND WENDY WIXSON			telepho	s or custone numbo	er	6	
Par	t 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 h	n-based arbor ent year'	L	test	year"	ADP	
		ADP t		Ĺ	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:	Ration percent	entage		verage enefit tes	t [N/.	Ά
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			
	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							f
	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 deter	minatio	on	
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 separate service?	ed 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	s [No			

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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**

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OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Personal	erient Guaranty Corporation	▶ Complete all entries in	accordance with the	instructions to the Form	5500-SF	Public Inspection
Part I	Annual Repor	t Identification Informatio	n		0000 0	
For calend	ar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/	31/2016
A This re	turn/report is for:	a single-employer plan a one-participant plan	a multiple-employ list of participatir a foreign plan	yer plan (not multiemployer) ng employer information in a) (Filers chec	king this box must attach a
B This ret	urn/report is	the first return/report	the final return/re	port		
-		an amended return/report		return/report (less than 12	months)	
C Check	box if filing under:	X Form 5558	automatic extens	sion	DFVC p	program
Part II	Pagis Dlan Inf	special extension (enter des				
1a Name	of plan	ormation—enter all requested in	nformation			
		G COMPANY, LLC 401(K) PLAN & TRUST	Г	(PN)	number 001
20 51						ctive date of plan
Mailing City or	i address (include roo town, state or provinc	oyer, if for a single-employer plan) m, apt., suite no. and street, or P ce, country, and ZIP or foreign pos	O. Box)	instructions)	2b Empl	loyer Identification Number
Anacortes Senior Housing, LLC					nsor's telephone number 882-4500	
201 NE	Park Plaza, S	Suite 105				ness code (see instructions)
Vancouv		WA 98684				
3a Plan ad	lministrator's name a	nd address 🗓 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN
4 If the n name,	ame and/or EIN of the EIN, and the plan nui	e plan sponsor has changed since mber from the last return/report.	the last return/report fil	ed for this plan, enter the	4b EIN	
a Sponso	r's name	To the second se			4c PN	
5a Total n	umber of participants	at the beginning of the plan year.			5a	65
b Total n	umber of participants	at the end of the plan year		200	5b	89
C Numbe	er of participants with	account balances as of the end of	the plan year (only defi	ined contribution plans	5c	3(
d(1) Tota	I number of active par	ticipants at the beginning of the p	an year		5d(1)	60
d(2) Tota	I number of active pa	rticipants at the end of the plan ye	ar		5d(2)	
than 1	er of participants that 00% vested	terminated employment during the	e plan year with accrued	d benefits that were less	5e	80
Gaution. A	penalty for the late (of incomplete filing of this refur	n/report will be access	and unless sees seelels	use is estab	lished.
SB or Sched	ues of behalf and off	ier penaities set forth in the instruction of signed by an enrolled actuary.	otione I doolars that I h	Acres		
SIGN HERE		5	10/13/2	Angelo Branch		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing a	s plan administrator
SIGN HERE	Simulation of the				J9	e pramadminiotrator
Preparer's n	Signature of employame (including firm p	yer/plan sponsor	Date	Enter name of individ	ual signing a	s employer or plan sponsor
	ame (moduling mill)	ame, if applicable) and address (ir	iciuae room or suite nui	mber)	Preparer's	telephone number

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FOILI	:):)(11)	>-	/111h

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Ye	es No	
	If you answered "No" to either line 6a or line 6b, the plan can	and condition	ns.) n 5500-SF and mu	et inete					X Ye	s No
С	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pro	ogram (see FRISA s	ection	4021\2	e For	7 Vac	Пы	□ N-4 1	
Pa	rt III Financial Information		9.4 (000 2710/13	- COLIOIT	4021):	[res	Пио	☐ Not de	termined
7	Plan Assets and Liabilities	The April	(a) Degionio	-5.7	Т					
а	Total plan assets	. 7a	(a) Beginning					(b) End		
	Total plan liabilities			440	, 08 /				Ę	519,69
	Net plan assets (subtract line 7b from line 7a)			440	007					
8	Income, Expenses, and Transfers for this Plan Year	70	/-> A	440,	, 087					19,698
а	Contributions received or receivable from:		(a) Amou	nt	-		(2)725,3273	(b) T	otal	
	(1) Employers	8a(1)	20,498							
	(2) Participants	8a(2)	59,711		711					
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b		28,	479					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			154				1	.08,688
d	Benefits paid (including direct rollovers and insurance premiums									.00,000
	to provide benefits)	8d		28,	082					
- t	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f			995					
	Other expenses	8g								
_ <u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						29,077		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i				79,61				79,611
J	Transfers to (from) the plan (see instructions)	8j								
	rt IV Plan Characteristics		-811							
9a	If the plan provides pension benefits, enter the applicable pension $2E\ 2F\ 2G\ 2J\ 2K\ 3D\ 3H$	feature code	es from the List of PI	an Cha	racteri	stic C	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Pla	n Chara	acterist	tic Co	des in ti	he instru	ctions:	
Par	t V Compliance Questions				100					- 100
10	During the plan year:	7.00			Yes	No	N/A			
а		tions within t	he time period		103	NO	INA		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fide	Iciary Correction			Х				
b	Program)	0.75		10a		Λ				
	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?			10b	Х				5	00,000
	Did the plan have a loss, whether or not reimbursed by the plan's		that was caused	100		77				00,000
d	by fraud or dishapesty?	nuenty bond				X				
d	by fraud or dishonesty?			10d	Щ	X				
d	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	er persons b	y an insurance			X				
d	Were any fees or commissions paid to any brokers, agents, or oth	er persons be or all of the	y an insurance benefits under	10d 10e						
d e f g	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.)	er persons be or all of the	y an insurance benefits under	10e 10f	Х	X				30,645
d e f	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.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	er persons be or all of the	y an insurance benefits under	10e	Х	X				30,645

	Form 5500-SF 2016 Page 3-						
			-				
Part	The state of the s						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sc	hedule S	B	П	Yes No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.						
12	is this a delined contribution plan subject to the minimum funding requirements of section 412 of the	0-4	- 000	f		CORPORATE OF THE PERSON NAMED IN	
	ERISA?					Yes 🛛 No	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see if	etructions or	ad onton	the dete	£11		
-	y	Month	Day		Year	er ruling	
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		1				
	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				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				No	N/A	
Part \	/II Plan Terminations and Transfers of Assets	25-11-10-11-11-11-11-11-11-11-11-11-11-11-					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X N	0	
_	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 broucontrol of the PBGC?	ight under the	9		Yes X No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plan(s	s) to		1		
1	3c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)		
						(-)	
				- 1			
Part '							
	ame of trust		14b T	rust's EIN	N		
	IT COUNTY HOLDING COMPANY, LLC 401(K) PLAN & TRUST		9	1-1733	3148		
14c N	lame of trustee or custodian		14d Trustee's or custodian's				
Jan	Kalshian, Lanney Wixson and Wendy Wixson		telephone number 360-882-4500				
Part	IX IRS Compliance Questions				2-4500)	
15a l		☐ Yes		П	No		
	s the plan a 401(k) plan? If "No," skip b	🗀			No		
15b +	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:		n-based narbor		"Prior ye test	ar" ADP	
		"Curre	ent year" test		N/A		
16a v	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan	_ Ratio)				
)	ear? Check all that apply:	perce	entage	Aver	rage efit test	N/A	
16b [bid the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)	☐ Yes		П	No	W.1784	
17a I	or the plan year by combining this plan with any other plan under the permissive aggregation rules? The plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS and the serial number.		or advio	on Jotton	2004 2 2 41- 2	data f	
	and the senai number						
	the plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the date	of the mo	st recent	determin	ation	
V	efined Benefit Plan or Money Purchase Pension Plan Only: Vere any distributions made during the plan year to an employee who attained age 62 and had not sepa ervice?	arated from	Yes		No		
19 v	as any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		No		