## 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.

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	rt I	<b>Annual Report</b>	<b>Identification Information</b>									
For c	alenda	r plan year 2016 or fi	scal plan year beginning 01/01/2	2016		and ending 12	2/31/20	016				
<b>A</b> T	his retu	urn/report is for:	a single-employer plan a one-participant plan	lis		Itiple-employer plan (not multiemployer) (Filers checking this box must attact of participating employer information in accordance with the form instructions eign plan						
<b>B</b> Th	nis retu	rn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)								
C c	heck b	ox if filing under:	Form 5558 special extension (enter descr		tomatic extension		DF	VC program				
Do	Part II Basic Plan Information—enter all requested information											
1a 1	Name o	of plan	K) PROFIT SHARING PLAN	iormatio	on.			Three-digit plan number (PN) •	•			
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) 47-4213296						
AMBEI		S REAL ESTATE GR	ee, country, and ZIP or foreign posta OUP, LLC	ai code	(ii loreign, see insur	actions)	<b>2c</b> Sponsor's telephone number 425-281-0373					
21065 SE 261ST MAPLE VALLEY, WA 98038						2d Business code (see instructions) 531390						
<b>3a</b> Plan administrator's name and address ⊠ Same as Plan Sponsor.					3b Administrator's EIN  3c Administrator's telephone number							
			e plan sponsor has changed since mber from the last return/report.	the last	return/report filed fo	r this plan, enter the	4b	EIN				
а	Sponso	or's name					4c	PN				
5a	Total n	umber of participants	at the beginning of the plan year				5	a	(			
b	Total n	umber of participants	at the end of the plan year				51	o	1			
		er of participants with ete this item)	account balances as of the end of	the pla	n year (only defined o	contribution plans	5c					
d(1	<b>1)</b> Tota	I number of active pa	rticipants at the beginning of the plant	an yea	·		5d(	(1)	(			
d(2) Total number of active participants at the end of the plan year					5d(2)							
	than 1	00% vested	terminated employment during the				50					
			or incomplete filing of this return									
SB o	r Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.									
SIGN	1	Filed with authorized	valid electronic signature.		10/13/2017	AMBER BILLS						
HER					_							

Date

Date

Signature of plan administrator

Signature of employer/plan sponsor

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

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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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	ndent qualified public a	account	ant (IC	PA)			X Yes	
	If you answered "No" to either line 6a or line 6b, the plan cann									
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a							52776	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c							52776	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) T	otal	
а	Contributions received or receivable from:			35000						
	(1) Employers	8a(1)		18000						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		-224						
	Other income (loss)	8b 8c							52776	
	Benefits paid (including direct rollovers and insurance premiums	80							02770	
	to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0	1					
f	Administrative service providers (salaries, fees, commissions)	8f		O	)					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							C	)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							52776	i
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D	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	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary 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				
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					583
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	s 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 the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i		X				

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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)									
		r the unpaid minimum required contributions 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 sect ERISA?								Yes X No			
(If "Yes," 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	s, and	d enter t Day		of the lette Year _	er ruling				
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1					
<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						
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 "Ye	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?		er 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.)	ify the p	lan(s)	) to						
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>B)</b> PN(s)			
Part	VIII	Trust Information			•						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN				
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number						
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:	-  LL ;		sign-based "Prior year" AE e harbor test						
			ΙП '	"Curre	rrent year" N/A P test						
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:				o Average N/. entage benefit test N/.							
	for the	be 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										
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination			
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?		rom	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?			Ye	s	No				

## Authentisign ID: 1DC4CABD-26B2-45E5-Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

5-9468-EED44A3B9836 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.

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection** 

For cale		t Identification Information						
- FOI Cale	ndar plan year 2016 or	fiscal plan year beginning 01/01/20		and ending 12				
A This	return/report is for:	X a single-employer plan	a multiple-employe	r plan (not multiemployer	) (Filers checking t	this box must attach a		
* · · · · ·	Totalinioport io tot.	a one-participant plan	a foreign plan	employer information in	accordance with tr	ne form instructions.)		
<b>B</b> This r	eturn/report is	X the first return/report	the final return/repo	ort				
	•	an amended return/report		eturn/report (less than 12	months)			
C Chec	k box if filing under:				_			
O Once	K DOX II IIIIIIY UTUCI.	X Form 5558	automatic extension	n	DFVC progra	am		
		special extension (enter descr		William and the second of the	61			
Part II	Basic Plan Inf	ormation—enter all requested in	formation	DIXA SOLV	7	FAST FAST		
	ne of plan				1b Three-digi			
The Ambe	er Bills Group 401(k) Pro	ofit Sharing Plan			plan numb	per 001		
					(PN)	F-12.01		
77771	1 / Cherch Orenia				1c Effective of 01/01/201			
Maili	ng address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O	). Box)	Levings entirely		Identification Number		
Amber Bills	or town, state or provin s Real Estate Group, Ll	ce, country, and ZIP or foreign posta	al code (if foreign, see ir	structions)		telephone number		
The Ambe	The state of the s	-C (Saryana				(425) 281-0373		
	go nest-cut year					code (see instructions)		
21065 SE	261st				531390			
Maple Valle	ey, WA 98038							
	· · · · · · · · · · · · · · · · · · ·	nd address X Same as Plan Spon	223		01- 11-11-1			
	durinionator o riarrio a	nd address M Same as Flam Spon	sor.		<b>3b</b> Administra	tor's EIN		
					3c Administra	tor's telephone number		
					2			
					7.70.000			
4 If the	name and/or EIN of the	e plan sponsor has changed since the	he last return/report filed	for this plan, antar the	4h FIN	profits the second		
nam	e, ⊑iiv, and the pian nu	mber from the last return/report.	ne iast return/report met	1 for this plan, enter the	4b EIN			
· · · · · · · · · · · · · · · · · · ·	sor's name				4c PN			
5a Total	number of participants	at the beginning of the plan year			5a	0		
<b>b</b> Total	number of participants	at the end of the plan year			5b	2		
C Num	ber of participants with	account balances as of the end of the	ne plan vear (only define	ed contribution plane		1		
COM	Diete triis item)				5c			
		rticipants at the beginning of the pla			5d(1) 0			
<b>d(2)</b> To	tal number of active pa	rticipants at the end of the plan year	***************************************		5d(2)			
e Num	ber of participants that	terminated employment during the r	olan year with accrued h	enefits that were less	5e			
Caution:	A penalty for the late	or incomplete filing of this return/	roport will be access					
Official poli	iditios di politity alla dil	iei Denames sei john in the instructi	one I declare that I have	o oversing a thin material	1 11 11 17			
	edule MB completed ar true, correct land comp		well as the electronic v	ersion of this return/repor	t, and to the best of	of my knowledge and		
	amber :	note.	10/13/2017					
SIGN				Amber Bills				
	Signature of plans at	diministrator	Date	Enter name of individ	ual signing as plan	administrator		
SIGN								
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individu	ual cianina ac amr	de la companion en angue		
Preparer's	name (including firm na	ame, if applicable) and address (incl	ude room or suite numb	per)	Preparer's teleph	none number		
				·	,	iono namosi		
				· ·				

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<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>											
	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 de	termined	
Pa	rt III   Financial Information		l	• • • •	<u> </u>				• • • • • • • • • • • • • • • • • • • •		
	Plan Assets and Liabilities	_	(a) Beginning	of Year	+		-	(b) End	of Year	776	
	Total plan assets	7a							52	70	
	Net plan assets (subtract line 7b from line 7a)	7b 7c							527	776	
8	Income, Expenses, and Transfers for this Plan Year	76	(a) Amoun					(b) 7	Fotal	70	
	Contributions received or receivable from:		(a) Amour	ıt				(0)	lotai		
	(1) Employers	8a(1)		3500	00						
	(2) Participants	8a(2)		180	00						
	(3) Others (including rollovers)	8a(3)			0						
b	Other income (loss)	8b		-22	24						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							527	76	
d	Benefits paid (including direct rollovers and insurance premiums	0.4			0						
	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8d			0						
	Administrative service providers (salaries, fees, commissions)	8e 8f		0							
_ <u>'</u>	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
	Net income (loss) (subtract line 8h from line 8c)	8i							52	776	
÷	Transfers to (from) the plan (see instructions)										
Par	rt IV Plan Characteristics	8j									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	ndes in	the ins	tructions:		
	2A 2E 2F 2G 2J 3D		200	u <b>u</b>		00	, acc				
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he instr	uctions:		
Par	t 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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Normal)	oluntary F	Fiduciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х					
С	Was the plan covered by a fidelity bond?			10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х					
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	Х					583	
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х					
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		Х					

Part	rt VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see i (Form 5500) and line 11a below)						Yes	χ No
11a	1a Enter the unpaid minimum required contributions for all years from Schedule SB (Form	n 5500) line 40		11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of sec ERISA?	tion 412 of the Code	or section	n 302 of			Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this p granting the waiver.	•		l enter tl Day		of the let Year		ng 
If	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), a	and skip to line 13.						
b	<b>b</b> Enter the minimum required contribution for this plan year			12b				
С	<b>C</b> Enter the amount contributed by the employer to the plan for this plan year			12c				
d	<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a magative amount)	-		12d				
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?	?			Yes	No	N	/A
Part	rt VII Plan Terminations and Transfers of Assets							
13a	3a 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	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to anoth control of the PBGC?					Yes	X No	ı
С	C If, during this plan year, any assets or liabilities were transferred from this plan to anoth which assets or liabilities were transferred. (See instructions.)	ner plan(s), identify th	ne plan(s)	to				
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c	(3) PN	(s)
Part	rt VIII Trust Information							
14a	<b>a</b> Name of trust			<b>14b</b> ⊺	Γrust's Ε	iN		
14c	C Name of trustee or custodian					s or custo ne numbe		
Par	art IX IRS Compliance Questions		'					
15a	<b>5a</b> Is the plan a 401(k) plan? If "No," skip b		Yes			No		
	How did the plan satisfy the nondiscrimination requirements for employee deferrals und 401(k)(3) for the plan year? Check all that apply:	1 4	safe h		L	"Prior test	year" A	NDP
			ADP t	ent year' est		N/A		
16a	<b>Sa</b> What testing method was used to satisfy the coverage requirements under section 410 year? Check all that apply:	` '	Ratio perce test	entage		/erage enefit test	t 🗌	N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b for the plan year by combining this plan with any other plan under the permissive aggree	egation rules?	Yes		L	No		
	7a If the plan is a master and prototype plan (M&P) or volume submitter plan that received the letter and the serial number							
	<b>7b</b> If the plan is an individually-designed plan that received a favorable determination letter letter	r from the IRS, enter	the date	of the m	ost rece	ent deterr	minatio	n
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 service?		ed from	Yes	s [	No		
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the pri	ior plan year?		Yes	3	No		