## 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

OMB Nos. 1210-0110

2016

This Form is Open to **Public Inspection** 

Part I		t Identification Information			0/45/0047					
For calend	lar plan year 2016 or	fiscal plan year beginning 01/01/		and onling	8/15/2017					
A Thioro	turn/report is for:	X a single-employer plan		plan (not multiemployer) (						
A miste	eturn/report is for:	a one-participant plan	a foreign plan	list of participating employer information in accordance with the form instructions a foreign plan						
<b>B</b> This ret	urn/report is	the first return/report	the final return/repor							
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)					
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC program	n				
Dowt II	Decis Blan Inf	special extension (enter desc	. ,							
Part II  1a Name		ormation—enter all requested in	ntormation		1b Three-digit					
YACHTMAS	STERS NORTHWEST	Γ, L.L.C.			plan number					
					1c Effective da	ate of plan 07/01/2004				
Mailin	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0				dentification Number 20-0938510				
	r town, state or proving STERS NORTHWEST	nce, country, and ZIP or foreign pos , L.L.C.	ital code (if foreign, see in	structions)		telephone number 6-285-3460				
1341 N NO	RTHLAKE WAY #1					ode (see instructions)				
SEATTLE, V						441222				
3a Plan a	administrator's name a	and address X Same as Plan Spo	onsor.		<b>3b</b> Administrat	tor's EIN				
					3c Administrat	tor's telephone number				
					JC Administrat	tor's telephone number				
		he plan sponsor has changed since	the last return/report filed	d for this plan, enter the	4b EIN					
	e, EIN, and the plan no sor's name	umber from the last return/report.			4c PN					
		ts at the beginning of the plan year.			5a	10				
_		ts at the end of the plan year			5b	(				
C Numb	per of participants with	n account balances as of the end of	f the plan year (only define		5c	(				
					5d(1)	(				
		articipants at the beginning of the p	•		5d(1) 5d(2)					
		participants at the end of the plan year terminated employment during the			` '					
than	100% vested				5e					
		e or incomplete filing of this return other penalties set forth in the instru								
SB or Sch		and signed by an enrolled actuary,								
SIGN		d/valid electronic signature.	10/16/2017	GREG ALLEN						
HERE	Signature of plan		Date	Enter name of individ	lual signing as pla	n administrator				
SIGN										
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor				
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite num	ber)	Preparer's telep	hone number				
					Ī					

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s No
b	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	and conditi	ons.)		······				X Ye	s No
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_		□ Not det	ermined
	rt III   Financial Information							Ш		
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a		968236				(2) 2.10		0
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		968236	;					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	, ,					, ,		
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		87442						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							8744	2
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	055678	3					
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							105567	8
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				-968236				6
j_	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des 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 f	eature cod	es from the List of Pla	n Chara	acteris	tic Co	des in t	the instru	ictions:	
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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not i	nclude transactions	10b		X				
c				10c	X					10000
d		fidelity bor	nd, that was caused	10d		X				
е		her persons	s by an insurance the benefits under	10e		Х				
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-e	nd.)	10g		X				
h		(See instru	ctions and 29 CFR	10h		X				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	I 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 on 5500) and line 11a below)						Yes No
		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 Confirmation A?						Yes X No
	(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	Nonth _	s, and	d enter t Day		of the lett Year	er ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	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 live 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?				X Yes	S [] I	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X 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(	<b>3)</b> PN(s)
<b>-</b>								
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:			n-based arbor	d [	] "Prior y test	ear" ADP
				"Curre	ent year est	<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:		Ratio perce test	entage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are 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, en/	nter the	date	of the m	nost rece	ent determ	nination
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	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administrator 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).

CMB Nos 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

£21.1.11.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	on Benefit Guaranty Corporation	Complete all entries in	accordance with the ins	tructions to the Form	5500-SF.	Public Inspection
Part	Annual Report	t Identification Information				
For care	ndar plan year 2016 or I	fiscal plan year beginning 01/01/20	Printer.	and ending 08		MANAGE V Section 1
A This	return/report is far:	x a single-employer plan	a multiple-employer plant of participating e	plan (not multiemployer) employer information in a	i (Filers checking the accordance with th	nis box must attach a le form instructions.)
		a one-participant plan	a foreign plan			a win managements ;
<b>B</b> This r	return/report is	the first return/report	the final return/report			
<b>2</b> 25		an amended return/report	X a short plan year retu	ırn/report (less than 12 r	months)	
U Oned	ck box if filing under:	Form 5558	automatic extension		DFVC progra	m
Post II	Desis Blandas	special extension (enter descr				
Part II	ne of plan	ormation—enter all requested inf	ormation	., ,		
	ne of plan ASTERS NORTHWEST,	, L.L.C.			1b Three-digit plan numb	
			and the latter than the		1c Effective d 07/01/200	
Maili	ng address (include roon	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	Box)			dentification Number
YACHTMA	or town, state or province STERS NORTHWEST,	e, country, and ZIP or foreign posta LLC.	al code (if foreign, see ins	tructions)	2c Sponsors	telephone number 206) 285-3460
1341 N. NC	ORTHLAKE WAY #1					ode (see instructions)
SEATTLE.						
3a Plan	administrator's name and	id address X Same as Plan Sponi	sor		3b Administral	tor's FIN
					THE PRODUCTION OF THE PARTY OF	UI 3 C/14
4 If the	name and/or EIN of the	plan sponsor has changed since If	ne last return/report filed f	for this plan, enter the	4b EIN	
<b>a</b> Spons	sor's name				4c PN	· · · · · · · · · · · · · · · · · · ·
		at the beginning of the plan year			5a	10
					5b	0
C Numb comp	er of participants with actilities this item)	ccount balances as of the end of th	ne plan year (only defined	contribution plans	5c	0
<b>d(1)</b> Tot	al number of active parti	icipants at the beginning of the plai	n year		5d(1)	0
d(2) Tot	al number of active parti	icipants at the end of the plan year	·		5d(2)	0
than	100% vested	erminated employment during the p			5e	0
Caution: A	I penalty for the late or	r incomplete filing of this return/	report will be assessed	uniess reasonable ca	use is establishe	d.
SR or Sche	alties of perjury and othe edule MB completed and true, correct, and comple	er penalties set forth in the instruction I signed by an enrolled actuary, as ete.	ons, I declare that I have well as the electronic ver	examined this returnire rsion of this return/repor	port, including, if a t, and to the best of	ipplicable, a Schedule of my knowledge and
SIGN	Sney all		10-16-17	* Grea Alle		
HERE	Signature of plan adr	ministrator	Date	Enter name of individ	lual einning as plac	administrator
SIGN		Address of the second s		Liter Danie Villeria	dat signing as prai	T administraçõi
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual signing as emo	ployer or plan sponsor
Preparer's	name (including firm nan	me, if applicable) and address (incl	ude room or suite numbe	r)	Preparer's telepr	

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6a	Were all of the plan's assets during the plan year invested in eligit	ble assets	? (See instructions.)		· · · · · · · · · · · · · · · · · · ·			.,,	X Yes No
a	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	endent qualified public	account	lant (IC	QPA)			X Yes No
	If you answered "No" to either line 6a or line 6b, the plan can	not use F	orm 5500-SF and mus	st inste	ad use	Form	1 <b>5</b> 500.		
С	If the plan is a defined benefit plan, is it covered under the PBGC is	nsurance .	program (see ERISA s	ection 4	021)?		Yes	No 🗆	Not determined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			•••••••	(b) End of Y	ear ear
а	Total plan assets	. 7a	, , , , , , , , , , , , , , , , , , , ,	9682				· · ·	0
b	Total plan liabilities	. 7b					***************************************	·····	
С	Net plan assets (subtract line 7b from line 7a)	7c		9682	36			· ·	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoui	nt				(b) Total	
а	Contributions received or receivable from:								
	(1) Employers	, ,						·····	
··········	(2) Participants	***************************************			_	··			
	(3) Others (including rollovers)								
	Other income (loss)	1		874	42				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c							87442
u	to provide benefits)	8d		105567	78				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		•					
g	Other expenses	8g						<del></del>	***************************************
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				-	*************	············		1055678
ī	Net income (loss) (subtract line 8h from line 8c)	8i							-968236
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics				I.				
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instructi	ons:
	2E 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instructio	ns:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	I NI/A		
	Was there a failure to transmit to the plan any participant contribu	tione with	n the time period		162	NO	N/A	А	mount
_	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			Х			
	Program)			10a					
<u>a</u>	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	l? (Do not	include transactions	10b		Х			
C	Was the plan covered by a fidelity bond?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	10c	Х				10000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х		·/··/··/··	
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance				ļ		·
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla			10f		X			
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.)	(See instru	uctions and 29 CFR			Х			
i	If 10h was answered "Yes," check the box if you either provided the	ne require	notice or one of the	10h					
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		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 or (Form 5500) and line 11a below)	omple	te Sch	edule S	В		Yes	No
	Enter 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 Co	de or	sectio	n 302 of	·		Yes	X No
	(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 inst granting the waiver	onth _	ns, and	d enter t Day		of the le		ing
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			<del></del>	<del></del>			
b	Enter the minimum required contribution for this plan year			12b				
<u>C</u>	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	negative amount)			12d				
5.00 (5.00)	Will the minimum funding amount reported on line 12d be met by the funding deadline?			L,	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?				X Ye	s 📗	No	
	if "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougl control of the PBGC?					X Yes	Пи	0
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)	y the i	plan(s)	) to				
	I3c(1) Name of plan(s):		13c(2)	EIN(s)		130	(3) PN	∛(s)
FESS.								
	VIII Trust Information							
14a	Name of trust			14b ⊺	Trust's i	EIN		
14c	Name of trustee or custodian					s or cust ne numb		3
Pari	IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan? If "No," skip b	🛮	Yes			No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	11 1	Desig safe h	n-based arbor		"Prior test	year"	ADP
			"Curre	ent year' est	· [	N/A		
	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 tes	t [	] N/A
	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 of the letter and the serial number							
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ent letter	ter the	date	of the m	ost rec	ent deter	minatio	on
	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 separ service?	rated t	from	Yes	; [	No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	· [	] No		