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

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

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

Short Form Annual Return/Report of Small Employee

Revenue Code (the Code).

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

| For ca | lendar plan year 2017 or f | iscal plan year beginning 01/01/ | | | 8/11/2017 | | | | | | |
|--|---|---|--|---|---|---|--|--|--|--|--|
| A Th | is return/report is for: | X a single-employer plan | | | ver) (Filers checking this box must attach a in accordance with the form instructions.) | | | | | | |
| D =: · | | a one-participant plan | a foreign plan | | | | | | | | |
| B Ini | s return/report is | the first return/report | the final return/repo | | | | | | | | |
| | | an amended return/report | X a short plan year re | turn/report (less than 12 m | nonths) | | | | | | |
| C Ch | eck box if filing under: | Form 5558 | automatic extensio | n | DFVC program | | | | | | |
| | | special extension (enter desc | cription) | | | | | | | | |
| Part | II Basic Plan Info | ormation—enter all requested in | nformation | | | | | | | | |
| | ame of plan SHORE SENIOR CENTE | | 1b Three-digit plan number (PN) ▶ | 001 | | | | | | | |
| | | | 1c Effective date | of plan /01/2016 | | | | | | | |
| | an sponsor's name (emplailing address (include roo | | 2b Employer Ider (EIN) 91- | ntification Number | | | | | | | |
| С | City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NORTHSHORE SENIOR CENTER | | | | | ephone number 86-1023 | | | | | |
| | | | | | 2d Business code | e (see instructions) | | | | | |
| | IVERSIDE DRIVE LL, WA 98011 | | | | 813 | 3000 | | | | | |
| 3a P | an administrator's name a | and address X Same as Plan Spo | onsor. | | 3b Administrator's EIN | | | | | | |
| | 3c Administrator's telephone number | | | | | | | | | | |
| | | | | | 3c Administrator's | s telephone number | | | | | |
| | | ne plan sponsor or the plan name honsor's name, EIN, the plan name | | | 3c Administrator's 4b EIN | s telephone number | | | | | |
| th a S | nis plan, enter the plan spo ponsor's name | | | | | s telephone number | | | | | |
| th a S | nis plan, enter the plan spo | | | | 4b EIN | s telephone number | | | | | |
| th a S C P | nis plan, enter the plan spo ponsor's name an Name | | and the plan number fror | n the last return/report. | 4b EIN | s telephone number | | | | | |
| tt a S c P 5a T b T | nis plan, enter the plan spr ponsor's name lan Name otal number of participant otal number of participant | onsor's name, EIN, the plan name s at the beginning of the plan year s at the end of the plan year | and the plan number fror | n the last return/report. | 4b EIN 4d PN | | | | | | |
| 5a T c N | nis plan, enter the plan spr ponsor's name lan Name otal number of participant otal number of participant lumber of participants with | onsor's name, EIN, the plan name | and the plan number from | n the last return/report. | 4b EIN 4d PN 5a | 38 | | | | | |
| 5a T c N c | nis plan, enter the plan spensor's name an Name otal number of participant otal number of participant lumber of participants with omplete this item) | s at the beginning of the plan year at the end of the plan year account balances as of the end of | and the plan number from | ed contribution plans | 4b EIN 4d PN 5a 5b 5c 5d(1) | 38 | | | | | |
| 5a T b T c N c d(1) d(2) | nis plan, enter the plan spensor's name lan Name otal number of participant otal number of participant lumber of participants with omplete this item) | s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the end of the plan year. | and the plan number from | ed contribution plans | 4b EIN 4d PN 5a 5b 5c | 38 0 0 | | | | | |
| 5a T c N c d(1) d(2) e N | nis plan, enter the plan special ponsor's name an Name otal number of participant otal number of participant lumber of participants with omplete this item) | s at the beginning of the plan year at the end of the plan year | and the plan number from | ed contribution plans benefits that were less | 4b EIN 4d PN 5a 5b 5c 5d(1) | 38 0 0 | | | | | |
| 5a T b T c N c d(1) d(2) e N | nis plan, enter the plan special ponsor's name an Name otal number of participant otal number of participant with omplete this item) | s at the beginning of the plan year is at the end of the plan year | f the plan year (only defirolan yeareareplan year with accrued | ed contribution plans benefits that were less | 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. | 38 0 0 0 | | | | | |
| 5a T b T c N c d(1) d(2) e N Cautio | nis plan, enter the plan special ponsor's name an Name otal number of participant otal number of participant number of participants with omplete this item) | s at the beginning of the plan year at the end of the plan year | f the plan year (only definate plan year | ed contribution plans benefits that were less ed unless reasonable ca ve examined this return/re | 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if app | 38 0 0 0 0 0 olicable, a Schedule | | | | | |
| 5a T b T c N c d(1) d(2) e N t Cautio Under SB or belief, SIGN | nis plan, enter the plan special ponsor's name an Name otal number of participant otal number of participant number of participant with omplete this item) | s at the beginning of the plan year at the end of the plan year | f the plan year (only definate plan year | ed contribution plans benefits that were less ed unless reasonable ca ve examined this return/re | 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if app | 38 0 0 0 0 0 olicable, a Schedule | | | | | |
| than San Tab | nis plan, enter the plan special ponsor's name an Name otal number of participant otal number of participant number of participant with omplete this item) | s at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year articipants at the beginning of the participants at the end of the plan year terminated employment during the process of the plan year to terminate demployment during the process of the plan year to the plan year. | f the plan year (only defirolan year | ed contribution plans benefits that were less ed unless reasonable ca ve examined this return/reportersion of this return/reportersion of this return/reportersion. | 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of response to the second of the | 38 0 0 0 0 0 oblicable, a Schedule my knowledge and | | | | | |

Date

Signature of employer/plan sponsor

HERE

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2**

| | 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 | | | | | | | . X Yes | No 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 | | | | | | | □ Not dot | arminad |
| C | If "Yes" is checked, enter the My PAA confirmation number from the | | | | | <u>-</u> | | ☐ Not dete | |
| | | ет вос р | remain ming for this p | iaii yea | ' | | | (566 1115111 | detions.) |
| Pa | rt III Financial Information | | | | | | | | |
| _7 | Plan Assets and Liabilities | | (a) Beginning (| of Year | | | (b) En | d of Year | |
| a | Total plan assets | . 7a | 36 | 62229 | | | | 0 | |
| <u>b</u> | Total plan liabilities | . 7b | | | _ | | | | |
| | Net plan assets (subtract line 7b from line 7a) | . 7c | 36 | 62229 | | | | 0 | |
| _8_ | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | | | (b) | Total | |
| a | Contributions received or receivable from: (1) Employers | . 8a(1) | | | | | | | |
| | (2) Participants | . 8a(2) | 2 | 27180 | | | | | |
| | (3) Others (including rollovers) | . 8a(3) | | | | | | | |
| b | Other income (loss) | . 8b | , | 30357 | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | | | | | 57537 | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | 4 | 40248 | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | . 8e | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | | 2442 | | | | | |
| g | Other expenses | . 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | | 42690 | |
| i | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | | 14847 | |
| j | Transfers to (from) the plan (see instructions) | - 8j | -3 | 77076 | | | | | |
| Pai | t IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D | feature co | des from the List of Plant | an Cha | racteri | stic Co | odes in the in | structions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | es from the List of Pla | n Chara | acteris | tic Coc | les in the ins | tructions: | |
| Par | t V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | |
| a | Was there a failure to transmit to the plan any participant contribu 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.) | t? (Do not | nclude transactions | 10b | | X | | | |
| С | · · | | | 10c | Х | | | 10000 | 000 |
| 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 | | 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.) | | | | | 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 | s of year-e | end.) | 10g | X | | | | 0 |
| 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 | | | 10i | | | | | |
| | | | | | | | | | |

| Form 5500-SF 2017 | Page 3- 1 |
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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 complete Schedule SB (Form 5500) and line 11a below) | | | | | | | | | | |
| 11a | 11a 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 Code or section 302 of ERISA? (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 | | | | | | | | | |
| lf y | rou 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 | | | | | | | | | | |
| 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 of a negative amount) | 12d | | | | | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No | N/A | | | | | |
| Part \ | /II Plan Terminations and Transfers of Assets | | | | | | | | | |
| 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 brought under the control of the PBGC? | | | X Yes | No | | | | | |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.) |) to | | | | | | | | |
| 1 | 3c(1) Name of plan(s): 13c(2 | EIN(s) | | 13c(3 |) PN(s) | | | | | |
| RESOL | JRCE MANAGEMENT, INC. 401(K) PLAN 87-0499948 | 3 | | 333 | | | | | | |

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

2017

This Form is Open to **Public Inspection**

| Part I | | t Identification Informatio | | | | | | | |
|--------------------------|------------------------------------|---|-----------------------------------|--|---|--|--|--|--|
| For calend | ar plan year 2017 or | fiscal plan year beginning | 01/01/2017 | and ending | 08/11/20 | 017 | | | |
| A This ref | turn/report is for: | X a single-employer plan | a multiple-employer pl | an (not multiemployer) nployer information in a | | | | | |
| P This not | um from out to | a one-participant plan | a foreign plan | | | | | | |
| D IIIIs ieu | urn/report is | the first return/report | the final return/report | | | | | | |
| _ | | an amended return/report | X a short plan year retur | n/report (less than 12 m | nonths) | | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | | DFVC program | 1 | | | |
| D 411 | | special extension (enter des | | | | | | | |
| Part II | | ormation—enter all requested | information | | | | | | |
| 1a Name | | enter 401(k) Retirem | ent Plan | | 1b Three-digit plan numbe (PN) ▶ | er 001 | | | |
| | | | | | 1c Effective da 03/01/20 | | | | |
| Mailing | address (include ro | loyer, if for a single-employer plan nom, apt., suite no. and street, or F | P.O. Box) | mustions) | 2b Employer Id (EIN) 91 - 1 | lentification Number 1184432 | | | |
| | nore Senior | nce, country, and ZIP or foreign po Center | istai code (ii loreigh, see ilist | rucuoris) | 2c Sponsor's t 425-286- | elephone number | | | |
| 10201 F | Riverside Dri | ve | | | 2d Business code (see instructions) 813000 | | | | |
| Bothell | - | WA 98011 | | | | | | | |
| 3a Plan a | dministrator's name | and address ☒ Same as Plan Sp | oonsor. | | 3b Administrate 3c Administrate | or's EIN or's telephone number | | | |
| this pl | an, enter the plan sp or's name | he plan sponsor or the plan name consor's name, EIN, the plan name | | | 4b EIN 4d PN | | | | |
| Fo. Total | | | | | 5a | | | | |
| | , , , | ts at the beginning of the plan year | | | 5b | 38 | | | |
| C Numb | er of participants wit | ts at the end of the plan year h account balances as of the end | of the plan year (only defined | contribution plans | 5c | 0 | | | |
| | | participants at the beginning of the | | | 5d(1) | 0 | | | |
| d(2) Tot | al number of active p | participants at the end of the plan | /ear | | 5d(2) | 0 | | | |
| | | no terminated employment during | | | 5e | 0 | | | |
| Under pena SB or Sche | alties of perjury and | e or incomplete filing of this retu other penalties set forth in the instu- end signed by an enrolled actuary inplete. | ructions, I declare that I have | examined this return/re | port, including, if a | pplicable, a Schedule | | | |
| SIGN | Me | | 7 25 19 | Pat Parkhurst | Brooke | Knight | | | |
| | Signature of plan | administrator | Date | Enter name of individ | lual signing as plan | administrator | | | |
| SIGN HERE | Signature of emp | loyer/plan sponsor | Date | Enter name of individ | lual signing as emp | loyer or plan sponsor | | | |
| | | | | | 200 200 200 | The second secon | | | |

| Pa | α | e | 2 |
|----|---|---|---|
| | | | |

| | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b 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.). If you answered "No" to elther line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | | | | | | | | es No |
|----------|---|----------------------------|---|---------|---------|---------|------------------|-----------|--------------------------|
| | If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the | | | | | _ | | ш | etermined tructions.) |
| Pa | rt III Financial Information | | | | | | | | |
| 7_ | Plan Assets and Liabilities | | (a) Beginning | | - | | (b) End | of Year | |
| | Total plan assets | 7a | | 362, | 229 | | | | 0 |
| | Total plan liabilities | 7b | | | | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | | 362, | 229 | | | | 0 |
| 8_ | Income, Expenses, and Transfers for this Plan Year | | (a) Amour | nt | - | | (b) 1 | otal | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | | | | | | |
| | (2) Participants | 8a(2) | | 27, | 180 | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
| b | Other income (loss) | | | 30, | 357 | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 57,537 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 40, | 248 | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 2, | 442 | | | | |
| g | Other expenses | 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 42,690 |
| ᆜ | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 14,847 |
| j_ | Transfers to (from) the plan (see instructions) | 8j | - | 377, | 076 | | | | |
| Pai | rt IV Plan Characteristics | | | | | | | | |
| 9a —— | If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 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 for | eature cod | es from the List of Pla | n Chara | acteris | tic Cod | des in the instr | uctions: | |
| Par | t V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | |
| 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 | | х | | | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | | | 10b | | х | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | х | | | 1, | 000,000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | х | | | |
| e | | ner person ne or all of | s by an insurance the benefits under | 10e | | х | | | |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | Х | | | |
| g | | | | 10g | х | | | | 0 |
| h | 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 | | | | | |

| Form | 5500-SF | 2017 |
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| Page | 3- | |
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| raye | J- | |

| Part | VI P | ension Funding Compliance | | | | | | | |
|---|--|---|--------------|------------|----------|-----------------|---------------|-------|--|
| 11 | | defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schoo) and line 11a below) | | | | | | No No | |
| 11a | Enter t | ne 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 section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | |
| | If a wa | ver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and the waiver | ente D | | e date o | f the le Yea | | ıling | |
| lf | you con | pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | |
| b | Enter th | e minimum required contribution for this plan year | 12b | | | | | | |
| С | Enter th | amount contributed by the employer to the plan for this plan year | 12c | | | | | | |
| d | | t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a amount) | 12d | | | | | | |
| е | Will the | minimum funding amount reported on line 12d be met by the funding deadline? | [|] \ | res [| No | | N/A | |
| Part ' | VII P | an Terminations and Transfers of Assets | | | | | | | |
| 13a | Has a r | esolution 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 | | Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? | | | X | Yes | _ ı | No | |
| С | | g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ssets or liabilities were transferred. (See instructions.) | to | | | | | | |
| 1 | 3c(1) N | me of plan(s): 13c(2) | 3c(2) EIN(s) | | | 130 | (3) P | N(s) | |
| Resource Management, Inc. 401(k) Plan 87-04 | | | | 37-0499948 | | | 333 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |