		<u> </u>							
-	rm 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Empl	oyee	÷	ram 001 of plan 11/2010 tification Number 0930290 ophone number 58-9111 c (see instructions) 390		
Inter	artment of the Treasury Irnal Revenue Service	This form is required to be filed	d under sections 104 and				2014		
Employee B	Pepartment of Labor Benefits Security Administration Benefit Guaranty Corporation	—	Revenue Code (the Cod	de).		This F Pub	•		
		Complete all entries in ac	ccordance with the inst	tructions to the Form 5	500-SF	<u>'. </u>	-		
Part I		Identification Information	A A	and anding 12	124/201	4 4			
FOI Calenua	ar plan year 2014 of ha	scal plan year beginning 01/01/201		U	/31/201				
A This ret	turn/report is for:	a single-employer plan		plan (not multiemployer) oyer information in accore		-			
B This retu	urn/report is	the first return/report	the final return/report	:					
		an amended return/report	H .	urn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		ſ	DFVC progra	am		
		special extension (enter descrip	otion)						
Part II	Basic Plan Info	ormation—enter all requested info	ormation						
1a Name						Three-digit			
SVIP 401K F	PLAN					plan number (PN) ▶	001		
					-	Effective date o	of plan		
2a Plan s	ponsor's name and ad	Idress; include room or suite number	r (employer, if for a singl	e-employer plan)	2b				
SEATTLE VA	ALUED INVESTMENT	PROPERTIES, INC.				(EIN) 27-09	930290		
	AVE NE SUITE 111					425-45	58-9111		
BELLEVUE,	WA 98005				2d	Business code (5313			
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponso	or.		3b	Administrator's	EIN		
4 If the r	name and/or FIN of the	e plan sponsor has changed since th	he last return/report filed	for this plan enter the	3C /		telephone number		
name		mber from the last return/report.	le last lotan roport mes		40 4c				
		at the beginning of the plan year					3		
-		at the end of the plan year							
		account balances as of the end of th					4		
comple	lete this item)	rticipants at the beginning of the pla					4		
.,			-		5d(1	-	3		
		rticipants at the end of the plan year erminated employment during the pla			5d()	. ,	3		
less th	nan 100% vested				5e		1		
Under pena	alties of perjury and oth	or incomplete filing of this return/ her penalties set forth in the instruction	tions, I declare that I have	e examined this return/rep	port, ind	cluding, if applic			
	edule MB completed an true, correct, and comp	nd signed by an enrolled actuary, as plete.	well as the electronic ve	ersion of this return/report	i, and to	o the best of my	^r knowledge and		
SIGN	Filed with authorized/	valid electronic signature.	10/14/2015	ANDY H YEUNG					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sigr	ning as plan adr	ninistrator		
SIGN HERE		•••							
	Signature of employ	oyer/plan sponsor name, if applicable) and address (inc	Date	Enter name of individ			er or plan sponsor number (optional)		
Freparers				er) (optional)					
					1 /				

-	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepei	ndent qualified public accounta	nt (IC	PA)		
	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	surance p	rogram (see ERISA section 40	21)?		Yes	No Not determined
Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
а	Total plan assets	7a	1537				322822
b	Total plan liabilities	7b		0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	1537	'56			322822
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	0=(4)	153	46			
	(1) Employers	8a(1)	350	-			
	(2) Participants	8a(2)	1188				
	(3) Others (including rollovers)	8a(3)		38			
	Other income (loss)	8b	· · · · · · · · · · · · · · · · · · ·	00	_		160066
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		169066
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0			
	Certain deemed and/or corrective distributions (see instructions)	8e		0			
	Administrative service providers (salaries, fees, commissions)	8f		0			
q	Other expenses	8g		0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)						0
	Net income (loss) (subtract line 8h from line 8c)	8i					169066
	Transfers to (from) the plan (see instructions)	8j		0			
	t IV Plan Characteristics	oj		•			
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteri	stic Co	odes in	the instructions:
u	2E 2F 2G 2J 2K 2R 3D			201011			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
Par	V Compliance Questions						-
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cori	ection Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		x	
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 or dishonesty?			10d		x	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x	
f	Has the plan failed to provide any benefit when due under the plan					х	
	· · · ·			10f	X	~	00000
<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х		30000
<u> </u>	If this is an individual account plan, was there a blackout period? (2520.101-3.)	·		10h		Х	
	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	,		•			· · · · · · · · · · · · · · · · · · ·
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)				

Page 3 - 1

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		
C 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 onegative amount)	of a	12d		
e Will the 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 resolution to terminate the plan been adopted in any plan year?		· 🗆 ۲	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 of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

		m 5500-SF	Short Form Annu	al Return/Repoi Benefit Plan		oyee	OMB Nos. 1210-0110 1210-0089
		rtment of the Treasury nal Revenue Service	This form is required to be file	ed under sections 104 and	1 4065 of the Employee R		2014
	Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Co		Internal	This Form is Open to Public Inspection
		enefit Guaranty Corporation	Complete all entries in		tructions to the Form 55	500-SF.	
	For calend	ar plan year 2014 or fise	dentification Information	01/01/2014	and ending	127	/31/2014
	_	turn/report is for:	a single-employer plan	a multiple-employer of participating emp	······································	(Filers checl	king this box must attach a list
			a one-participant plan	a foreign plan			
	B This refi	urn/report is	the first return/report an amended return/report	the final return/report	t urn/report (less than 12 m	onths)	
			X Form 5558	automatic extension			FVC program
	Check	box if filing under:	special extension (enter desc				, vo program
	Part II	Basic Plan Infor	rmation—enter all requested in	formation			
	1a Name		mation—enter an requested in	IOIIIIauoii		1b Thre	e-digit
		OIK PLAN					number 001
							tive date of plan 01/2010
			Iress; include room or suite numb TMENT PROPERTIES, II		e-employer plan)	2b Empl	oyer Identification Number
	1530 1-	40TH AVE NE SU	ITE 111				nsor's telephone number -458-9111
「「「「「「」」」			547 0000F			2d Busir	ness code (see instructions)
	BELLEV		WA 98005 d address XSame as Plan Spon	oor		531	inistrator's EIN
	4 If the	name and/or EIN of the	plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
	name		ber from the last return/report.				
			at the beginning of the plan year.			4c PN 5a	2
			at the end of the plan year			5a 5b	3
	C Numb	er of participants with a	ccount balances as of the end of	the plan year (defined be	nefit plans do not	50 50	4
			ticipants at the beginning of the p			5d(1)	3
	d(2) Tot	al number of active part	ticipants at the end of the plan ye	ar		5d(2)	3
	e Numbe	r of participants that ter	rminated employment during the	plan year with accrued be	nefits that were	5e	1
			r incomplete filing of this retur				
	Under pen SB or Sche	alties of perjury and oth	er penalties set forth in the instru d signed by an enrolled actuary,	ctions, I declare that I hav	e examined this return/rep	oort, includir	ng, if applicable, a Schedule
	SIGN	Antheta	Portug-	10/7/10	ANDY H YEUNG		
e.	HERE	Signature of plan ad	Iministrator	Date	Enter name of individ	ual signing a	as plan administrator
	SIGN		\mathcal{O}				
	HERE	Signature of employ		Date		ual signing a	as employer or plan sponsor
	Preparer's	name (including firm na	ame, if applicable) and address (i	nclude room or suite num!	per) (optional)	Preparer's	telephone number (optional)
			and OMB Control Numbers, see th		0.55		Form 5500-SF (2014)

Form 5500-SF 2014		Page 2				
 6a Were all of the plan's assets during the plan year invested in eligibl b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot and the plan cannot be added as the plan	an independ and condition	ent qualified public accounta	nt (IQ	PA)		
c If the plan is a defined benefit plan, is it covered under the PBGC in						
	surance pro	gram (See ERISA Section 40	21)? .	····· [res	No Not determined
Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year
a Total plan assets	7a		5375	6		32282
b Total plan liabilities	7b					22000
C Net plan assets (subtract line 7b from line 7a)	7c		5375	6		32282
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	-	L534	6		
(2) Participants	8a(2)		3500	0		
(3) Others (including rollovers)	8a(3)		1885			
b Other income (loss)	8b		-13		<u></u>	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		Sa 2			16906
 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 	8d	n an	<u> </u>	0		
e Certain deemed and/or corrective distributions (see instructions)	8e			0		
f Administrative service providers (salaries, fees, commissions)	8f			0		
g Other expenses	8g			0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
i Net income (loss) (subtract line 8h from line 8c)	8i					16906
Transfers to (from) the plan (see instructions)	8i			0		
b If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	teristi	c Cod	es in th	ne instructions:
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Correc	tion Program)	10a		х	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
c 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 or dishonesty?			40.1		Х	
			10d			
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	er persons b of the benefi	by an insurance carrier, ts under the plan? (See	10a		Х	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	er persons to find the benefi	by an insurance carrier, ts under the plan? (See	10e			
 e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	ner persons b of the benefi	by an insurance carrier, ts under the plan? (See	10e 10f	X	X	3000
 e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) 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 h If this is an individual account plan, was there a blackout period? (er persons b of the benefi n? s of year end See instruct	by an insurance carrier, ts under the plan? (See 1.)	10e 10f 10g	X		3000
 e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) 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 h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the service of the	er persons b of the benefit n? s of year end (See instruct me required r	by an insurance carrier, ts under the plan? (See 1.)	10e 10f	X	X	3000
 e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) 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 h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 	er persons b of the benefit n? s of year end (See instruct me required r	by an insurance carrier, ts under the plan? (See 1.)	10e 10f 10g 10h	X	X	3000
 e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) 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 h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 	er persons b of the benefit s of year end See instruct ne required r 1-3 ents? (If "Ye	by an insurance carrier, ts under the plan? (See 1.)	10e 10f 10g 10h 10i	Scheo	X X Iule SE	(Form
 e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) 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 h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 	er persons b of the benefi n? s of year end (See instruct ne required r 1-3 ents? (If "Ye	by an insurance carrier, ts under the plan? (See 1.) ions and 29 CFR notice or one of the s," see instructions and corr	10e 10f 10g 10h 10i	Scheo	X X Iule SE	

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

	Form 5500-SF 2014	Page 3 -						
lfy	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				
c	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 (energative amount)	U		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding de				Yes	No	Π	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			, I	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 of the PBGC?					ΓY	es X	No
С	If during this plan year, any assets or liabilities were transferred from this plan t which assets or liabilities were transferred. (See instructions.)	o another plan(s), identify the	plan(s) t	0				
1	3c(1) Name of plan(s):		13	3c(2) E	IN(s)	130	:(3) PI	N(s)
		-						

Part VIII Trust Information (optional)	<u> </u>	I	
14a Name of trust			14b Trust's EIN
	*****	I.	······································