Form 550	0-SF	Short Form Annu		ort of Small Empl	oyee	(OMB Nos. 1210-0110 1210-0089		
Department of the Tr Internal Revenue So		This form is required to be file	Benefit Pla		etirement	2015			
Department of La Employee Benefits Security	Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		This Fo	orm is Open to		
Pension Benefit Guaranty				instructions to the Form 5	500-SF.		•		
Part IAnnualFor calendar plan year		lentification Information		and ending 12	2/31/2015				
		a single-employer plan		/er plan (not multiemployer)		king this bo	x must attach a		
A This return/report is	s for:	a one-participant plan	list of participatin	g employer information in ac	ccordance wi	th the form	instructions)		
B This return/report is	. Г	the first return/report	the final return/rep	port					
	Ī	an amended return/report	a short plan year	return/report (less than 12 m	onths)				
C Check box if filing	under:	Form 5558	automatic extens	ion		FVC progra	am		
	[special extension (enter desc	ription)						
Part II Basic F	Plan Inforr	mation—enter all requested in	formation						
1a Name of plan					1b Three	-			
NORTHWEST PROPE	RIYIAXCC	ONSULTANTS 401(K) PLAN			(PN)	number	001		
						tive date of	plan		
		r, if for a single-employer plan) apt., suite no. and street, or P.0				oyer Identifi	/2012 cation Number		
	or province,	country, and ZIP or foreign pos		instructions)	(EIN) 2c Spon		074525 None number		
W FROFERITIAN C	ONSOLIAN	13, INC.				425-50	2-9068		
603 116TH AVENUE N	IF STE 118				2d Busin	ess code (s	ee instructions)		
ELLEVUE, WA 98004-						5313	10		
3a Plan administrator	r's name and	address XSame as Plan Spon	sor.		3b Admir	nistrator's E	IN		
					3c Admir	nistrator's te	elephone number		
4 If the name and/o	r EIN of the r	lan sponsor has changed since	the last return/report fi	led for this plan, enter the	4b EIN	33-10	021709		
name, EIN, and t	he plan numb	per from the last return/report.				00			
•		PROPERTY TAX CONSULTA			4c PN 5a	00	л Д		
		the beginning of the plan year.			5a 5b		4		
		the end of the plan year count balances as of the end of			<u> </u>		4		
					5c		4		
d(1) Total number of	of active partion	cipants at the beginning of the p	lan year		5d(1)		4		
• •		cipants at the end of the plan ye			5d(2)		4		
		rminated employment during the			5e		0		
Caution: A penalty for	or the late or	incomplete filing of this retur	n/report will be asses	sed unless reasonable ca					
	mpleted and	r penalties set forth in the instru signed by an enrolled actuary, a ste							
SIGN Filed with		lid electronic signature.	06/15/2016	RANDALL SCOTT					
HERE Signature	e of plan adı	ministrator	Date	Enter name of individ	ual signing a	ıs plan adm	inistrator		
SIGN HERE									
Signatur		er/plan sponsor	Date	Enter name of individ					
Preparer's name (inclu	iding tirm har	ne, if applicable) and address (i	nciude room of suite n	imber)	Preparer's	telephone r	lumber		
For Paperwork Reduction	on Act Notice	and OMB Control Numbers, see th	e instructions for Form	5500-SF.		F	Form 5500-SF (2015)		

Form 5500-SF 2015		Page 2							
 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
	nsurance p	rogram (see ERISA se	ection 4	021)?.		res	No Not determ	ninea	
Part III Financial Information		[
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year		
a Total plan assets	. 7a		207	506	_		16394		
b Total plan liabilities	. 7b		007	49			312		
C Net plan assets (subtract line 7b from line 7a)	. 7c			457	-		16081	3	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total		
a Contributions received or receivable from: (1) Employers	. 8a(1)		11	803					
(2) Participants	. 8a(2)		36	760					
(3) Others (including rollovers)	. 8a(3)		1	348					
b Other income (loss)	. 8b		-7	426					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						4248	35	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		89	034					
e Certain deemed and/or corrective distributions (see instructions)	. 8e								
f Administrative service providers (salaries, fees, commissions)	. 8f			95					
g Other expenses	. 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						8912	29	
i Net income (loss) (subtract line 8h from line 8c)	. 8i					-466			
J Transfers to (from) the plan (see instructions)	. 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3D	n feature co	des from the List of Pla	an Cha	racteris	stic Co	des in t	he instructions:		
B If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in th	e instructions:		
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A	Amount		
a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program).	Voluntary F	iduciary Correction	10a		Х				
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	•		10b		х				
C Was the plan covered by a fidelity bond?			10c	х				30000	
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
 Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.) 	her person ne or all of	s by an insurance the benefits under	10e		x				
f Has the plan failed to provide any benefit when due under the plan	an?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		Х				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				

j	Did	the plan trust incur unrelated business taxable income?	10j							
Part	VI	Pension Funding Compliance								
11	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)						Υe	es	No	
11a	Ente	er the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40)			11a				
12	le th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of th		a or sa	ction ?	802 of E	RISA2	Υe	es X	No

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3....

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10i

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					1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	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	you c	ompleted 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						
-		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 ative amount)		12d						
е	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?			Ye	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year	13a							
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
	of th	e PBGC?	-			Yes X	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information	-							
14a	Name	of trust		14b	Trusťs E	IN				
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Ye	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No				
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No				
19	Were	in-service distributions made during the plan year?		Ye	es	No				
	lf "Y€	es," enter amount		19						
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?	Y	es	No	N/A				

	1					-		
Form 5500-SF	Short Form Annua	I Return/Report of Benefit Plan	of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be filed u	under sections 104 and 40				2015		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (E F	This Form is Open 1 Public Inspection						
Pension Benefit Guaranty Corporation	 Complete all entries in ac 	cordance with the instru	ctions to the Form 55	00-SF.				
	dentification Information		5- 500 Po 8 30 - Pro 101		10 - 10 0 -			
For calendar plan year 2015 or fisc		01/01/2015	and ending		/31/201			
A This return/report is for:	X a single-employer plan	a multiple-employer pla list of participating emp						
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year return	report (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extension		Π	DFVC prog	ram		
i	special extension (enter descrip	ution)						
Part II Basic Plan Infor	mation—enter all requested infor	,						
1a Name of plan	citer al requested inter			1b Thre	e-diait			
	ax Consultants 401(k)	Plan		plan	number	001		
			-	(PN) ▶ ctive date o			
2a Plan sponsor's name (employ					01/201	fication Number		
	, apt., suite no. and street, or P.O. I , country, and ZIP or foreign postal		ctions)	(EIN) 47-09	74525		
NW Property Tax Con:		code (il loreign, see instru				hone number		
					425-502-9068 2d Business code (see instructions)			
1603 116th Avenue NH	3, Ste. 118				L310	(see instructions)		
Bellevue	WA 98004-300	9						
3a Plan administrator's name and	address XSame as Plan Sponso	or,		3b Adm	ninistrator's	EIN		
				3C Adm	ninistrator's	telephone number		
	plan sponsor has changed since th ber from the last return/report.	ne last return/report filed fo	r this plan, enter the	4b EIN	33-102	1709		
a Sponsor's name	Northwest Propert	ty Tax Consultan	ts	4c PN	001			
5a Total number of participants a	at the beginning of the plan year			5a		4		
	at the end of the plan year					4		
c Number of participants with a	ccount balances as of the end of th	ne plan year (defined bene	fit plans do not	5c		4		
 C 990000/98000002 	icipants at the beginning of the plar			5d(1)		4		
	icipants at the end of the plan year			5d(2)		4		
	erminated employment during the p			5e				
than 100% vested					1.12.1.1	0		
Under penalties of perjury and oth SB or Schedule MB completed an	r incomplete filing of this return/ er penalties set forth in the instructi d signed by an enrolled actuary, as	ions, I declare that I have a	examined this return/re	port, includ	ling, if appli	cable, a Schedule y knowledge and		
sign Canad	S with	15 June 201	Randall Scott					
SIGN HERE Signature of plan ac	Date	Enter name of individ		as plan ad	ministrator			
SIGN		2010			and the second second			
		Data	Enter name of individ	ual signing	as employ	er or plan sponsor		
Preparer's name (including firm na	Signature of employer/plan sponsor Date Enter name of individent indindivident indindindivident indindivident indindina					e number		
						10 - Fell		

FEOD OF 2015

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	Form 5500-SF 2015		Page Z							
	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an independ	dent qualified public a	account	tant (IQ	PA)			X Yes	No No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use For	m 5500-SF and mus	t inste	ad use	Form	5500.		1 1	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	4021)?		Yes []No 🗌 No	ot determine	d
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	g of Ye	ar			(b) End of Y	/ear	
а	Total plan assets	7a			20750	6			1639	941
	Total plan liabilities	7b			4	9			31	128
	Net plan assets (subtract line 7b from line 7a)	7c		2	0745	7	1608			313
8	Income, Expenses, and Transfers for this Plan Year	1.00	(a) Amo	mount				(b) Tota		
а	Contributions received or receivable from: (1) Employers	8a(1)			1180	3	1			
	(2) Participants	8a(2)			3676	0				53.
	(3) Others (including rollovers)	8a(3)			134	8	2 2 2 2	14. 18		
b	Other income (loss)	8b			-742	6	i si 'l'	- <u>4</u>		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		a and	ш÷.				424	185
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			8903	4	697			
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		_	9	5				
g	Other expenses	8g				1	9 X II			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	te n'i stege	A.					891	L29
i	Net income (loss) (subtract line 8h from line 8c)	8i							-466	544
j	Transfers to (from) the plan (see instructions)	8j				0.0				
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3D	feature cod	es from the List of PI	an Cha	aracteris	stic Co	odes in th	ne instruction	is:	
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Pla	n Char	acterist	ic Cod	les in the	e instructions	•	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	An	nount	
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 Fic	luciary Correction	10a		x				
b	Were there any nonexempt transactions with any party-in-interest					х	-			
	reported on line 10a.)			10b		^				
С	Was the plan covered by a fidelity bond?			10c	Х				30	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х				
e	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.)	e or all of th	ne benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	וויייייייייייייייייייייייייייייייייייי		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year en	d.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		х				ħ.
i				10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below).	ents? (If "Y	es," see instructions a	and cor	nplete	Sched	ule SB (i	Form	Yes	No
11a	Enter the unpaid minimum required contribution for all years from	Schedule S	B (Form 5500) line 4	0			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?...

Yes X No

Form 5500-SF 2015	Page 3 -				
(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 i		-			ing
granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5		Day	Ye	ear	
b Enter the minimum required contribution for this plan year		12b			
		12c			
 C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (en 					
negative amount)		12d			
e Will the minimum funding amount reported on line 12d be met by the funding de	adline?		Yes 🗌 I	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?			Yes X	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this y		13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?		ntrol	[] Y	es X	No
C If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), identify the plan(s) to				
13c(1) Name of plan(s):	13c(2) E	IN(s)	8	13c(3) F	N(s)
Part VIII Trust Information					
14a Name of trust	1	14b Tr	ust's EIN		
14c Name of trustee or custodian		14d Trustee's or custodian's telephone number			
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan?		Yes		No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employee deferrals and employer	Design- based safe harbor method		ADP/ACP test	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the testing method" for nonhighly compensated employees (Treas. Reg sections 1.4 2(a)(2)(ii))?	01(k)-2(a)(2)(ii) and 1.401(m)-	Yes		No	
16a Check the box to indicate the method used by the plan to satisfy the coverage re-		Rati pero test	o centage		rage efit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b this plan with any other plans under the permissive aggregation rules?) and 401(a)(4) by combining	Yes		No	
17a Has the plan been timely amended for all required tax law changes?		Yes		No	□ N/A
17b Date the last plan amendment/restatement for the required tax law changes was for tax law changes and codes).		•			structions
	and the letter's serial number		91		or
17d If the plan is an individually-designed plan and received a favorable determination determination letter		e plan's	s last favora	ble	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under El made), American Samoa, Guam, the Commonwealth of the Northern Mariana Isl	RISA section 1022(i)(2) has been ands or the U.S. Virgin Islands)?	Yes	[No	
19 Were in-service distributions made during the plan year?		Yes		No	
If "Yes," enter amount		19			
20 Were required minimum distributions made to 5% owners who have attained age retired), as required under section 401(a)(9)?	70 ½ (regardless of whether or not	Yes	Ľ] No	N/A