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

2015

This Form is Open to Public Inspection

Pa	art I	Annual Repor	t Identifica	ation Informatior	า					
For	calenda	ır plan year 2015 or					and ending 12	/31/2	015	
A 1	Γhis retι	urn/report is for:	X a single	e-employer plan			an (not multiemployer) ployer information in ac	•	•	
			a one-p	participant plan		oreign plan	•			,
Вт	his retu	rn/report is	=	t return/report ended return/report	=	final return/report	/report (less than 12 mo	onthe)		
				inded retain/report		nort plan year retuin	report (less than 12 mit	Ji iti is,	1	
C	Check b	ox if filing under:	X Form 5		ш	tomatic extension			DFVC progr	am
D-		Dania Dian Inf		extension (enter desc	. ,					
	rt II		ormation-	enter all requested in	ntormatio	n	<u> </u>	41-		
	Name o		IATEC II.C	401(K) PROFIT SHAR		M		10	Three-digit plan number	
GEO	NGE N.	PIERCE & ASSOC	IATES, LLC 2	MI(K) PROFIT SHAR	ING PLA	MN			(PN)	002
								1c	Effective date of	plan 1/2003
2a	Plan sp	onsor's name (empl	oyer, if for a s	single-employer plan)				2b	Employer Identif	ication Number
	Mailing	address (include ro	om, apt., suite	e no. and street, or P.0						446129
		town, state or provin		and ZIP or foreign pos	stal code	(if foreign, see instru	uctions)	2c	Sponsor's teleph	none number 31-7700
								2d	Business code (s	see instructions)
		AKE AVENUE NOR	TH SUITE 90	1						
SEAT	ILE, VV	A 98109							5231	20
3a	Plan ac	dministrator's name a	and address	XSame as Plan Spon	nsor.			3b	Administrator's E	EIN
								3с	Administrator's to	elephone number
4		ame and/or EIN of the EIN, and the plan no		sor has changed since	the last	return/report filed fo	r this plan, enter the	4b	EIN	
а		or's name						4c	PN	
5a	Total n	umber of participant	s at the begin	nning of the plan year.				5	а	12
_			•	of the plan year			İ	5	b	7
				ances as of the end of			ł			
	comple	ete this item)						5 5d		5
	-			the beginning of the p			i			
-	-			the end of the plan ye				5d	(2)	2
	than 1	00% vested		employment during the				5		1
Und SB o	er pena or Sche	Ities of perjury and o	other penalties and signed by	s set forth in the instru	ıctions, I	declare that I have e	unless reasonable cau examined this return/rep sion of this return/report	ort, ii	ncluding, if applica	
SIGI	N	Filed with authorized	d/valid electro	onic signature.		07/28/2016	GEORGE R. PIERCE			
HER		Signature of plan				Date	Enter name of individu	ual siç	ning as plan adm	ninistrator
SIGI	N								,	
HER		6:				D .	F			

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page 2								
b	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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public a	ccount	ant (IQ	PA)				X Yes	
C I	f 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	N	Not dete	mined
Par	t III Financial Information		1								
	Plan Assets and Liabilities		(a) Beginning					(b) E	nd of	Year	
	Fotal plan assets	. 7a		1640)651					1530	297
	Fotal plan liabilities	. 7b		1640	NCE4					1530	207
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	. 7c	(a) Ama-		1001			/1-			297
	Contributions received or receivable from:		(a) Amou	ınt				<u> (r</u>) Tot	aı	
	1) Employers	. 8a(1)		62	2849						
	2) Participants	. 8a(2)		87	603						
	3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	8b		-6	899					4.40	
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								140	053
	o provide benefits)	. 8d		250	782						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f			125						
g	Other expenses	. 8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	1								250	
	Net income (loss) (subtract line 8h from line 8c)	. 8i								-110	354
	Fransfers to (from) the plan (see instructions)	8j									
Par 9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 2R 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in t	the ins	ructio	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uction	ns:	
Part	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 V Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest			401		X					
	reported on line 10a.)			10b	.,	^					
	Was the plan covered by a fidelity bond?			10c	X						500000
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 oth carrier, insurance service, or other organization that provides som 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 pla			10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a					X					
h	If this is an individual account plan, was there a blackout period?			10g		^					
	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							
j	Did the plan trust incur unrelated business taxable income?		<u> </u>	10j							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	s X No
_11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA	<u>,</u>	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1						
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι		
b	Enter ti	he minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets		<u> </u>	163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo		
104		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u>- П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No	
С	If duri	PBGC?ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifying the plan (s) and the plan (s) and the plan (s) are transferred from this plan to another plan (s).		······································	_			
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(s)		13c(3) F	PN(e)	
	. 50(1)	tuno oi piuntoj.	130(2)	LII4(3)		100(0) 1	· V (3)	
Dani	\/III	Turnet liefe une etico						
Part	Name c	Trust Information		14b Trust's EIN				
ı T a	Name C	n trust		145	iiusts Eli			
14c	Name	of trustee or custodian				s or custodia	an's	
				telephone number				
Par	t IX	IRS Compliance Questions		I				
15a	Is the	plan a 401(k) plan?		Ye	s	No		
					esign-			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/ACP harbor test				
450				method				
150		.DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4		☐ Yes ☐ No				
	2(a)(2)	(ii))?		□ Rá	atio			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	ion 410(b):	1 1 1	ercentage		erage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A	
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes).							
17c	17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number							
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter//		the plai	n's last fa	vorable		
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No		
19	Were i	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	," enter amount		. 19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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 section 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

2015

This Form is Open to Public Inspection

P	art I Annual Report	t Identification Information									
	calendar plan year 2015 or fi		01/01/2015	and ending	12/31/2015						
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report	a list of participating of a foreign plan the final return/report	employer information in a) (Filers checking this box must attach accordance with the form instructions)						
С	Check box if filling under:	an amended return/report Form 5558 special extension (enter descr	automatic extension	rn/report (less than 12 n	nonths)	am					
D	art II Basic Plan Info	ormation enter all requested	information								
	Name of plan	Associates, LLC 401(k)		lan	1b Three-digit plan number (PN) ▶	002					
					1c Effective date 01/01/2003	•					
2a	Plan sponsor's name (emplo Mailing Address (include roo City or town, state or provin	2b Employer iden (EIN) 91-14 2c Sponsor's tele	146129								
George R. Pierce & Associates, LLC					(206) 281-	-7700					
	1200 Westlake Aven	ue North Suite 90			2d Business code 523120	(see instructions)					
3a	US Seattle WA 98109 Plan administrator's name a	and address X Same as Plan Spo	onsor Name		3b Administrator's EIN						
					3c Administrator's	telephone number					
4		e plan sponsor has changed since to mber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN						
а	Sponsor's name				4c PN						
5a	Total number of participants	at the beginning of the plan year	***************************************	***************************************	5a	12					
b	Total number of participants	at the end of the plan year	***************************************	***************************************	5b	7					
С		account balances as of the end of t			5c	7					
d(1) Total number of active part	rticipants at the beginning of the pla	n year	***************************************	5d(1)	5					
d(rticipants at the end of the plan year		***************************************	5d(2)	2					
е		terminated employment during the			5e	1					
Ca	ution: A penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable ca	use is established.						
SE		other penalties set forth in the instru- and signed by an enrolled actuary, a nplete.									
S	IGN AN		7/28/16	GLORGE R	. Hene						
100000	ERE Signature of plan adn	ninistrator	Date	Enter name of individu	al signing as plan adm	inistrator					
S	IGN AM		7/28/16	GLOVER R	fiere						
	ERE Signature of employe		Date	Enter name of individu	al signing as employer	or plan sponsor					
Pri	eparer's name (including firm	name, if applicable) and address; ir	nclude room or suite numb	er	Preparer's telephone	e number					

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 section 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.

2045

OMB Nos. 1210-0110

1210-0089

2015

This Form is Open to Public Inspection

Р	art I Annual Report	Identification Information					
For	calendar plan year 2015 or fis	scal plan year beginning	01/01/2015 and ending	12/3	1/2015		
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-employer plan (not multiemployer) (a list of participating employer information in a a foreign plan the final return/report a short plan year return/report (less than 12 me	ccordance	•		
С	Check box if filing under:	x Form 5558 special extension (enter descr	automatic extension		PFVC program		
P	art II Basic Plan Info	ormation enter all requested	information				
1a	Name of plan George R. Pierce &	Associates, LLC 401(k)	Profit Sharing Plan	1b Three plan (PN	number		
					ctive date of plan /01/2003		
2a	Plan sponsor's name (emplo Mailing Address (include roo City or town, state or province	2b Employer Identification Number (EIN) 91–1446129					
	George R. Pierce &		ar code (in toroigh, coe mondenorie)		nsor's telephone number 06) 281-7700		
	1200 Westlake Aven	ue North Suite 90			iness code (see instructions) 3120		
3a	US Seattle WA 98109 Plan administrator's name a	nd address X Same as Plan Spo	onsor Name	3b Adm	ninistrator's EIN		
				3c Adm	ninistrator's telephone number		
4		e plan sponsor has changed since to mber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN			
а	Sponsor's name			4c PN			
5a	Total number of participants	at the beginning of the plan year		5a	12		
b	Total number of participants	at the end of the plan year		5b	7		
С			he plan year (defined benefit plans do not	5c	7		
d(1) Total number of active particle	rticipants at the beginning of the pla	n year	5d(1)	5		
d((2) Total number of active particle	rticipants at the end of the plan year		5d(2)	2		
е		terminated employment during the p	plan year with accrued benefits that were	5e	1		

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

beller, it	is true, correct, and complete.						
SIGN							
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				
Preparer's name (including firm name, if applicable) and address; include room or suite number				Preparer's telephone number			

	Form 5500-SF 2015		Page 2							
_	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of ar	n independ	lent qualified public accou	ıntant	(IQP	A)	••••••		X Yes	_
С	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan cannot If the plan is a defined benefit plan, is it covered under the PBGC ins	t use Forr	ns.) n 5500-SF and must inst	ead	use F	orm 5	500.			_
Pa	rt III Financial Information		.							
<u>7</u>	Plan Assets and Liabilities		(a) Beginning of	f Yea	r	-		(b) End o		
<u>a</u>	Total plan assets	7a	1,64	10,6	51	+			1,530,2) 7
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	1,64		51	+			1,530,2	97
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(b) To	otal	
<u>и</u>	(1) Employers	8a(1)	6	52,8	49					
	(2) Participants	8a(2)	8	37,6	03					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	(9	,89	9)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							140,5	53
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	25	50,7	82					
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1	25					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							250,9	 0 7
i	Net income (loss) (subtract line 8h from line 8c)	8i							(110,35	
i	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2H 2J 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea									
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	, ,, ,									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol			40-		x				
b	Program) Were there any nonexempt transactions with any party-in-interest?			10a		^				
, i	reported on line 10a.)			10b		x				
C	Was the plan covered by a fidelity bond?	•••••	••••••	10c	х				500	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	•	·	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of t	he benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan			10f		х				
<u>g</u>		-		10g		Х				
h	2520.101-3.)	•••••	•••••••••••	10h		х				
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			10i						
j	Did the plan trust incur unrelated business taxable income?	••••••	•••••••••••••••••••••••••••••••••••••••	10j						
Pa	rt VI Pension Funding Compliance								ı	
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	•						•	Yes [X No
11	a Enter the unpaid minimum required contribution for current year fro	om Schedi	ule SB (Form 5500) line 40	0	•••••		11a			
12	Is this a defined contribution plan subject to the minimum funding r	equireme	nts of section 412 of the C	ode o	or sect	ion 30	2 of El	RISA?	Yes [X No

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(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 granting the waiver.			f the letter ruling ear
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and			<u> </u>
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 minu	0	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		' 	□ No □ N/A
Part VII Plan Terminations and Transfers of Assets	••••••••••	······ L 163	INO IN/A
13a Has a resolution to terminate the plan been adopted in any plan year?		X Yes	No
	•••••		0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another of the PBGC?			Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another p which assets or liabilities were transferred. (See instructions.)		0	
13c(1) Name of plan(s):	13	Bc(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information			
14a Name of trust		14b Trust's El	N
14c Name of trustee or custodian		14d Trustee o	
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 employee matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	e deferrals and employer	Design- based safe harbor method	ADP/ACP test
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2(a)(2)(ii))?	2)(ii) and 1.401(m)-	Yes	☐ No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirement	es under section 410(b):	Ratio Percentage Test	Average Benefit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401 this plan with any other plans under the permissive aggregation rules?	(a)(4) by combining	Yes	☐ No
17a Has the Plan been timely amended for all required law changes?			□ No □ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopte instructions for tax law changes and codes).	ed//Enter t	he applicable cod	e (See
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume su		to a favorable IRS	opinion or
17d If the plan is an individually-designed plan and recieved a favorable determination letter from determination letter /		te of plan's last fa	vorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the		☐ Yes	☐ No
19 Were in-service distributions made during the plan year?	••••••••••••••••••••••••••••••••	Yes	☐ No
If Yes, enter amount		19	
Were minimum required distributions made to 5% owners who have attained age 70 ½ (reg not retired) as required under section 401(a)(9)?		Yes	□ No □ N/A