Form 5500-SF Short Form Annual Return/Report of Small Emp				loyee	MB Nos. 1210-0110 1210-0089				
Department of the Trea Internal Revenue Serv		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee R				tirement 2015			
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Employee Benefits Security Administration Revenue Code (the Code).							rm is Open to		
Pension Benefit Guaranty Co				e instructions to the Form 5	500-SF.	1 0.011			
Part IAnnual IFor calendar plan year 2		dentification Information		and ending 1	2/31/2015				
		X a single-employer plan	a multiple-empl	oyer plan (not multiemployer)	(Filers checl	-			
A This return/report is	for:	a one-participant plan	list of participat	ing employer information in a	ccordance wi	th the form i	nstructions)		
B This return/report is		the first return/report	the final return/r	eport					
		an amended return/report	a short plan yea	r return/report (less than 12 n	nonths)				
C Check box if filing un	nder:	X Form 5558	automatic exter	ision	Пр	FVC progra	m		
		special extension (enter desc				1 0			
Part II Basic Pl	an Infor	mation—enter all requested in	nformation						
1a Name of plan					1b Three	-			
JOHN A. KNAPP & ASS	OCIATES,	INC. 401(K) PLAN				lan number ⊃N) ▶ 002			
						ive date of p			
		er, if for a single-employer plan) , apt., suite no. and street, or P.	O. Box)		2b Employer Identification Number (EIN) 91-1117015				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JOHN A. KNAPP & ASSOCIATES, INC.				e instructions)	2c Sponsor's telephone number 206-937-1551				
					2d Busine	ess code (se	e instructions)		
920 CALIFORNIA AVE S EATTLE, WA 98116	SW					54121	3		
3a Plan administrator's	name and	address XSame as Plan Spor	isor.		3b Admir	nistrator's El	N		
					3c Admir	nistrator's te	ephone number		
A					4				
		plan sponsor has changed since ber from the last return/report.	e the last return/report	filed for this plan, enter the	4b EIN 4c PN				
	rticinants a	t the beginning of the plan year.			5a		5		
		it the end of the plan year					4		
C Number of participa	ants with a	ccount balances as of the end of	f the plan year (define	d benefit plans do not	5c		4		
, ,		icipants at the beginning of the p			5d(1)		5		
()	•				5d(1) 5d(2)		4		
 d(2) Total number of active participants at the end of the plan year e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 			ed benefits that were less	5e		0			
Under penalties of perju SB or Schedule MB com	ry and othe	r incomplete filing of this retuiner penalties set forth in the instru- d signed by an enrolled actuary,	ctions, I declare that	have examined this return/re	eport, includin	g, if applica			
belief, it is true, correct,SIGNFiled with au		ete. alid electronic signature.	09/07/2016	JOHN A. KNAPP					
HERE		ministrator	Date	Enter name of individ	dual signing a	s plan admi	nistrator		
SIGN	or plair da		2010						
		er/plan sponsor	Date	Enter name of individ					
Preparer's name (includ	ling firm na	me, if applicable) and address (include room or suite	number)	Preparer's	telephone n	umber		
For Paperwork Reduction	Act Notice	and OMB Control Numbers, see the	he instructions for Forr	n 5500-SF.		F	orm 5500-SF (2015)		

6a	6a 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.) Xer Ves No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
Par	t III Financial Information									
7	7 Plan Assets and Liabilities (a) Beginning			of Yea	ar		(b) End of Year			
а	Total plan assets	7a		14676			146325			
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1467620				1463256			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
а	Contributions received or receivable from:									
	(1) Employers	8a(1)			979					
	(2) Participants			10900						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		17782						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						51661		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		56025						
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					56025			
i	Net income (loss) (subtract line 8h from line 8c)	8i						-4364		
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a										
В										
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 contribu	tions within	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	•		10a		x				
b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	include transactions							
	reported on line 10a.)					Х				
ت ط	C Was the plan covered by a fidelity bond?d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused				Х			150000		
u	by fraud or dishonesty?			10d		Х				
e	e 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.).			10e		X				
f	f Has the plan failed to provide any benefit when due under the plan?			10f		X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					х				
i	 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 									
i	j Did the plan trust incur unrelated business taxable income?									
Part	VI Pension Funding Compliance			10j	1			1		

	······································					
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)	Yes No				
11	a Enter the unpaid minimum required contribution 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?.	Yes X No				

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	(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	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									
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 (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	Part VII Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Υe	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?	-						
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th 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) P			PN(s)		
Part	VIII	Trust Information	-						
14a	Name	e of trust		14b Trust's EIN					
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?		Yes		No	No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					esign- ased safe arbor nethod	P/ACP			
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					es				
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):							erage nefit test		
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					es	No			
17a Has the plan been timely amended for all required tax law changes?				Ye	es	No	N/A		
	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		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or		
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/									
18						No			
19 Were in-service distributions made during the plan year?					es	No			
If "Yes," enter amount									
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?					es	No	N/A		