Form 5500-SF	Short Form Annua		t of Small Employ	ee		OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and	4065 of the Employee Retire	ement		2015	
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Income Security Act of 1974 (ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the Inte e).	ernal		orm is Open to ic Inspection	
	Complete all entries in a dentification Information	ccordance with the inst	ructions to the Form 5500	-SF.			
For calendar plan year 2015 or fisc)15	and ending 06/30)/2016			
A This return/report is for:	x a single-employer plan a one-participant plan		olan (not multiemployer) (Fil mployer information in accor		-		
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year retu	rn/report (less than 12 montl	hs)			
C Check box if filing under:	Form 5558	automatic extension		<u> </u>	DFVC progr	am	
	special extension (enter descrip	otion)					
	mation—enter all requested info	ormation		-			
1a Name of plan LIGHTING GROUP NORTHWEST	401(K) PROFIT SHARING PLAN		1	b Thre plan (PN)	number	001	
			1	C Effect	ctive date of	plan 1/2003	
	apt., suite no. and street, or P.O.			b Emp (EIN)	loyer Identif	cation Number 382730	
City or town, state or province, LIGHTING GROUP NORTHWEST, I	country, and ZIP or foreign posta NC.	l code (if foreign, see insi	tructions) 2	c Spor		none number 18-9000	
			2	d Busii		see instructions)	
5700 6TH AVE S STE 215 SEATTLE, WA 98108-2511					4251	20	
3a Plan administrator's name and	address XSame as Plan Sponso	or.	3	b Adm	inistrator's E	IN	
					inistrator's t	elephone number	
name, EIN, and the plan num	blan sponsor has changed since the performed since the last return/report.	ne last return/report filed					
a Sponsor's name	t the beginning of the plan year			C PN 5a		31	
5a Total number of participants ab Total number of participants a				5b		34	
C Number of participants with ac	count balances as of the end of th	ne plan year (defined ben	efit plans do not	5c		34	
d(1) Total number of active parti	cipants at the beginning of the pla			5d(1)		31	
d(2) Total number of active parti		-		5d(2)		33	
e Number of participants that te	rminated employment during the	plan year with accrued be	enefits that were less	5e		0	
Caution: A penalty for the late or	incomplete filing of this return	report will be assessed	l unless reasonable cause				
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	l signed by an enrolled actuary, as						
SIGN Filed with authorized/va	alid electronic signature.	12/23/2016	JUDY MITCHELL				
HERE Signature of plan ad	ministrator	Date	Enter name of individual	name of individual signing as plan administrator			
SIGN HERE Signature of employe	or/plan sponsor	Date	Entor name of individual	cianina		or plan spansor	
Preparer's name (including firm name)			Enter name of individual er)		telephone		
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the	instructions for Form 5500	-SF.			Form 5500-SF (2015)	

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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit I ot use Fo	ndent qualified public a ions.) rm 5500-SF and must	iccounta t instea	ant (IQ Id use	PA) Form	5500.	X Yes No	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No Not determined	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year	
а	Total plan assets	7a		2689				2874439	
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c		2689	762			2874439	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou				(b) Total		
	· · · · · · · · · · · · · · · · · · ·	Contributions received or receivable from:							
	(1) Employers	8a(1)		50	003				
	(2) Participants	8a(2)		164	309				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		31	023				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						245335	
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d		44	946				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Iministrative service providers (salaries, fees, commissions) 8f			15	712				
g	ther expenses								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						60658	
i	Net income (loss) (subtract line 8h from line 8c)	8i						184677	
j	Transfers to (from) the plan (see instructions)	8i							
Par	t IV Plan Characteristics		1						
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructions:	
Par	V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amount	
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period			-	-	, and and	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V					X			
	Program)			10a		Х			
0	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		x			
С	Was the plan covered by a fidelity bond?			10c	Х			5000000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x			
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.)	ne or all of	the benefits under	10e		x			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	end.)	10g	Х			107920	
h	If this is an individual account plan, was there a blackout period? 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	he require	d notice or one of the	10i	х				
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? (If "Yes," see instructions a 5500) and line 11a below)		plete S	chedu	ıle SB	(Form	Yes X No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	0			11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	ne Code	or sec	tion 30	02 of E	RISA?	Yes X No

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					1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling			
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	Nam	e 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)?					P/ACP			
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			

Form 5500-SF	Short Form Annu	al Return/Report of Small E	mployee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Plan ed under sections 104 and 4065 of the Emplo	vee Retirement	2015
Department of Labor Employee Benefits Security Administration	n Income Security Act of 1974	4 (ERISA), and sections 6057(b) and 6058(a) Revenue Code (the Code).		This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instructions to the F	orm 5500-SF.	
Part I Annual Repor	rt Identification Information	1 07/01/2015 and ending	06	/30/2016
	a single-employer plan	a multiple-employer plan (not multiemp		
A This return/report is for:	a one-participant plan	list of participating employer informatio		-
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 months)	
C Check box if filing under:	Form 5558	automatic extension		DFVC program
	special extension (enter desc	ription)	500	
	formation—enter all requested in	formation		
1a Name of plan LIGHTING GROUP NORT			1b Thre plan (PN)	number
PROFIT SHARING PLAN			1c Effect	ctive date of plan
2a Plan sponsor's name (emp	loyer, if for a single-employer plan)			01/2003
Mailing address (include ro	om, apt., suite no. and street, or P.O			loyer Identification Number) 47-0882730
City or town, state or provir LIGHTING GROUP NORT		tal code (if foreign, see instructions)	7.6722.25	nsor's telephone number
	111101 (11101			06) 298-9000 ness code (see instructions)
E200 (001 AVE 0				120
5700 6TH AVE S STE 215		NT 00100 051	1	
SEATTLE 3a Plan administrator's name a	and address XSame as Plan Spon	WA 98108-251 sor.	the second se	inistrator's EIN
			3c Admi	inistrator's telephone number
4 If the name and/or EIN of the	he plan sponsor has changed since	the last return/report filed for this plan, enter	the 4b EIN	
name, EIN, and the plan n	umber from the last return/report.			
a Sponsor's name			4C PN	21
				31
		the plan year (defined benefit plans do not		34
		the part (assured series phase do not		34
d(1) Total number of active p	articipants at the beginning of the p	lan year		31
		ar plan year with accrued benefits that were les	the second se	33
than 100% vested			be	0
Caution: A penalty for the late	e or incomplete filing of this return	n/report will be assessed unless reasonab ctions, I declare that I have examined this retu		
SB or Schedule MB completed a	and signed by an enrolled actuary, a	as well as the electronic version of this return/	report, and to the	best of my knowledge and
belief, it is true, correct, and con	ALCh.DQ			
HERE Signature of plan	administrator	Date 12 27 11 Enter name of in	ndividual signing :	as plan administrator
SIGN		12-09-2016	laiviadai sigining a	as plan administrator
HERE	loyer/plan sponsor		dividual signing :	as employer or plan sponsor
	name, if applicable) and address (ir			telephone number

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15,712

60,658

184,67

6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (S	See instructions.)	Yes No
b	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	ot use Form	5500-SF and must instead use Form	5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance prog	gram (see ERISA section 4021)?	Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	2,689,762	2,874,439
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	2,689,762	2,874,439
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	50,003	
	(2) Participants	8a(2)	164,309	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	31,023	
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		245,335
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8d	44,946	

8e

8f

8g

8h

8i

8j

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 2F 2G 2J 2K 2T 3D В If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

i

j

Part IV

to provide benefits).....

g Other expenses.....

e Certain deemed and/or corrective distributions (see instructions).

f Administrative service providers (salaries, fees, commissions)....

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Plan Characteristics

Transfers to (from) the plan (see instructions)

10	During the plan year:	Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		Х		
С	Was the plan covered by a fidelity bond?	X			5,000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
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	Has the plan failed to provide any benefit when due under the plan? 10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	X			107,920
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X			
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	x			
j	Did the plan trust incur unrelated business taxable income?				
Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500) and line 11a below)				orm
11a	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 Co	de or se	ection 3	302 of ERI	SA? Yes X No

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	F	Form 5500-SF 2015	Page 3 -					
	(If "Ye	es," complete line 12a or lines 12b, 12c, 12d, and 12e	below, as applicable.)					
а		aiver of the minimum funding standard for a prior year				e date of t		lling
I£		ng the waiver. mpleted line 12a, complete lines 3, 9, and 10 of Sc			Day		Year	
					12b			
		he minimum required contribution for this plan year			-			
		he amount contributed by the employer to the plan for			12c			
		act the amount in line 12c from the amount in line 12b. ve amount)			12d			
		e minimum funding amount reported on line 12d be m				Yes	No	N/A
'art	VII	Plan Terminations and Transfers of Asse	ets					
13a	Has a	resolution to terminate the plan been adopted in any plan	year?			Yes	No No	
	If "Yes	s," enter the amount of any plan assets that reverted to	the employer this year		. 13a			
b		all the plan assets distributed to participants or benefic PBGC?			ontrol		Yes 🛛	No
c		ng this plan year, any assets or liabilities were transfer assets or liabilities were transferred. (See instructions		ntify the plan(s) to	D			
1	13c(1) N	lame of plan(s):		13c(2)	EIN(s)		13c(3) F	PN(s)
Part	VIII	Trust Information	90001E-9018-00-8018-812-02-80-80-80-80-80-80-80-80-80-80-80-80-80-					
	Name o				14b	Trust's EIN	1	
140	Namo	of trustee or custodian			14d	Trustee's	or quatadi	
140	Name	or trustee of custodian				telephone		ans
						•		
Part	t IX	IRS Compliance Questions			1			
15a	Is the	plan a 401(k) plan?			. 🗌 Ye	S	No	
15b		" how does the 401(k) plan satisfy the nondiscriminating contributions (as applicable) under sections 401(k)			ba ha	esign- ased safe arbor ethod	ADF test	
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADF method" for nonhighly compensated employees (Trea (ii))?	s. Reg sections 1.401(k)-2(a)(2)(ii) and 1	.401(m)-	Te Ye	S	No	
16a	Check	the box to indicate the method used by the plan to sat	isfy the coverage requirements under sec	ction 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tes in with any other plans under the permissive aggregation			Ye	s	No	
17a	Has th	e plan been timely amended for all required tax law ch	anges?		Ye	S	No	□ N/A
	for tax	the last plan amendment/restatement for the required t law changes and codes).					_ (See inst	
17c	If the p adviso	lan sponsor is an adopter of a pre-approved master ar y letter, enter the date of that favorable letter	nd prototype (M&P) or volume submitter p and the letter's serial r		ct to a fa	vorable IR	S opinion	or
		lan is an individually-designed plan and received a fav ination letter	orable determination letter from the IRS,	enter the date of	the plar	n's last favo	orable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if American Samoa, Guam, the Commonwealth of the N			Yes	à	No	
19	Were i	n-service distributions made during the plan year?			Ye	s	No	
	If "Yes	" enter amount			19			
		equired minimum distributions made to 5% owners wh , as required under section 401(a)(9)?			Ye	s	No	N/A