## 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.

2046

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	art I Annual Repor	t Identification Information			
For	calendar plan year 2016 or	fiscal plan year beginning 01/01/2	2016 and ending 1	2/31/2016	
Α	This return/report is for:	a single-employer plan  a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in a a foreign plan		=
Вп	his return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 r	nonths)	
	Check box if filing under:	Form 5558 special extension (enter description)	1 /	☐ DFVC p	orogram
Pa	art II Basic Plan Inf	formation—enter all requested in	formation		
	Name of plan L 11 401(K) PLAN			(PN)	number
2a EVE	Mailing address (include ro City or town, state or proving	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post		(EIN	loyer Identification Number ) 27-4133894 nsor's telephone number 206-553-9923
	4TH AVENUE SUITE 2900 TLE, WA 98101			2d Busi	ness code (see instructions) 541511
3a	Plan administrator's name	and address 🛚 Same as Plan Spor	nsor.		inistrator's EIN inistrator's telephone number
4	name, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
	Sponsor's name			4c PN	20
		0 0 , ,		5a 5b	33
C	Number of participants with	h account balances as of the end of	the plan year (only defined contribution plans	5c	4
d	, ,		an year	5d(1)	2
			ar	5d(2)	3
е	Number of participants that than 100% vested	at terminated employment during the	plan year with accrued benefits that were less	5e	
Cau	ition: A penalty for the late	e or incomplete filing of this retur	n/report will be assessed unless reasonable ca	use is esta	blished.

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.

<u>beliet, it is t</u>	rue, correct, and complete.						
CICIT	Filed with authorized/valid electronic signature.	02/13/2017	MARK HALLAND				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spons				
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r )	Preparer's telephone number			

Form 5500-SF 2016 Page **2** 

	Were all of the plan's assets during the plan year invested in eligib		,						X	res 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								X	res No
	If you answered "No" to either line 6a or line 6b, the plan cann		,							Ы
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 o	determined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
a	Total plan assets	7a	1	245879	)				1819	263
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1	245879	)				1819	263
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		261168						
	(2) Participants	8a(2)		244667						
	(3) Others (including rollovers)	8a(3)		7640	)					
b	Other income (loss)	8b		74653						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							588	128
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		9834						
e	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		4910						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							14	744
i	Net income (loss) (subtract line 8h from line 8c)	8i							573	384
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2D 2E 2F 2H 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Char	acterist	tic Cod	des in t	he insti	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	ınt
	Was there a failure to transmit to the plan any participant contribu	utions withi	n the time period						7	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	-	•	10a		Χ				
b	-			100		Х				
	reported on line 10a.)			10b		^				
	Was the plan covered by a fidelity bond?			10c	X					100000
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.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	X					C
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

Form	5500	-SF	201	6

Page 3-	1
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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b			
С	Enter	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 l tive amount)			12d			
		he 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>B)</b> PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	-  LL ;		n-based narbor	d [	Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

## 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

## 2016

This Form is Open to Public Inspection

F	Part I Annual Repor	rt Identification Information						
Fo	r calendar plan year 2016 or t	liscal plan year beginning	1	01/01/2016	and ending	12	/31/2016	
	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 lis	st of participating e reign plan final return/report	lan (not multiemployer) employer information in rn/report (less than 12 r	accorda	hecking this bo nce with the form	k must attach n instructions.)
С	Check box if filing under:	Form 5558	auto	omatic extension			DFVC progra	m
P	art II Basic Plan Inf	formation enter all requested i	informati	on				
	Name of plan  Level 11 401(k) Pl		morman	<u> </u>		1	Three-digit olan number (PN) ▶	001
						1c	Effective date of 01/01/2012	
<b>2</b> a	Mailing Address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.C nce, country, and ZIP or foreign posta		if foreign, see insti	ructions)	2b		fication Number 33894
	Level 11		,		,		Sponsor's telepl (206) 553-9	9923
	1501 4th Avenue Su	iite 2900					Business code ( 5 <b>41511</b>	(see instructions)
3a	US Seattle WA 98101	and address X Same as Plan Spo						
4		ne plan sponsor has changed since t	he last re	eturn/report filed fo	or this plan, enter the	3c /		telephone number
a	name, EIN, and the plan nu Sponsor's name	umber from the last return/report.				4c	PN	
5a	Total number of participants	s at the beginning of the plan year .		•••••		5a		32
b		s at the end of the plan year				5b		48
С	Number of participants with complete this item)	account balances as of the end of the	he plan y	ear (only defined	contribution plans	5c		47
d(	(1) Total number of active pa	articipants at the beginning of the pla	n year	•••••		5d(1	)	22
d		articipants at the end of the plan year			- 51 - 11 - 1	5d(2	2)	37
е —		terminated employment during the p				5e		1
		e or∮incomplete filing of this return						
SE	nder penalties of perjury and of B or Schedule MB completed lief, it is true, correct, and co	other penalties set forth in the instruction and signed by an enrolled actuary, a polete.	ctions, I c as well as	declare that I have the electronic ver	examined this return/resion of this return/repor	eport, inc rt, and to	luding, if application the best of my	able, a Schedule knowledge and
1.000	IGN	4			Mark Ha	dlan	1	
Н	ERE Signature of plan ad	ninstrator	D	ate 2/13/17	Enter name of individu			nistrator
0.00	IGN Signature of employe			ate 2/13/17		adla		
Pr	- Similar Control	name, if applicable) and address (in			Enter name of individu er)	Prepar	g as employer of rer's telephone of this questi	number

	Form 5500-SF 2016		Page 2			_				
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions )						X Yes	No
_	Are you claiming a waiver of the annual examination and report of ar									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	•	· ·		•	,	•••••	•••••	<b>X</b> Yes	□No
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Forr	m 5500-SF and must inst	tead ι	use Fo	orm 5	500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pr	ogram (see ERISA section	n 402	1)?		Yes	☐ No	Not de	termined
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End	of Year	
а	Total plan assets	7a	1,24	15,8	79				1,819,	263
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1,24	15,8	79				1,819,	263
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) 1	Total	
а	Contributions received or receivable from:	90/4)	26	51,1	68					
_	(1) Employers	8a(1)		14,6						
_	(2) Participants	8a(2)	2-	7,6						
b	(3) Others (including rollovers)	8a(3) 8b		74,6						
	Other income (loss)	8c	•	74,0	55					100
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	00							588,	128
	to provide benefits)	8d		9,8	34					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		4,9	10					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							14,	744
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							573,	384
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	naract	eristic	Code	s in the	e instructi	ions:	
	2A 2D 2E 2F 2H 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fear	ture codes	s from the List of Plan Cha	aracte	ristic (	Codes	in the	instructio	ns:	
Pa	art 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	luntary Fic	luciary Correction							
	Program)			10a		х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x				
				10c	х				10	00,000
- 0										
	by fraud or dishonesty?	-		10d		х				
е	,									
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e		x				
f				10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as	of vear e	nd.)	10g	х					0
	If this is an individual account plan, was there a blackout period? (		•	79						
	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 2520.101			10i						

Form 5500-SF 2016
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Page 3 -		

Part	: VI	Pension Funding Compliance				_	
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 15500 and line 11a below)				Yes 🗓	No
		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		1	
12	<b>ERISA</b>	a defined contribution plan subject to the minimum funding requirements of section 412 of the				Yes 🗵	No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	inatruotiana	and anta	r the data	of the letter mil	
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see i g the waiver			r the date av	Of the letter rul	ing
lf y		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b	Enter tl	ne minimum required contribution for this plan year.	••••••	12b			
С	Enter tl	ne amount contributed by the employer to the plan for the plan year	•••••	12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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 r	resolution to terminate the plan been adopted in any plan year?	•••••	.	Yes	X No	
		" enter the amount of any plan assets that reverted to the employer this year			Ī		
b	Were a	Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro				Yes X No	)
		of the PBGC?g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide					
		assets or liabilities were transferred. (See instructions.)	intily the pla	11(3) 10			
13	<b>3c(1)</b> Na	me of plan(s):	13c(2)	EIN(s)		13c(3) PN	(s)
Part	VIII	Trust Information - Skip These Questions			I		
	VIII Name	•		14b	Trust's E	IN	
		•		14b	Trust's E	IN	
14a	Name (	of trust					
14a	Name (	•				or custodian's	
14a	Name (	of trust			Trustee o	or custodian's	
14a	Name o	of trust			Trustee o	or custodian's	
14a 14c	Name o	of trust			Trustee o	or custodian's	
14a 14c Part	Name of Name o	of trustee or custodian  IRS Compliance Questions - Skip These Questions  Ilan a 401(k) plan? If "No," skip b.  d the plan satisfy the nondiscrimination requirements for employee deferrals under section		<b>14</b> d	Trustee of telephone	or custodian's e number	ear" ADP
14a 14c Part	Name of Name o	of trustee or custodian  IRS Compliance Questions - Skip These Questions  lan a 401(k) plan? If "No," skip b.		Yes Design-t	Trustee of telephone	or custodian's e number  No "Prior yet	ear" ADP
14a 14c Part	Name of Name o	of trustee or custodian  IRS Compliance Questions - Skip These Questions  Ilan a 401(k) plan? If "No," skip b.  d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-t safe har	Trustee of telephone	or custodian's e number  No "Prior ye	ear" ADP
14a 14c Part 15a 15b	Name of Name o	of trustee or custodian  IRS Compliance Questions - Skip These Questions  Ilan a 401(k) plan? If "No," skip b.  d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-tsafe har "Current ADP tes Ratio percenta	Trustee of telephone	or custodian's e number  No "Prior yet	ear" ADP
14a 14c Part 15a 15b	Name of Name o	IRS Compliance Questions - Skip These Questions  John a 401(k) plan? If "No," skip b.  d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:  Desting method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes Design-tsafe har "Current ADP tes Ratio	Trustee of telephone	or custodian's e number  No "Prior yettest N/A Average	
14a 14c Part 15a 15b 16a 16b	Name of IX  Is the p  How did 401(k)(c)  What to gear? (c)  Did the for the If the p	IRS Compliance Questions - Skip These Questions  Plan a 401(k) plan? If "No," skip b.  Id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:  Plan satisfy the coverage requirements under section 410(b) for the plan check all that apply:  Plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?  In is a master and prototype plan (M&P) or volume submitter plan that received a favorable If		Yes  Design-t safe har "Current ADP tes  Ratio percentatest  Yes	Dased poor year" t	or custodian's enumber  No Prior yetest N/A  Average benefit test No	□ N/A
14a  14c  Part  15a  15b  16a  16b  17a	Name of IX  Is the p How did 401(k)(c)  What to year? (c)  Did the for the left. If the p	IRS Compliance Questions - Skip These Questions  Plan a 401(k) plan? If "No," skip b.  Id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:  Plan satisfy the coverage requirements under section 410(b) for the plan check all that apply:  Plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?  In is a master and prototype plan (M&P) or volume submitter plan that received a favorable If	1	Yes  Design-t safe har "Current ADP tes  Ratio percentatest  Yes etter or ac	Dased poor year" t	or custodian's enumber  No Prior yetest N/A Average benefit test No ter, enter the de	□ N/A ate of
14a  14c  Part  15a  15b  16a  16b  17a	Name of Name o	IRS Compliance Questions - Skip These Questions  Jan a 401(k) plan? If "No," skip b.  d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:  John String method was used to satisfy the coverage requirements under section 410(b) for the plan check all that apply:  John String method was used to satisfy the coverage requirements under section 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?  John String method was used to satisfy the coverage requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?  John String method was used to satisfy the coverage requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?  John String method was used to satisfy the coverage requirements under section 410(b) for the plan year by combining this plan with any other plan under the permissive aggregation rules?  John String method was used to satisfy the coverage requirements under section 410(b) for the plan year by combining the plan	an	Yes  Design-t safe har "Current ADP tes  Ratio percentatest  Yes etter or actate of the	Dased poor year" t	or custodian's enumber  No Prior yetest N/A Average benefit test No ter, enter the de	□ N/A ate of
14a  14c  Part  15a  15b  16a  17a  17b  18	Name of IX  Is the p How did 401(k)(c)  What to year? (c)  Did the for the letter If the p letter Defined Were a service	IRS Compliance Questions - Skip These Questions  blan a 401(k) plan? If "No," skip b.  d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:  plan satisfy the coverage and nondiscrimination requirements of sections 410(b) for the plan year by combining this plan with any other plan under the permissive aggregation rules?  lan is a master and prototype plan (M&P) or volume submitter plan that received a favorable If er / and serial number  Benefit Plan or Money Purchase Pension Plan Only:	an	Yes  Design-t safe har "Current ADP tes  Ratio percentatest  Yes etter or actate of the	Dased poor year" t dvisory let	or custodian's enumber  No Prior yetest N/A Average benefit test No ter, enter the deent determination	□ N/A ate of