Form 5500-SF		Short Form Annual	OMB Nos. 121 121						
Department of the Treasury Internal Revenue Service		This form is required to be filed u	etirement	2016					
Employee Be	epartment of Labor enefits Security Administration	7(b) and 6058(a) of the ).	he Internal This Form is Open Public Inspection						
_	enefit Guaranty Corporation	Complete all entries in acc	ordance with the instr	uctions to the Form 5	500-SF.				
For calenda	Annual Report IC	dentification Information	6	and ending 12	2/31/2016				
			a multiple-employer pla			king this box	must attach a		
A This ret	urn/report is for:	a one-participant plan		ployer information in ac		-			
B This return/report is ☐ the first return/report ☐ the first return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 mon									
C Check b	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
Dort II	Basia Blan Inform	special extension (enter description	,						
Part II 1a Name		mation—enter all requested inforr	nation		1b Thre	o digit			
		401(K) PROFIT SHARING PLAN				number	002		
						tive date of 09/01			
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O. B country, and ZIP or foreign postal c		uctions)	2b Empl (EIN)		ication Number 83971		
	CONSULTANTS, PLLC		ode (il loreign, see insti	uctions)	2c Sponsor's telephone number 253-840-4994				
1519 - 3RD S PUYALLUP, '	ST. S.E., SUITE 210 WA 98372				2d Business code (see instructions) 621112				
3a Plan a	dministrator's name and	address X Same as Plan Sponso	r.		<b>3b</b> Admi	nistrator's E	IN		
					3c Admi	nistrator's te	elephone number		
		plan sponsor has changed since the per from the last return/report.	e last return/report filed fo	or this plan, enter the	4b EIN				
a Sponse	•				<b>4c</b> PN				
5a Total r	number of participants at	t the beginning of the plan year			5a		19		
<b>b</b> Total r	number of participants at	t the end of the plan year			5b		0		
		count balances as of the end of the		•	5c		C		
<b>d(1)</b> Tota	al number of active partio	cipants at the beginning of the plan	year		5d(1)		C		
<b>d(2)</b> Tota	al number of active parti	cipants at the end of the plan year			5d(2)		C		
		rminated employment during the pla			5e		C		
Caution: A	penalty for the late or	incomplete filing of this return/re	eport will be assessed	unless reasonable ca					
SB or Sche		r penalties set forth in the instructio signed by an enrolled actuary, as v ete.							
SIGN Filed with authorized/valid electronic signature. 02/21/2017 DOUGLAS R. KING									
HERE	Signature of plan adr	ministrator	Date	Enter name of individ	ual signing	as plan adm	ninistrator		
SIGN HERE									
	Signature of employe		Date	Enter name of individ					
Preparer s	name (including firm har	ne, if applicable) and address (inclu	ide room of suite numbe	r )		s telephone	number		

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	X 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 Fo	rm 5500-SF and must instead use	e Form 5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (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
а	Total plan assets	7a	2655341	0
b	Total plan liabilities	7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	2655341	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:			
	(1) Employers	8a(1)		
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	28704	
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		28704
d	Benefits paid (including direct rollovers and insurance premiums		0000007	
	to provide benefits)	8d	2680027	
е	Certain deemed and/or corrective distributions (see instructions).	8e	1434	
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g	2584	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2684045
i	Net income (loss) (subtract line 8h from line 8c)	8i		-2655341
i	Transfers to (from) the plan (see instructions)	<b>0</b> ;		

## Part IV Plan Characteristics

**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 2G 2J 2K 2R 2T 3D

**b** 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

10	During the plan year:					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.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	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		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	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		
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	10i				

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)					П Ү	es 🗌 No	
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					ΓY	es 🗙 No	
		A? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see insi	tructio	ns, and	l enter t	he date	of the letter	ruling	
	<u> </u>	ting the waiver			_ Day		Year		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
b	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 litic amount)			12d				
е	Will t	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							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Ye	s No	)	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0	
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					X Yes	No	
C		rring 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				
	13c(1)	Name of plan(s):		13c(2)	EIN(s)		<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust			14b 1	rust's l	EIN		
14c	Name	of trustee or custodian					's or custodia	an's	
						leiepho	ne number		
Par	+ I Y	IRS Compliance Questions							
Fai				Vee					
15a	Is the	plan a 401(k) plan? If "No," skip b	🗆	Yes			No		
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	[	Prior ye test	ar" ADP	
				"Curre ADP t	ent year' est	,	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	
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-						
	letter		nter the	e date	of the m	iost rec	ent determir	ation	
18		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	arated	from	Yes	s [	No		
		xe?							

Form 5500-S	F Short Form Ann	ual Return/Rep Benefit Pla	ort of Small Employee	OMB Nos. 1210-011 1210-008		
Department of the Treasury Internal Revenue Service	This form is required to be f	iled under sections 104 a	and 4065 of the Employee Retirement	2016		
Department of Labor Employee Benefits Security Administ	s 6057(b) and 6058(a) of the Internal Code).	This Form is Open to				
Pension Benefit Guaranty Corpora	Complete all entries in	n accordance with the	instructions to the Form 5500-SF.	Public Inspection		
Part I Annual Rep	ort Identification Informatio	n				
For calendar plan year 2016	or fiscal plan year beginning 01/01/2		and ending 12/31/2016			
A This return/report is for:	X a single-employer plan	list of participating a foreign plan	er plan (not multiemployer) (Filers chec g employer information in accordance v	king this box must attach a vith the form instructions.)		
B This return/report is	the first return/report	the final return/rep	ort			
	an amended return/report	a short plan year n	eturn/report (less than 12 months)			
C Check box if filing under:	Form 5558	automatic extensi	on 🗌 DFVC p	rogram		
	special extension (enter des					
Part II Basic Plan I	nformation-enter all requested in	nformation				
<b>1a</b> Name of plan JROLOGIC CONSULTANTS,	PLLC 401(k) PROFIT SHARING PL4	NN .	(PN) 1c Effec	tive date of plan		
Mailing address (include City or town, state or prov	nployer, if for a single-employer plan) room, apt., suite no. and street, or P. vince, country, and ZIP or foreign pos	D. Box) tal code (if foreign, see i	2b Emple (EIN)	I/2003 oyer Identification Number 91-1683971		
ROLOGIC CONSULTANTS,		2c         Sponsor's telephone number (253) 840-4994           2d         Business code (see instructions)				
519 - 3RD ST. S.E., SUITE 21	10		62111			
UYALLUP, WA 98372	e and address 🕅 Same as Plan Spo					
				istrator's telephone number		
<ul> <li>If the name and/or EIN of name, EIN, and the plan</li> <li>a Sponsor's name</li> </ul>	the plan sponsor has changed since number from the last return/report.	the last return/report file				
			4c PN			
b Tetel a tete for participar	nts at the beginning of the plan year	••••••••••••••••••••••••••••••••••••	<u>5a</u>	19		
<b>b</b> Total number of participar	nts at the end of the plan year	•••••••	<u>5</u> b	0		
complete this item)	th account balances as of the end of t		50	0		
u(1) Total number of active	participants at the beginning of the pla	an year		0		
d(2) Total number of active	participants at the end of the plan yea	ı <b>r</b>		0		
e Number of participants th	at terminated employment during the	plan year with accrued h	penefits that were less			
aution: A penalty for the lat	e or incomplete filing of this return	/report will be assessed	d unless reasonable cause is establi	0		
inder penames of perjury and	and signed by an enrolled actuary as	tions. I declare that I hav	e examined this return/report, including rersion of this return/report, and to the b	17 . 11 I.I. C.I.I.		
FRE		<u> </u>	XJ DOUGLAS R. KI			
Signature of Alan	administrator	Date	Enter name of individual signing as	plan administrator		
ERE Signature of emp	loyer/plan sponsor	Date	Enter name of individual start			
reparer's name (including firm	name, if applicable) and address (inc	lude room or suite numb	Enter name of individual signing as per ) Preparer's te	employer or plan sponsor lephone number		

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D	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility <b>If you answered "No" to either line 6a or line 6b, the plan can</b> r If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and conditi not use For	ident qualified public ions.) rm 5500-SF and mu	c accour	ntant (l ead us	QPA) e For	m 5500.		X Yes X Yes	-
Pa	art III Financial Information		····			_				
_7	Plan Assets and Liabilities		(a) Beginning	n of Yea	ır			(b) End of	Year	
<u>a</u>	Total plan assets	7a		26553				<u></u>		0
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c		26553	341					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b) Tot	al	
а										
	(1) Employers	8a(1)								
	(2) Participants	8a(2)				-			÷	
b	(3) Others (including rollovers) Other income (loss)	<u>8a(3)</u>								_
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	H	287	04	<u> </u>				
ď	Benefits paid (including direct rollovers and insurance premiums	8c							28704	
	to provide benefits)	8d		26800	27					
е	Certain deemed and/or corrective distributions (see instructions)	8e		1434			E			
f	Administrative service providers (salaries, fees, commissions)	rs (salaries, fees, commissions) 8f								16 g
g	Other expenses	8g		25	84					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				2684045				
	Net income (loss) (subtract line 8h from line 8c)	8i				-	_		-2655341	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics								<u> </u>	<u></u>
9a	If the plan provides pension benefits, enter the applicable pension f 2A 2E 2G 2J 2K 2R 2T 3D	feature code	es from the List of P	lan Cha	racteri	stic Co	odes in t	he instruct	ions:	
b	2A 2E 2G 2J 2K 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	s from the List of Pla	in Chara	acterist	ic Co	des in the	e instructio	ons:	
Parl	t V Compliance Questions				·					
10	During the plan year:			·	Yes	No	N/A	A	mount	
а	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fid	uciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not inc	clude transactions	10b		х				
C	Was the plan covered by a fidelity bond?			10c	x				5	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	delity bond	that was caused	10d		х				
6	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		х				
	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g	-	х			. –	<u> </u>
	If this is an individual account plan, was there a blackout period? (S 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-	required no	otice or one of the	10i				2 4		

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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and							
	(Form 5500) and line 11a below)			aule s	 	L	Yes	No No
<u>11a</u>	Enter the unpaid minimum required contributions 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 s	section	302 o	f	Тг		X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						· ·	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	s, and	enter Da		of the le Yea		ıg
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.				100		
b e	Enter the minimum required contribution for this plan year			12b				
C E	nter 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 minus sign to the negative amount)	e left of a		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N	/A
Part V	I Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?				X Yes	<u>з П</u>	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	<u> </u>	<u></u>		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou control of the PBGC?	ight unde	r the			X Yes	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the pl	an(s) ti	0				
13	c(1) Name of plan(s):	1:	3c(2) E	IN(s)		13c	(3) PN(s	;)
							<u> </u>	<u></u>
Part V	Trust Information	_		-	l			
Contraction of the later	ame of trust		1	(4h T	rust's E			
				1-10-1				
44-11								
14C N	ame of trustee or custodian		1			or custo		
				te	epnon	e numbe	r	
Part I	X IRS Compliance Questions		<u> </u>					
<b>15a</b> is	the plan a 401(k) plan? If "No," skip b	🗌 Y	'es			] No		
<b>15b</b> Ho 40	ow did the plan satisfy the nondiscrimination requirements for employee deferrals under section 1(k)(3) for the plan year? Check all that apply:		esign-t afe harl			"Prior y test	/ear" AD	P
			Current DP test			N/A		
<b>16a</b> ₩ y∈	hat testing method was used to satisfy the coverage requirements under section 410(b) for the plan var? Check all that apply:		latio ercenta	age		erage	<u> </u>	 \/A
16b Di	d the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)		est		L ber	efit test  No	<u> </u>	
17a lf t	the plan year by combining this plan with any other plan under the permissive aggregation rules? he plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS a letter and the serial number			adviso			ne date d	of
17b If 1	eletter and the serial number he plan is an individually-designed plan that received a favorable determination letter from the IRS, er ter	nter the da	ate of t	he mo	st recen	t determ	ination	
18 De We	fined Benefit Plan or Money Purchase Pension Plan Only: are any distributions made during the plan year to an employee who attained age 62 and had not see	rated fror	n []	Yes		No		
	vice? as any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	<u></u> П	No		