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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I		Identification Information								
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/20	16	and ending 1	2/31/2016					
∆ This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) (ployer information in ac						
A THISTOC	um/report is ior.	a one-participant plan	a foreign plan	proyer mormation in ac	oodiaanoo war aro k	om mondonono.,				
B This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)					
C Check	oox if filing under:	Form 5558	automatic extension		DFVC program					
		special extension (enter descrip	otion)							
Part II	Basic Plan Info	ormation—enter all requested info	rmation							
1a Name	of plan	TION 401(K) PROFIT SHARING PLA			1b Three-digit plan number	004				
					(PN) ▶ 001 1c Effective date of plan					
0					01	/01/2002				
Mailing	g address (include roo	byer, if for a single-employer plan) m, apt., suite no. and street, or P.O.		untions)	2b Employer Ide (EIN) 91	ntification Number -1029689				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NOW INVESTMENTS CORPORATION					2c Sponsor's tel 509-7	ephone number '83-2112				
					2d Business cod	e (see instructions)				
KENNEWICK	BLVD, SUITE B K, WA 99336				52	3900				
3a Plan a	dministrator's name a		3b Administrator's EIN							
					3c Administrator	's telephone number				
		e plan sponsor has changed since th	ne last return/report filed for	or this plan, enter the	4b EIN					
name, a Spons	•	mber from the last return/report.			4c PN					
		at the beginning of the plan year			5a					
b Total r	number of participants	at the end of the plan year			5b					
		account balances as of the end of th	. , , ,	•	. 5c					
		irticipants at the beginning of the plar			5d(1)	6				
		articipants at the end of the plan year			5d(2)	5				
than	100% vested	terminated employment during the p			5e					
		or incomplete filing of this return/								
SB or Sche		ther penalties set forth in the instructi nd signed by an enrolled actuary, as plete.								
SIGN		valid electronic signature.	02/27/2017	PAUL PRESBY						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	er name of individual signing as plan administrator					
SIGN HERE										
	Signature of emplo		Date	Enter name of individ						
Preparer's	name (including firm r	name, if applicable) and address (inc	lude room or suite numbe	r)	Preparer's telepho	ne number				
Ī										

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	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	an indeper	ndent qualified public	account	ant (IC	PA)			X Yes	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cann								× Yes	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in							_	☐ Not det	arminad
	<u> </u>	isurance p	rogram (See ErrioA S	CCIIOII 4	021):	····· L	103	110		Jiiiiiica
Pai	t III Financial Information									
	Plan Assets and Liabilities	_	(a) Beginning	of Year 236616			(b) End	of Year 252358	2
	Total plan assets	7a		230010	'				202000)
	Total plan liabilities	7b		236616					252358	2
	Net plan assets (subtract line 7b from line 7a)	7c				+)
	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		2430						
	(2) Participants	8a(2)		7341						
	(3) Others (including rollovers)	8a(3)		C						
	Other income (loss)	8b		16435						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2620	3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		7924						
	Certain deemed and/or corrective distributions (see instructions).	8e		C						
f	Administrative service providers (salaries, fees, commissions)	8f		2540)					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1046	4
	Net income (loss) (subtract line 8h from line 8c)	8i							15742	2
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3B 3D	feature co	des from the List of P	lan Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	ın Chara	acteris	tic Cod	des in t	he instru	uctions:	
Par	t 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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	5 ,	? (Do not i	nclude transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					3000
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		Χ				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	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	ne required	notice or one of the	10i						

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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)					[] `	∕es X No	
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
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	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)								
		ne 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?				Yes	s X N	lo	
	If "Y€	s," 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 brougol 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	olan(s)) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	Trust's E	EIN		
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP	
				"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	e 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	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation	
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 a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefils 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).

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

► Complete all entries in accordance with the instructions to the Form 5500-SF.

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a A This return/report is for: list of participating employer information in accordance with the form instructions.) a one-participant plan 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: automatic extension Form 5558 ☐ DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit NOW INVESTMENTS CORPORATION 401(K) PROFIT SHARING PLAN plan number 001 (PN) ▶ 1c Effective date of plan 01/01/2002 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1029689 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NOW INVESTMENTS CORPORATION 2c Sponsor's telephone number (509) 783-2112 2d Business code (see instructions) 8500 GAGE BLVD, SUITE B 523900 KENNEWICK, WA 99336 3a Plan administrator's name and address K Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report, a Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a b Total number of participants at the end of the plan year 5b Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item).... 3 d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 6 d(2) Total number of active participants at the end of the plan year 5d(2) 5 Number of participants that terminated employment during the plan year with accrued benefits that were less 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. SIGN Paul Presby HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Signature of employer/plan sponsor 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

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D	Were all of the plan's assets during the plan year invested in eligil 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 can If the plan is a defined benefit plan, is it covered under the PBGC in	f an indep r and cond not use F	endent qualified public ditions.) Form 5500-SF and mu	accour	ntant (I ead us	QPA)	m 550	 O.	X Y	es No
	int III Financial Information	insurance	program (see ERISA	section	4021)		Ye:	s ⊠No	∐ Not d	etermined
7	Plan Assets and Liabilities		(a) Beginning	of Var	3.F			/b\ ===	-6.1/	····
а	Total plan assets	7a	(a) Degimme	236				(b) End		2358
b		7b			-				202	.300
С	Net plan assets (subtract line 7b from line 7a)			2360	316	3 25235				259
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou				/L\ T	***************************************	.000	
а	Contributions received or receivable from:		(a) Alliou	1116			1 1 1 1	(b) T	otai	
	(1) Employers	8a(1)		24	130					
	(2) Participants	8a(2)	**	73	341					
	(3) Others (including rollovers)				0					
	Other income (loss)	8b		164	135		i ya V			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				***************************************			26	206
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		79	24					
e	Certain deemed and/or corrective distributions (see instructions)	8e			0				Marian Park	data are
f	Administrative service providers (salaries, fees, commissions)	8f		25	40					
g	Other expenses	8g			2.33					With the Ma
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							10	464
i_	Net income (loss) (subtract line 8h from line 8c)	8i						· • · · · · · · · · · · · · · · · · · ·		742
j	Transfers to (from) the plan (see instructions)	8i								riayetik ili
Par	t IV Plan Characteristics	<u> </u>	·L	*******		***				Branch (B.)
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare fe	-								
10	During the plan year:		****	<u> </u>	· · · · ·			· · · · · · · ·	·	···
a					Yes	No	N/A		Amount	
	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510,3-102? (See instructions and DOL's Vongram)	oluntary F	iduciary Correction	10a		x	ignasi.		*.	٠
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х				····
С	Was the plan covered by a fidelity bond?		******************************	10c	Х					30000
d		idelity bo	nd that was caused	10d		x	111			
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.)	er person	s by an insurance	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-e	nd.)	10g		×			<u></u>	
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h		Х	i Ng			
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-	e required	notice or one of the	10i						
										<u> </u>

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Par	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)				SB		Yes X No
11:	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 C	odo o	r nooli	20.20	f		Yes X No
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						hund
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.	Month	ons, ar	id enter Da		e of the let Year	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				Tour	
<u>b</u>	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	laft of	_	12d			····
e	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						<u> </u>
13a	Has a resolution to terminate the plan been adopted in any plan year?				☐ Ye	s X I	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				<u> </u>		
b		aht un	for the			Yes [X No
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	ify the	plan(s) to			
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
		-					
		100				1	
Part	VIII Trust Information						· · ·
	Name of trust	-		4.45 -			
	Name of traction and the second of the secon			14b T	rusi s E	=IN	
	<u>and the second of the second </u>			100	1900		
14c	Name of trustee or custodian					s or custod	
	and the second of the second o					ne number	
Part						· · · · ·	· · ·
		T 🗀					· · · · · · · · · · · · · · · · · · ·
15a	Is the plan a 401(k) plan? If "No," skip b	니	Yes		L	_ No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	11 1	Desigi safe h	n-based arbor		Prior ye	ear" ADP
			"Curre ADP te	nt year" est] N/A	
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio perce test	ntage		rerage nefit test	□ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	10	Yes	····		No No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number	pinion	letter	or advis	ory lette	er, enter th	e date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ent letter	ler the	date c	f the mo	st rece	nt determi	nation
,	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separ service?	ated f	rom	Yes		No	
	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No	
			, l.s		٠.		