Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan Internal Revenue Service 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

Short Form Annual Return/Report of Small Employee

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**

Part I		Identification Information								
For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/2	2016	and ending 12	2/31/2016					
A This ret	urn/report is for:	X a single-employer plan			(Filers checking this box must attach a accordance with the form instructions.)					
	·	a one-participant plan	a foreign plan							
B This retu	ırn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)					
C Check I	oox if filing under:	Form 5558	automatic extension		DFVC program					
		special extension (enter desc								
Part II		ormation—enter all requested in	formation		41	1				
1a Name EDGEWATE		OUP, LLC 401(K) PROFIT SHARII	NG PLAN		1b Three-digit plan number (PN) ▶	001				
					1c Effective date					
	, ,	oyer, if for a single-employer plan)	O. Roy)		2b Employer Iden	tification Number				
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign posi		tructions)	(2)	3944884				
EDGEWATE	R CONSULTING GR	OUP, LLC				35-7341				
37450 18TH	AVENUE SOUTH				2d Business code	,				
	AY, WA 98003				541	990				
3a Plan a	dministrator's name a	ınd address 🛛 Same as Plan Spo	nsor.		3b Administrator's EIN					
					3c Administrator's telephone number					
					Administrator	s telephone number				
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
a Spons	or's name				4c PN	9				
5a Total r	number of participant	s at the beginning of the plan year.			 					
		s at the end of the plan year			5b	10				
	er of participants with ete this item)	account balances as of the end of	the plan year (only defined	d contribution plans	5c					
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)					
d(2) Tota	al number of active p	articipants at the end of the plan ye	ar		5d(2)					
than	100% vested	t terminated employment during the			5e					
		or incomplete filing of this retur				liaahla a Cahadula				
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a polete.								
SIGN	SIGN Filed with authorized/valid electronic signature. 02/18/2017 ROBERT HOSKINS									
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan a	dministrator				
SIGN HERE			_							
Droparor's		oyer/plan sponsor name, if applicable) and address (ii	Date	Enter name of individ	ual signing as emplo					
Preparer s	name (including ilm	name, ii applicable) and address (ii	nclude room of suite numb	er)	Preparer's telephor	ie number				

Form 5500-SF 2016 Page **2**

6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)						X Ye	s 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	and condi	tions.)						X Ye	s 🗌 No
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	□ Not det	termined
	rt III Financial Information	iodidiloc p	orogram (see Errie/1 se	300011 4	021).	······ <u></u>	100			
7	Plan Assets and Liabilities		(a) Reginning	of Voor	. 1			(b) End	of Vear	
a	Total plan assets	7a	(a) Beginning	53479				(b) Ella (6282	4
_	Total plan liabilities	7b		0)					0
	Net plan assets (subtract line 7b from line 7a)	7c		53479)				6282	4
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt		(b) Total				
	Contributions received or receivable from:		(2) 1 2					(,		
	(1) Employers	8a(1)		16187						
	(2) Participants	8a(2)		2211						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b		5504						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2390	2
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		13518						
	Certain deemed and/or corrective distributions (see instructions).	8e								
	Administrative service providers (salaries, fees, commissions)	8f		1039)					
_ <u>'</u>	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				1455	7
<u>;;</u>	Net income (loss) (subtract line 8h from line 8c)	8i							934	
÷	Transfers to (from) the plan (see instructions)									
Da	, , , , ,	8j								
9a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of DI	an Cha	ractori	etic Co	ndes in	the inetr	uctions:	
<u> </u>	2E 2G 2J 3D	rieature co	des nom the List of Fi	an Ona	racteri	Sile Ot	Jues III	uie iiisu	uctions.	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b	,	t? (Do not	include transactions	10b		X				
	,			10c	X					50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		her persor ne or all of	s by an insurance the benefits under	10e	X					959
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	2520.101-3.)	·		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			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)								
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?								
	(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)									
	Will the minimum funding amount reported on line 12d be met by the funding deadline?						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		ign-based "Prior year" ADP test					
				"Curre	rrent year" N/A P test					
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					centage Average benefit test					
	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?						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 Planence Consider

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

OMB Nos. 1210-0110 1210-0089

2016

_En	Department of Labor ployee Benefits Security Administration Pension Benefit Guaranty Corporation		nternal Revenue Code (t	he Code).	İ		is Open to Public		
	Annual Report I	► Complete all entries in ad Identification Information	cordance with the ins	tructions to the Form 5	500-SF.		- Spootion		
	calendar plan year 2016 or fisc	cal plan year beginning	01/01/2016	med an altera		124 124 -			
A		a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-employe a list of participatin a foreign plan the final return/repo	r plan (not multiemployer g employer information in) (Filers ci naccordar	/31/2016 hecking this because with the for	ox must attach rm instructions.)		
С	Check box if filing under:	Form 5558 special extension (enter descr	automatic extension			DFVC progra	ım		
	in II. Basic Plan Infor	mation enter all requested	information						
1a	Name of plan	g Group, LLC 401(k) Pro		n	p	hree-digit lan number PN) ▶	001		
				•	1c E	ffective date o	l plan		
2a	Mailing Address (include room City or town, state or province	rer, if for a single-employer plan) n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post	D. Box) al code (if foreign, see in	nstructions)	2b E		fication Number 14884		
	Edgewater Consulting	g Group, LLC		•	2c s	ponsor's telepi 253) 835-1	none number 7341		
	37459 18th Avenue Co	outh			2d Business code (see instructions) 541990				
3	Dien administratoris	address X Same as Plan Spo				dministrator's E			
1	If the name and/or FIN of the name, EIN, and the plan numb	plan sponsor has changed since t per from the last return/report.	he last return/report filed	for this plan, enter the	4b E	· · · · · · · · · · · · · · · · · · ·	elephone number		
	Sponsor's name				4c PN	4			
ē	Total number of participants at	t the beginning of the plan year	**************************************		5a		9		
D	rotal number of participants at	t the end of the plan year	A 804 77 10 75 52 50 00 72 42 00 4 1 1 1 1 7 7 2 0)	20055061 D14 D24 D24 D24 D25 D25	5b		10		
C	complete this item)	count balances as of the end of the	re plan year (only define	d contribution plans	5c		10		
		ipants at the beginning of the plar			5d(1)		9		
d(2 e	 Total number of active partici Number of participants that terr 	ipants at the end of the plan year minated employment during the p	an vast with account be		5d(2)		6		
	leas than 100% vested	***************************************		**************************************	5e		0		
Und SB (belie	er penalties of perjury and other or Schedule MB completed and of, it is true, correct, and comple	incomplete filing of this return or penalties set forth in the instruct disigned by an enrolled actuary, as ege.	tione I declare that I have	o oversinad this			able, a Schedule knowledge and		
6)[loskin	2/18/17	ROBERT HOSKINS					
	Signature of plan admini	Istrator	Date 2/18/17	Enter name of individua	al signing a	as plan admini	strator		
HE	Signature of employer/pl	lan sponsor	Date	Enter name of individua	il signing s	as employer o	nlan enonger		
Prep	earer's name (including firm name this question	ne, if applicable) and address (inc	lude room or suite numb	per)	Preparer'	's telephone ni his questio	umber		

	Form 5500-SF 2016		Page 2			-					
6a	Were all of the plan's assets during the plan year invested in eligible	assets?	(See instructions.)		•••••	41147144	***********	ж	Yes No	_	
	Are you claiming a waiver of the annual examination and report of a							-	N		
	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 canno							<u>X</u>	Yes No		
	If the plan is a defined benefit plan, is it covered under the PBGC in								Not determine	ed	
	Financial Information	т			,.						
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r		(t	o) End of Ye	 ¥ar	-	
	Total plan assets	7a	f	3,4		+-	<u> </u>	,	62,824	_	
	Total plan liabilities	7b			0	1			0	_	
	Net plan assets (subtract line 7b from line 7a)	7c	53,479				62,824				
_	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:	8a(1)		6,1	87		ili zak			ā	
	(1) Employers	8a(2)	<u> </u>	2,2				223			
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b		5,5	04						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							23,902		
d	Benefits paid (including direct rollovers and insurance premiums		A CONTROL OF THE PROPERTY OF THE PARTY OF TH				314				
	to provide benefits)	8d	<u> </u>	.3,5	18		a per constituent in a			A	
	Certain deemed and/or corrective distributions (see instructions)	86		1 0	20						
	Administrative service providers (salaries, fees, commissions)	8f	** *** ***	1,0	39		-			Ŧ	
	Other expenses	8g			क्टरम् सम्बद्धाः				14 557		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			Jeonemin				14,557	_	
_	Net income (loss) (subtract line 8h from line 8c)	81 8i			10.000				9,345	Щ	
2000045	Plan Characteristics	<u> </u>	<u> </u>				3 ,7-1-49-11				
tillizii	If the plan provides pension benefits, enter the applicable pension for	naturo con	oc from the List of Plan C	harac	toriet	ic Co	dee in the	instructions		_	
Ja	2E 2G 2J 3D	saluie coo	es non the List of Figure	пак	16:12L	IC 00	ues III IIIe	manuchona.	ı		
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aract	eristic	Cod	es in the in	nstructions:		_	
Fig	Compliance Questions										
10	During the plan year:				Yes	No	iv.	Amo	unt		
а	Was there a failure to transmit to the plan any participant contribu										
	described in 29 CFR 2510.3-102? (See Instructions and DOL's Vo			100		x					
b	Program) Were there any nonexempt transactions with any party-in-interest			10a		Ĥ				—	
	reported on line 10a.)			10b		х					
C	Was the plan covered by a fidelity bond?			10c	X		Le Lin Lau		50,000	5	
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.)	e or all of	the benefits under	10e	x				959	9	
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		х				_	
h	If this is an individual account plan, was there a blackout period? (2520,101-3.)		ì	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	ne required	notice or one of the	10i							

	Form 5500-SF 2016	Page 3 -						
	Pension Funding Compliance							
11	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," se (Form 5500 and line 11a below)	e instructions a	ind complete	e Schedu	le SB		Yes 🛭	₹ No
118	Tenter the unpaid minimum required contributions for all years from Schedule SB (Fo	rm 6500) lino 4	0	110	*************			
12	Is this a defined contribution plan subject to the minimum funding requirements of s ERISA?	ection 412 of th	e Code or s	ection 30	2 of		Yes 2	₹ No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	g the series of							uling
	granting the waiver	, and skip to lii	Month ne 13.		ay	Y	ear	
b	Enter the minimum required contribution for this plan year	PPPTET41 P44+P440 1010 1011 141	**********	. 12b				
	Enter the amount contributed by the employer to the plan for the plan year							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)	a minus sign to	the left of a	. 12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadling	ne?	************************	. [] Yes [] N) N	I/A
Plan	Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes	X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	10101741111100110101		. 13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to an control of the PBGC?	other plan, or br	ought unde	r the		Yes	X No)
C	If, during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	other plan(s), ide	entify the pl	ап(s) to				
1;	3c(1) Name of plan(s):		13c(2)	EIN(s)		1	3c(3) PN((s)
	Milla Trust Information - Skip These Questions							
	Name of trust			14b	Trust's E	ΞÍΝ		
14c	Name of trustee or custodian			14d	Trustee or custodian's telephone number			
	IRS Compliance Questions - Skip These Questions							
15a	Is the plan a 401(k) plan? If "No," skip b.			Yes		П	No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals u 401(k)(3) for the plan year? Check all that apply:	nder section		Design-t		<u> </u>	"Prior ye	ear" ADP
	(/ / · / - · / - · · / - · · · · · ·			"Current ADP tes	year"		N/A	
16a	What testing method was used to satisfy the coverage requirements under section 4 year? Check all that apply:	10(b) for the pla	n	Ratio percenta test	ge 🗌	Avera bene	age fit test	□ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410 for the plan year by combining this plan with any other plan under the permissive agg			Yes			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that receiv the letter/ and serial number	ed a favorable I	RS opinion	letter or a	dvisory le	etter, e	nter the d	late of
17b	If the plan is an individually-designed plan that received a favorable determination let letter/	ter from the IRS	i, enter the o	date of the	e most re	cent d	eterminat	ion
	Defined Benefil Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 6 service?	2 and had not s	eparated from	om [Yes		No	
	Was any plan participant a 5% owner who had attained at least age 70 ½ during the				Yes		No	