	m 5500-SF	Short Form Annu	al Return/Repo Benefit Plan	-	oyee	OMB Nos. 121 121	0-0110 0-0089	
	rtment of the Treasury nal Revenue Service	This form is required to be file	d under sections 104 and	d 4065 of the Employee Re		2016		
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		Internal	This Form is Oper Public Inspectio		
	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	structions to the Form 55	00-SF.	Fublic inspectio		
Part I	Annual Report Ic Ar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/2	016	and ending 12	/31/2016			
	ai pian year 2010 or lisc	a single-employer plan		plan (not multiemployer) (F		ing this box must attac	ha	
A This ret	urn/report is for:	a one-participant plan		employer information in acc		-		
B This retu	urn/report is	the first return/report an amended return/report	the final return/repoi	t urn/report (less than 12 mo	onths)			
C Check	box if filing under:	 Form 5558	automatic extension		DFVC p	rogram		
		special extension (enter descr	. ,					
Part II	Basic Plan Inform	mation—enter all requested inf	ormation	ſ		I		
1a Name GRAVITY ZE	of plan ERO RETIREMENT PLA	N		_	(PN)	number 001		
					1c Effect	tive date of plan 03/01/2014		
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.C country, and ZIP or foreign posta		structions)	2b Empl (EIN)	oyer Identification Num 46-5052656	ber	
GRAVITY ZE		structions)	2c Sponsor's telephone number 206-260-2085					
1201 - 1ST A SEATTLE, W	VE. S., #319 /A 98134			-	2d Busir	ess code (see instructi 541519	ons)	
3a Plan a	dministrator's name and	address X Same as Plan Spor	nsor.		3b Admi	nistrator's EIN		
					3c Admi	nistrator's telephone nu	ımber	
4								
name	, EIN, and the plan numb	blan sponsor has changed since per from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN			
	or's name				4c PN			
_		t the beginning of the plan year			5a		8	
		t the end of the plan year count balances as of the end of t		-	5b 5c		6	
	,	cipants at the beginning of the pla			5d(1)		4	
• •		cipants at the end of the plan yea	•		5d(2)		3	
e Numb	per of participants that te	rminated employment during the	plan year with accrued	benefits that were less	5e		C	
		incomplete filing of this return			se is estal	olished.		
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ete.						
SIGN	Filed with authorized/va	lid electronic signature.	03/27/2017	CARY PRUITT				
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing	as plan administrator		
SIGN HERE	Simulations of the literation		- Dette	Enter a second de la sec	al at and			
	Signature of employe name (including firm nar	e r/plan sponsor ne, if applicable) and address (in	Date			as employer or plan spo telephone number	onsor	
		see the Instructions for Form 5500				Form 5500-SE		

-	Were all of the plan's assets during the plan year invested in eligib		,	
b	Are you claiming a waiver of the annual examination and report of under 20 CEB 2520 104 462 (See instructions on waiver cligibility			
	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			
C	If the plan is a defined benefit plan, is it covered under the PBGC ir			
Pa	rt III Financial Information	i i		
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	52650	66153
b	Total plan liabilities	7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	52650	66153
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)	21888	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	3809	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		25697
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	12194	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		12194
i	Net income (loss) (subtract line 8h from line 8c)	8i		13503
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	les from the List of Plan Characteristic	Codes in the instructions:
	2E 2G 2J 2K 2T 3D			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Characteristic C	Codes in the instructions:

Part 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 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		
С	Was the plan covered by a fidelity bond?	10c	Х			10000
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		Х		
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			3572
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		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes	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 Con						Yes 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				•••••			
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	l enter t	he date	of the lette	er ruling	
	gran	ting the waiver	onth _	-	_ Day		Year_		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	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 le ative amount)		12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	۱
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	5 X N	lo	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	< No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):		13c(2)	(2) EIN(s) 13c(3) PN(s				
	. ,			. ,	. /			, ()	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Frust's E	EIN		
14c	Name	e of trustee or custodian					s or custoc 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:			sign-based "Prior year" ADF e harbor test				
				"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		he 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		-			-			of
	letter		ter the	e date	of the m	ost rece	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 separ ce?		from	Ye	s [No		

	orm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	This form is required to be file	d under sections 104 and	4065 of the Employee F	Retirement	2016
	Department of Labor see Benefits Security Administration on Benefit Guaranty Corporation	Income Security Act of 1974	Revenue Code (the Cod	le).		This Form is Open to Public Inspection
Part		Complete all entries in a dentification Information	accordance with the inst	tructions to the Form §	5500-SF.	
		cal plan year beginning 01/01/201	16	and ending 12/	21/2016	
		X a single-employer plan				ng this box must attach a
A This	return/report is for:	a one-participant plan	list of participating er	mployer information in a	ccordance wi	th the form instructions.)
B This	return/report is	the first return/report	the final return/report			
0	1		a snort plan year retui	rn/report (less than 12 rr	ionths)	
Chei	ck box if filing under:	Form 5558	automatic extension		DFVC pro	gram
		special extension (enter descr				
Part I	Basic Plan Infor	mation-enter all requested inf	ormation			
	ne of plan				1b Three	digit
GRAVITY	ZERO RETIREMENT PLA	AN .				umber 001
					(PN)	ve date of plan
					03/01/	
Mail	ing address (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.O. country, and ZIP or foreign posta	. Box)			ver Identification Number
GRAVITY	ZERO, LLC		ii code (ii ioreign, see instr	ructions)	2c Spons	or's telephone number (206) 260-2085
					2d Busine	ss code (see instructions)
1201 - 151	T AVE. S., #319				541519	•
SEATTLE,	, WA 98134					
3a Plan	administrator's name and	address X Same as Plan Spons	SOF.		3b Admini	strator's EIN
					3c Admini	strator's telephone number
	÷					
4 If the	name and/or EIN of the n	Ion anonar has shared since the				· · · · · · · · · · · · · · · · · · ·
nam	e, EIN, and the plan numb	lan sponsor has changed since the er from the last return/report.	te last return/report filed fo	or this plan, enter the	4b EIN	
	isor's name				4c PN	
5a Tota	I number of participants at	the beginning of the plan year			5a	8
b Tota	I number of participants at	the end of the plan year			5b	6
C Num	ber of participants with acc	count balances as of the end of th	e plan vear (only defined r	contribution plans	5c	6
d(1) To	otal number of active partici	ipants at the beginning of the plar	year		5d(1)	4
d(2) To	otal number of active partici	ipants at the end of the plan year	-		5d(2)	
e Num than	iber of participants that terr 1 100% vested	minated employment during the p	lan year with accrued ben	efits that were less	5e	0
vaution.	A penalty for the late of t	incomplete tilling of this refurn/r	'enort will be seeseed u	inless manaphie as u	se is establis	ihed.
SB or Sch	failles of periury and other	signed by an enrolled actuary, as	one I declare that I have a	warninged this return lass	and in all offere	12 11 11 11
SIGN	x	AL	, 3/21/17	×. Cary Pr	7177	
IERE	Signature of plan adm	inistrator	Date			
SIGN				Enter name of individua	ai signing as	plan administrator
IERE	Signature of employer					
Preparer's	name (including firm name	e, if applicable) and address (inclu	Date			mployer or plan sponsor
	,	-, ·· ·································	ade room of suite number	/	Preparer's tel	ephone number
·						
·						
		ee the Instructions for Form 5500-SI		-		

Form 5500-SF 2016

ŝ,

6a 1	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o	of an indepen	dopt qualified publi			1004	•		X Yes N
	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	v and conditi	ons)						X Yes 🗌 No
c	If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA	section		50 FO 2	rm 550	0.	
P	art III Financial Information		-9						Not determined
7	Plan Assets and Liabilities		(a) Beginnin			r		(h) F = 4	
a	Total plan assets		(L) boginnin		650			(b) End (66153
b			· · · · · · · · · · · · · · · · · · ·						00155
C				52	650		_		66153
8	Income, Expenses, and Transfers for this Plan Year	1044	(a) Amo					(b) Te	
a	Contributions received or receivable from:		(4)/1110		_			<u>(b) To</u>	PLAI
	(1) Employers								
	(2) Participants	. 8a(2)		21	888				
	(3) Others (including rollovers)	. 8a(3)				1		1124	
	Other income (loss)			38	809			136	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1127				25697
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		121			1.4	16.6	
е	Certain deemed and/or corrective distributions (see instructions)	80 80							
f	Administrative service providers (salaries, fees, commissions)								
g	Other expenses	1				-			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g			-		10576		
i	Net income (loss) (subtract line 8h from line 8c)	8h							12194
j	Transfers to (from) the plan (see instructions)	81							13503
Pa	t IV Plan Characteristics	8j	·····			E.			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature code	s from the List of F	Plan Cha	racteri	stic C	odes ir	the instru	ctions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	an Char	acterist	ic Co	des in t	he instruct	ions:
Par			- <u></u>						
10	During the plan year:				Yes	No	N/A		A
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fidu	rian Correction	400		x		,, '	Amount
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	2 (Do not incl	ude transactions	10a		x			
C	Was the plan covered by a fidelity bond?			10c	x			·	
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	idelity bond	that was coursed	10c	^	x			10000
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons 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-end.)	10g	x	-			2570
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See instructio	ns and 29 CFR	10g		x			3572
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	ting of one of the	101					

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44							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions at (Form 5500) and line 11a below)	nd comp	lete Sc	hedule \$	SB	<u> </u>		Π
 Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA2 	- O			Ļ			
		or section	on 302 d)T 		Yes	X
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver. 							
	Month	ions, an I	d enter Da	the dat v		letter ru ear	ling
ir you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ne 13.						
b Enter the minimum required contribution for this plan year			12b				
C Enter the amount contributed by the employer to the plan for this plan year			12c				
G Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	he left of	a	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N		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	s X	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b Were all the plan assets distributed to participants or beneficiaries transforred to another allow as the							
 control of the PBGC? C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.) 	entify the	plan(s)	to			5 X N)
13c(1) Name of plan(s):	1	12-(0)	E (b)/->	_			
		13c(2)	EIN(S)		. 13	c(3) PN	(s)
Part VIII Trust Information							
4a Name of trust			14b T	rusťs E	EIN		
4C Name of trustee or custodian			14d Tr			odian's	
4C Name of trustee or custodian			14d Tr te		s or cust ie numb		
Part IX IRS Compliance Questions							
		Yes		elephor			
Part IX IRS Compliance Questions 5a Is the plan a 401(k) plan? If "No," skip b 5b How did the plan satisfy the nondiscrimination requirements for employee deferrals under coefficients		Design	te -based	elephor	No	er	DP
Part IX IRS Compliance Questions		Design safe ha	te -based irbor	elephor	e numb	er	DP
Part IX IRS Compliance Questions 5a Is the plan a 401(k) plan? If "No," skip b		Design	-based arbor	elephor	No	er	DP
 Part 1X IRS Compliance Questions 5a Is the plan a 401(k) plan? If "No," skip b		Design safe ha "Currer	-based arbor		No No "Prior test	er	DP
Part IX IRS Compliance Questions 5a Is the plan a 401(k) plan? If "No," skip b		Design safe ha "Currer ADP te Ratio percen	-based Irbor It year" St		No "Prior test	er year" A	DP N/A
Part 1X IRS Compliance Questions 5a Is the plan a 401(k) plan? If "No," skip b		Design safe ha "Currer ADP te Ratio percen test Yes	-based urbor ht year" st tage	elephor	No No "Prior test N/A erage nefit test	year" A	N/A
Part IX IRS Compliance Questions 5a Is the plan a 401(k) plan? If "No," skip b		Design safe ha "Currer ADP te Ratio percen test Yes	-based urbor ht year" st utage	elephor	No No Prior test N/A erage nefit test No r, enter	er year" A t	N/A
Part 1X IRS Compliance Questions 5a Is the plan a 401(k) plan? If "No," skip b		Design safe ha "Currer ADP te Ratio percen test Yes	-based urbor ht year" st utage	elephor	No No Prior test N/A erage nefit test No r, enter	er year" A t	N/A
 Part IX IRS Compliance Questions 5a Is the plan a 401(k) plan? If "No," skip b	Opinion	Design safe ha "Currer ADP te Ratio percent test Yes letter of date of	-based urbor ht year" st utage	elephor	No No Prior test N/A erage nefit test No r, enter	er year" A t	N/A
Part IX IRS Compliance Questions 5a Is the plan a 401(k) plan? If "No," skip b	opinion	Design safe ha "Currer ADP te Ratio percent test Yes letter of date of	-based urbor ht year" st utage	elephor	No No Prior test N/A erage nefit test No r, enter	er year" A t	N/A