## 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.

Parti		i identification information	2	1 11 40	0/04/0046		
For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/2016	1		2/31/2016		
A Th:		a single-employer plan		an (not multiemployer) ( aployer information in ac		_	
A This ret	urn/report is for:	a one-participant plan	a foreign plan	ipioyer illiormation ill ac	coldance w	itti tile loili	i instructions.)
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)		
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC pi	rogram	
		special extension (enter description	1		ш .	Ü	
Part II	Basic Plan Info	<b>prmation</b> —enter all requested inform	·				
1a Name		oner an requested intern	idion		<b>1b</b> Three	e-diait	
	RM 401(K) PLAN					number	001
					_ ` /	tive date of	f plan 1/2003
	\ '	oyer, if for a single-employer plan)	,		-	oyer Identif	fication Number
		om, apt., suite no. and street, or P.O. Boce, country, and ZIP or foreign postal c		ructions)	(EIN)		985385
	W FIRM, PLLC	, , ,	, ,	,	2c Spon	sor's telepl 206-624	hone number -5622
					2d Busin	ess code (	see instructions)
	RT STREET, SUITE 6 'A 98101-1261	i20				5411	10
3a Plan a	dministrator's name a	ind address X Same as Plan Sponsor	r.		<b>3b</b> Admir	nistrator's E	EIN
		_					
					3C Admii	nistrator's t	elephone number
4 If the r	name and/or EIN of th	no plan enoncer has changed since the	last return/report filed f	or this plan, optor the	4h FINI		_
		ne plan sponsor has changed since the limber from the last return/report.	last return/report med r	or this plan, enter the	4b EIN		
<b>a</b> Sponso	or's name				4c PN		
<b>5a</b> Total r	number of participants	s at the beginning of the plan year			5a		2
<b>b</b> Total r	number of participants	s at the end of the plan year			5b		2
		account balances as of the end of the		•	5c		2
	,				Ed(1)		2
` '		articipants at the beginning of the plan			5d(1)		
		articipants at the end of the plan year			5d(2)		2
		t terminated employment during the pla			5e		0
Caution: A	penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable car			
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, as wanted					
SIGN		/valid electronic signature.	03/23/2017	JOHN A. COE			
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing a	as plan adn	ninistrator
SIGN							
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual signing a	as employe	er or plan sponsor
Preparer's		name, if applicable) and address (inclu				telephone	

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6a Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions.)						X Yes	No
<b>b</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 condition	ons.)		······				X Yes	No
If you answered "No" to either line 6a or line 6b, the plan can					_	_		<b>1</b>	
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No L	Not deterr	nined
Part III   Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End o	Year	
a Total plan assets	7a	1	767957	'				2105735	
<b>b</b> Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	1	767957	'				2105735	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) To	tal	
Contributions received or receivable from:     (1) Employers	8a(1)		76000						
(2) Participants	8a(2)		36000	)					
(3) Others (including rollovers)	8a(3)		100031						
<b>b</b> Other income (loss)	8b		125747						
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							337778	
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
<b>e</b> Certain deemed and/or corrective distributions (see instructions).	8e								
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
i Net income (loss) (subtract line 8h from line 8c)	8i							337778	
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics	<u> </u>								
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3B 3D	n feature coo	les from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ctions:	
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Char	acteris	tic Cod	des in t	he instruc	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
<b>a</b> Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a	Х					1463
<b>b</b> Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not ir	nclude transactions	10b		X				
C Was the plan covered by a fidelity bond?			10c	X					176800
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X				
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of t	he benefits under	10e	X					354
<b>f</b> Has the plan failed to provide any benefit when due under the plan	an?		10f		Х				
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a	as of year-ei	nd.)	10g		X				
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 exceptions to providing the notice applied under 29 CFR 2520.10			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 con 5500) and line 11a below)					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			f		es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter t Day		of the lette Year _	r ruling
lf	you co	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	0
	If "Y€	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 broug		e 		Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(2	<b>2)</b> EIN(s)		<b>13c(3)</b> PN(s)	
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
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:		gn-based harbor	d [	"Prior ye test	ar" ADP
			Gur ADP	rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat perd test	centage		verage enefit test	□ N/A
16b		ne 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		<u> </u>				
	letter		nter the date	e of the n	nost rec	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		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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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	Annual Repor	t Identification Information				
For calend	dar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/2	2016
		X a single-employer plan	a multiple-employer p			
A This re	turn/report is for:	a one-participant plan		nployer information in a	ccordance with th	ne form instructions.)
		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/report			
- 11110100	difficeport is	an amended return/report	=	n/report (less than 12 m	ontha)	
			a snort plan year retui	inreport (less than 12 ii	iontris)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am
pid.		special extension (enter desc				
Part II		ormation—enter all requested in	formation			
1a Name	of plan				1b Three-dig	
COE LAW	FIRM 401(K)	PLAN			plan num	ber 001
					(PN) 1c Effective	data of plan
					01/01/2	
2a Plan s	ponsor's name (empl	oyer, if for a single-employer plan)				Identification Number
Mailin	g address (include roo	om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos	O. Box)			-1985385
	e Law Firm, P		lai code (ir foreign, see insi	tructions)	2c Sponsor's	s telephone number
	, -				206-624	
600 St	ewart Street,	Suite 620				code (see instructions)
	-				541110	
Seattle	е	WA 98101-126	1			
3a Plan a	dministrator's name a	nd address 🗓 Same as Plan Spo	nsor		3b Administr	ator's EIN
		A-1-2-11				
					3C Administr	ator's telephone number
4 If the r	name and/or FIN of th	e plan sponsor has changed since	the last return/report filed	for this plan, optor the	4h EN	
name	, EIN, and the plan nu	imber from the last return/report.	the last return/report med	ioi triis plani, enter trie	4b EIN	
a Spons	or's name				4c PN	
5a Total	number of participants	s at the beginning of the plan year.			5a	2
_		s at the end of the plan year				
C Numb	er of participants with	account balances as of the end of	the plan year (only defined	d contribution plans	Fo	
					<b>-</b>	
		articipants at the beginning of the p			5d(1)	2
		articipants at the end of the plan ye			5d(2)	2
e Numb	er of participants that	terminated employment during the	e plan year with accrued be	enefits that were less	5e	
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable ca	use is establish	ned.
Under pena	alties of perjury and of	ther penalties set forth in the instru	ctions, I declare that I have	e examined this return/re	eport, including, i	if applicable, a Schedule
belief, it is t	rue, correct, and com	nd signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/repo	rt, and to the bes	st of my knowledge and
SIGN	Cal. a	Coe	3/22/12	JOHN A. COE		
HERE	Signature of plan a		7/2/1			
OLON	Orginature or plant	diministrator	Date	Enter name of individ	duai signing as p	ian administrator
SIGN HERE						
	Signature of emplo	pyer/plan sponsor name, if applicable) and address (i	Date	Enter name of indivi		employer or plan sponsor ephone number
. reputer a	(moroting till)	iomo, ii applicabie) allu audiess (l	notage room or suite numb	ы <i>)</i>	Freparer's tell	sprione number

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r-orm	つつしい	-SE	2011	п

ba b	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 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	an indeper and condit	ndent qualified public a tions.)	ccount	ant (IQ	PA)			No No
-	If the plan is a defined benefit plan, is it covered under the PBGC in rt III   Financial Information	isurance p	rogram (see ERISA se	ction 4	021)?		Yes	No Not determine	∌d ——
7	Plan Assets and Liabilities		() 5		Т		2	WE LOW	_
a		7-	(a) Beginning o	767,			(1	b) End of Year 2,105,7	735
	Total plan liabilities	7a	Δ,	767,	95/			2,103,7	
	Net plan assets (subtract line 7b from line 7a)	7b	1	767,	057			2,105,7	735
8	Income, Expenses, and Transfers for this Plan Year	7c			95/			UA POP	
a	Contributions received or receivable from:		(a) Amoun	τ	-	_		(b) Total	_
	(1) Employers	8a(1)	ļ	76,	000				
	(2) Participants	8a(2)		36,	000				
	(3) Others (including rollovers)	8a(3)		100,	031				
b	Other income (loss)	8b		125,	747				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						337,7	778
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
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							0
i	Net income (loss) (subtract line 8h from line 8c)	8i						337,7	778
j	Transfers to (from) the plan (see instructions)	8i							
Pai	t IV Plan Characteristics								_
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3B 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in th	he instructions:	
Раг	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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a	х				463
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	include transactions	10b		Х			_
c	Was the plan covered by a fidelity bond?			10c	х			176,8	800
d		fidelity bo	nd, that was caused	10d		х		2707	
е	Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10a	х				354
f				10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g 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 2520.10	ne required	notice or one of the	10i					

Form 5500-SF 20	16 Page <b>3-</b>					
	L	<del></del>				
	ling Compliance					
11 Is this a defined benefit (Form 5500) and line 1	plan subject to minimum funding requirements? (If "Yes," see instructions and compl 1a below)	lete Sched	ule SI	3 		Yes
	um required contributions for all years from Schedule SB (Form 5500) line 40					
ERISA?	oution plan subject to the minimum funding requirements of section 412 of the Code of the	or section 3	302 of			Yes X
a If a waiver of the minim granting the waiver,	um funding standard for a prior year is being amortized in this plan year, see instructi 	ons, and e	nter t Day		of the lette Year	er ruling
If you completed line 12a	, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
<b>b</b> Enter the minimum requ	ired contribution for this plan year	1	12b			
c Enter the amount contrib	outed by the employer to the plan for this plan year	1	12c			
<b>d</b> Subtract the amount in negative amount)	line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	fa	12d			
e Will the minimum fundi	ng amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part VII Plan Termina	tions and Transfers of Assets					
13a Has a resolution to termi	nate the plan been adopted in any plan year?			Yes	X N	١o
If "Yes," enter the amou	ınt of any plan assets that reverted to the employer this year	1	3a			
	s distributed to participants or beneficiaries, transferred to another plan, or brought u			[	Yes [	X No
C If, during this plan year	any assets or liabilities were transferred from this plan to another plan(s), identify the swere transferred. (See instructions.)	e plan(s) to	)			
13c(1) Name of plan(s):		13c(2) E	IN(s)		13c(	3) PN(s)
Part VIII Trust Inform	ation					
<b>14a</b> Name of trust		1	14b	Trust's E	IN	
14c Name of trustee or custo	dian	1			or custo	
Part IX IRS Complia	nce Questions					

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

**15a** Is the plan a 401(k) plan? If "No," skip b.....

15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section

16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

service? .....

401(k)(3) for the plan year? Check all that apply:

year? Check all that apply: .....

for the plan year by combining this plan with any other plan under the permissive aggregation rules?.....

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? ......

☐ No

est "Pric

N/A

Average

benefit test

∏ No

No

No

"Prior year" ADP

□ N/A

Yes

Design-based

"Current year"

percentage

| Yes

safe harbor

ADP test

Ratio

test

Yes