Form 5500-8	SF Short	Form Annu	al Return/Repo Benefit Plar	rt of Small Empl	oyee	O	/B Nos. 1210-0110 1210-0089			
Department of the Treasur Internal Revenue Service	This form is	This form is required to be filed under sections 104 and 4065 of the Employee I					2016			
Department of Labor Employee Benefits Security Admin	istration	curity Act of 1974	(ERISA), and sections 6 Revenue Code (the Co	6057(b) and 6058(a) of the ode).	the Internal This Form is Open Public Inspection					
Pension Benefit Guaranty Corp	► Comple	Complete all entries in accordance with the instructions to the Form 5500-SF.								
For calendar plan year 20	port Identification		016	and ending 12	2/31/2016					
- I of balondar plan your 20	a single-emp	0 0		plan (not multiemployer) (king this box	must attach a			
A This return/report is for	:	pant plan		employer information in ac		-				
B This return/report is	the first retur	rn/report I return/report	the final return/repo	rt turn/report (less than 12 m	(antha)					
C Check box if filing under		rietum/report			-					
		nsion (enter descr	automatic extension	n	DFVC p	rogram				
Part II Basic Plar		,	,							
1a Name of plan LINDA L. FOREMAN, PLLC					(PN)	number	001 Dlan			
2a Plan sponsor's name		/			2b Empl	01/01/2 oyer Identific	2008 ation Number			
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LINDA L. FOREMAN, PLLC				structions)	(EIN) 45-0578298 2c Sponsor's telephone number					
					2d Busir	425-377-	ee instructions)			
5825 - 60TH ST. S.E. SNOHOMISH, WA 98290						54111	,			
3a Plan administrator's na	ame and address X Sa	me as Plan Spor	nsor.		3b Admi	inistrator's El	N			
					3c Admi	nistrator's te	lephone number			
	N of the plan sponsor ha		the last return/report file	d for this plan, enter the	4b EIN					
a Sponsor's name					4C PN					
5a Total number of partic					5a 5b		2			
	•		the plan year (only defin	ed contribution plans	5b		2			
					5c					
d(1) Total number of ac			-		5d(1)		2			
d(2) Total number of ac e Number of participan					5d(2)		2			
than 100% vested	·····		•		5e		U			
Caution: A penalty for th Under penalties of perjury SB or Schedule MB compl belief, it is true, correct, an	and other penalties set eted and signed by an e	forth in the instruc	tions, I declare that I ha	ve examined this return/re	port, includi	ng, if applica				
	orized/valid electronic s	ignature.	05/17/2017	LINDA L. FOREMAN						
HERE Signature of	plan administrator		Date	Enter name of individ	ual signing	as plan admi	nistrator			
SIGN										
	employer/plan sponso		Date	Enter name of individ						
Preparer's name (including	j firm name, if applicabl	e) and address (ir	iclude room or suite nun	iber)	Preparer's	s telephone r	number			
	ct Notice, see the Instruct						rm 5500-SF (2016)			

g Other expenses.....

Transfers to (from) the plan (see instructions)

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Part IV Plan Characteristics

2E 2G 2J 2K 2T 3D

i i

j

9a

b

6a b c	· · · · · · · · · · · · · · · · · · ·										
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
a	Total plan assets	7a	576410	711916							
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	576410	711916							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)	39843								
	(2) Participants	8a(2)	29600								
	(3) Others (including rollovers)	8a(3)	9436								
b	Other income (loss)	8b	56627								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		135506							
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									

8g

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

135506

Part	V Compliance Questions					
10	During the plan year:	Y	es	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) 10	a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b		Х		
С	Was the plan covered by a fidelity bond?	c	×			200000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	d		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.)	e		Х		
f	Has the plan failed to provide any benefit when due under the plan?	Df		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10	h		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	Di				

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)	EIN(s)		13c(3	B) 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:		Desig safe h	n-basec arbor	1	Prior y test	ear" AD	Ρ
				"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		

Form 5500-S	F Short Form An	-	rt of Small Employ	ree	OMB Nos. 1210-0 1210-0	
Department of the Treasury Internal Revenue Service		Benefit Plan filed under sections 104 an	4065 of the Employee Retire	ement	2016	
Department of Labor Employee Benefits Security Adminis	Income Security Act of 1		6057(b) and 6058(a) of the Inte		This Form is Open to	
Pension Benefit Guaranty Corport	ration		structions to the Form 5500	QE	Public Inspection	
Part I Annual Re	port Identification Informati		structions to the Form 5500	-or.	· · · · ·	
For calendar plan year 2010	6 or fiscal plan year beginning 01/01/	2016	and ending 12/31/2	016		
A This return/report is for:	⊠ a single-employer plan ∏ a one-participant plan		plan (not multiemployer) (File employer information in accor			
B This return/report is	the first return/report	the final return/repo	rt			
	an amended return/report	a short plan year ret	urn/report (less than 12 month	hs)		
C Check box if filing under	" Form 5558	automatic extension	י ∏ ו	DFVC pro	gram	
	special extension (enter de	escription)		•	-	
Part II Basic Plan	Information-enter all requested	I information	·			
1a Name of plan INDA L. FOREMAN, PLLC I	RETIREMENT PLAN				re date of plan	
Mailing address (include	employer, if for a single-employer plane e room, apt., suite no. and street, or	P.O. Box)			er Identification Number 5-0578298	
INDA L. FOREMAN, PLLC	ovince, country, and ZIP or foreign p	ostal code (if foreign, see in	structions) 2c	c Sponso	or's telephone number (425) 377-1100	
			20	Busines	ss code (see instructions	
825 - 60TH ST. S.E.				541110		
NOHOMISH, WA 98290	ne and address 🗶 Same as Plan S	ponsor.	3k	541110 9 Adminis	strator's EIN	
NOHOMISH, WA 98290	ne and address 🗶 Same as Plan S	ponsor.	3k	541110 9 Adminis	strator's EIN	
NOHOMISH, WA 98290 3a Plan administrator's nar 4 If the name and/or EIN	of the plan sponsor has changed sin		3b 3c	541110 9 Adminis	strator's EIN	
NOHOMISH, WA 98290 3a Plan administrator's nar 4 If the name and/or EIN			for this plan, enter the	541110 9 Adminis 9 Adminis	strator's EIN	
 NOHOMISH, WA 98290 3a Plan administrator's nar 4 If the name and/or EIN name, EIN, and the planame, EIN, and the planame a Sponsor's name 	of the plan sponsor has changed sind n number from the last return/report.	ce the last return/report filed	for this plan, enter the 4b	541110 D Adminis C Adminis	strator's EIN strator's telephone numb	
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NOHOMISH, WA 98290 3a Plan administrator's nar 4 If the name and/or EIN on name, EIN, and the plan a Sponsor's name 5a Total number of particip b Total number of participants of the structure of t	of the plan sponsor has changed sind n number from the last return/report. Pants at the beginning of the plan year ants at the end of the plan year with account balances as of the end e participants at the beginning of the re participants at the beginning of the participants at the end of the plan y that terminated employment during t late or incomplete filing of this return an administrator	ce the last return/report filed r of the plan year (only define plan year he plan year with accrued b urn/report will be assessed ructions, I declare that I have a swell as the electronic w S / 13 // 7 Date Date	3b 3c 4c	541110 Adminis Adminis C Adminis C Adminis D EIN S PN 5a 5b 5c d(1) d(2) 5e including, d to the be C Ma M igning as p	strator's EIN strator's telephone numb 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

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	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	an indeper and condit	ndent qualified public ions.)	accoun	tant (IC	QPA)			X Yes X Yes	No No
~	If you answered "No" to either line 6a or line 6b, the plan cannot be been in a defined barefit plan, is it exceed under the DRCC is					_	_		1	
	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	nsurance p	rogram (see ERISA's	ection 4			Yes		Not determin	
7	Plan Assets and Liabilities	to the	(a) Beginning	of Yea	-			(b) End of	Voar	
<u>.</u> a	Total plan assets	. 7a	(a) Deginning	5764					711916	
	Total plan liabilities	7b			- +					
-	Net plan assets (subtract line 7b from line 7a)	7c	-	5764	10				711916	
8	Income, Expenses, and Transfers for this Plan Year	合同是代	(a) Amour	nt				(b) Tot	al	
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		398	-+					
	(2) Participants	8a(2)		296						
	(3) Others (including rollovers)	8a(3)		94		ins:				
	Other income (loss)	8b		566	27		-			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>		41.1 C					135506	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				pr nit				
е	Certain deemed and/or corrective distributions (see instructions)	8e				347 T				
f	Administrative service providers (salaries, fees, commissions)	8f				a je a				<u></u>
-	Other expenses	8g	· ··		- +					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Terra di			<i></i>			**	
	Net income (loss) (subtract line 8h from line 8c)	8i							135506	
J	Transfers to (from) the plan (see instructions)	8i					72-,4			
Par	t IV Plan Characteristics		···· · · · · · · · · · · · · · · · · ·							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in t	ne instruct	ions:	
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		x				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		х				
C	Was the plan covered by a fidelity bond?			10c	х				200	000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х				
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.).	e or all of t	he benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	P			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	` ••••••		10h		х				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i						

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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)	complete Scl	nedule S	В	[] Ye	es 🗌 No
11a 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 (ERISA?	Code or section	on 302 o	f	[] Ye	es 🛛 No
 (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 in 		4 4			
granting the waiver.	Month	d enter Dav		Year	ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	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			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	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 VII 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		13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou control of the PBGC?	ght under the] Yes 🛛	No
C 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.)) to			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII Trust Information					
14a Name of trust		14b 1	rust's Ell	N	_
14C Name of trustee or custodian			rustee's o elephone	or custodiar number	ı's
Part IX IRS Compliance Questions		·			
15a is the plan a 401(k) plan? If "No," skip b	📋 Yes			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:	⊔ safe h	nt year"		"Prior year test N/A	" ADP
16a 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	Ave bene	rage efit 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?	Yes			No	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	opinion letter				
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter	nter the date of	of the me	ost recent	determinat	ion
18 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 sepa service?	arated from	Yes		No	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		No	