Department Revenue Servicy 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 Department of Labor 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). This Form is Open to Public Inspection Part I Annual Report Identification Information - Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Part I Annual Report Identification Information - Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Part I Annual Report Identification Information - Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Part I Annual Report Identification Information - Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection B a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a foreign plan B This return/report is a one-participant plan a toreign plan <td< th=""><th colspan="2" rowspan="3">Department of Labor Employee Benefits Security Administration</th><th>Short Form Annua</th><th>al Return/Repor Benefit Plan</th><th>rt of Small Empl</th><th colspan="5">OMB Nos. 1210-0110 1210-0089</th></td<>	Department of Labor Employee Benefits Security Administration		Short Form Annua	al Return/Repor Benefit Plan	rt of Small Empl	OMB Nos. 1210-0110 1210-0089				
Transmission binary searching Revenue Code (the Code): The Form is Code (the Code): Preame send covery foresame > Complete all entities in accordance with the instructions to the Form 550-SF. The Form is Code (the Code): Part II Annual Report is for: an one-participant plan is a single employer plan (the null-formation in accordance with the instructions) and ending 1201016 A This resum/report is for: an one-participant plan is foreign plan and ending 1201017 B This resum/report is an amended return/report an amended return/report an amended return/report B This return/report is entitional methods and the instruction on the first teturn/report an amended return/report an amended return/report B This return/report is pocial extension (refer description) DFVC program pocial extension (refer description) Part II Basic Plan Information—enter all requestes information DVC program pion number A Low of plan DFVC program gocial extension (refer description) DVC program Part II Basic Plan Information—enter all requestes information DVC program gocial extension (refer description) Part III Basic Plan Information—on ant treet; or							Contention			
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C C	_	×	a single-employer plan	list of participating e	plan (not multiemployer) (-			
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3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 3c Administrator's telephone number 4c PN 5a 5a 37 b Total number of participants at the beginning of the plan year 5a 37 b Total number of participants at the end of the plan year 5b 43 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 27 d(1) Total number of active participants at the end of the plan year 5d(2) 38 e Number of participants that terminated employment during the plan year with accrued benefits that were less 5e 0 d(2) Total number of active parality for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of periury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule and belief, it is true, correct, and complete. Signature of plan administrator 0 Signature of plan administrator Date Enter name of individual signing as enployer or plan s	15017 NE 11TH PL BELLEVUE, WA 98007					2d Busir	ness code (s	see instructions)		
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	Signature									
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.	Preparer's name (includ	ling firm nan	ne, if applicable) and address (in	clude room or suite num	ber)	Preparer's	s telephone	number		
	For Paperwork Reduction	Act Notice	see the Instructions for Form 5500	-SF.			F	orm 5500-SF (2016)		

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 If the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition and use For	dent qualified public accountant (IQF ons.) m 5500-SF and must instead use I	PA) Xes No Form 5500.
	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	249526	354126
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	249526	354126
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	35443	
	(2) Participants	8a(2)	51605	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	18052	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		105100
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	500	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		500
i	Net income (loss) (subtract line 8h from line 8c)	8i		104600
j	Transfers to (from) the plan (see instructions)	8j		
Ра	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension 2E $2F$ 2G 2J 2K 2T 3D	feature coo	les from the List of Plan Characteris	tic Codes in the instructions:

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

Part V Compliance Questions

10	During the plan year:					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		
C	Was the plan covered by a fidelity bond?	10c	X			25000
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			52935
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 this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section								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 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					
				ign-based "Prior year" ADP harbor test						
				"Curre ADP t	ent year est		N/A			
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					entage	age Average N/A benefit 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			