Form 5500-SF		Short Form Annua	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be filed			2016				
	epartment of Labor enefits Security Administration	Income Security Act of 1974	Internal	This Form is Open to					
	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	ructions to the Form 55	500-SF.	Public Inspection			
Part I	Annual Report Ic	dentification Information	016	and ending 12	2/31/2016				
		a single-employer plan				ing this box must attach a			
A This ret	urn/report is for:	a one-participant plan				ith the form instructions.)			
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
Dant II	Decis Dien Inform	special extension (enter descri	,						
Part II		mation—enter all requested info	ormation		1h Thro	digit			
1a Name of plan SOUTH SOUND SEW & VAC RETIREMENT PLAN					1b Three-digit plan number (PN) ▶ 001				
					1c Effec	tive date of plan 01/01/2006			
Mailing	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					oyer Identification Number 26-3560976			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SOUTH SOUND SEW & VAC LLC				2c Spon	sor's telephone number 360-943-9691				
365 COOPER POINT RD NW STE 101 OLYMPIA, WA 98502					2d Business code (see instructions) 453990				
3a Plan a	<b>3a</b> Plan administrator's name and address X Same as Plan Sponsor.				<b>3b</b> Administrator's EIN				
					3c Admi	nistrator's telephone number			
		olan sponsor has changed since t per from the last return/report.	he last return/report filed for	or this plan, enter the	4b EIN				
a Spons	or's name				<b>4c</b> PN				
5a Totalı	number of participants at	t the beginning of the plan year			5a	9			
		t the end of the plan year			5b	8			
		ccount balances as of the end of t		•	5c	8			
• • •	•	cipants at the beginning of the pla	5		5d(1)	7			
• •		cipants at the end of the plan yea rminated employment during the			5d(2) 5e	7			
		incomplete filing of this return				hished			
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruc I signed by an enrolled actuary, a	tions, I declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedule			
SIGN	Filed with authorized/va	alid electronic signature.	05/23/2017	CAROL ALDRICH					
HERE	Signature of plan adr	ministrator	Date	Enter name of individ	ual signing a	as plan administrator			
SIGN HERE									
						as employer or plan sponsor			
Preparer's	name (including firm nar	me, if applicable) and address (in	ciude room or suite numbe	er )	Preparer's	telephone number			
		and the Instructions for Form FEOO				Form 5500 SE (2046)			

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0

0

1656

69790

1610

<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li></ul>						
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year		
а	Total plan assets	7a	252809	322599		
b	Total plan liabilities	7b	0			
С	Net plan assets (subtract line 7b from line 7a)	7c	252809	322599		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	35000			
	(2) Participants	8a(2)	19055			
	(3) Others (including rollovers)	8a(3)	0			
b	Other income (loss)	8b	17391			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		71446		

i Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) ..... j 8j Part IV | Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2F 2G 2J 2T 3D 3B 2K

8d

8e

8f

8g

8h

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

## Part V Compliance Questions

Benefits paid (including direct rollovers and insurance premiums

e Certain deemed and/or corrective distributions (see instructions).

f Administrative service providers (salaries, fees, commissions)...

g Other expenses.....

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

d

to provide benefits)....

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			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		
e	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	x			475
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		
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	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						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	d enter t	he date	of the lett	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 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			
d		tract 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
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No
		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	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(	<b>3)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
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	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t 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		-			-		
	letter		er the	e date	of the m	nost 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 separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

	rm 5500-SF	Short Form Annua	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089				
	nment of the Traesury mal Revenue Service	This form is required to be filed i	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe						
	epartment of Labor kenelits Security Administration	Income Security Act of 1974 (E	RISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to			
	enefit Guaranty Corporation	Complete all entries in ac	cordance with the instr	uctions to the Form 5	500-SF.	Public Inspection			
Part I	Annual Report I ar plan year 2016 or fise	dentification Information	01/01/2016	and ending	. د. د	/01/001C			
S OF COLORID		**************************************				/31/2016 king this box must attach a			
A This rel	turn/report is for:	1				vith the form instructions.)			
B This reli	um/report is	the first retum/report [	the final return/report	n/report (less than 12 m	anthe				
C Check	box if filing under.	Form 5558	automatic extension	inteport (iess than 12.11	C DFVC p	fogram			
		special extension (enter descrip	-		L.,				
Part II	Basic Plan Infor	mation-enter all requested infor							
1a Name			, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	****	1b Thre	e-diait			
SOUTH SOUND SEW & VAC RETIREMENT PLAN					3	number			
					(PN)				
						tive date of plan (01/2006			
Meiling	g address (include room	er, if for a single-employer plan) , apt., suite no, and street, or P.O. I			2b Empl	over Identification Number 26-3560976			
		country, and ZIP or foreign postal	code (if foreign, see instr	ructions)	2c Spor	sor's telephone number			
SCOTH S	OUND SEW & VAC	Ly L. Q.				50) 943-9691			
					2d Busir	ness code (see instructions)			
365 COO	PER POINT RD N	W STE 101			453	990			
CLYMPIA WA 39502									
						Administrator's ElN Administrator's telephone number			
name	, EIN, and the plan num	plan sponsor has changed since the ber from the last return/report	e last return/report filed fo	or this plan, enter the	4b EIN				
a Spons	or's name				4c PN				
5a Tolal I	number of participants a	It the beginning of the plan year	*************	••••••	5a	<u>.</u>			
		It the end of the plan year			5b	8			
		ccount balances as of the end of the			5c	8			
d(1) Tot	al number of active part	icipants at the beginning of the plan	year		5d(1)	7			
d(2) Tot	al number of active part	icipants at the end of the plan year.		·····	5d(2)				
		erminated employment during the pl			5e	0			
Caution: A	penalty for the late of	r incomplete filing of this return/r	eport will be assessed	unless reasonable ca	use is estat	()			
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruction I signed by an enrolled actuary, as	ons, I declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedule			
SIGN the Alun 5/19/17 Steve					GI	over			
HERE	Signature of plan ad	<u>CALLOUL</u>	Date	Enter name of individ					
	177 A		11/0	1					
SIGN	Alan 1	- draw	5/19/17	<u></u>	G100				
1	Signature of employ	er/plan sponsor me, if applicable) and address (incl	Date			as employer or plan sponsor stelephone number			
	(riverang intit lid	no, in oppingsoury on a dustice (1106		~ <i>(</i>					

6a	Were all of the plan's assets during the plan year invested in eligib	te asseis? (	See instructions.)						X Ye	s 🗍 No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							Ū v.	s 🗍 No	
	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								KI TE	s∐nvo
Ċ	If the plan is a defined benefit plan, is it covered under the PBGC in							ΠΝο Γ	7 Not de	lernined
	t III Financial Information		-3			£.,	1	ι		
L	Pian Assets and Liabilities	1	(a) Beginning (	of Year			 (	b) End o	f Year	
а	Total plan assets	7a		252,		iyala ada atingda ata ata ata		*****		322,599
b	Total plan liabilities	7b			0					
c	Net plan assets (subtract line 7b from line 7a)	76	<u></u>	232,	809				-	322,599
8	Income, Expenses, and Transfers for this Plan Year	1	(a) Amoun	t				(b) To	****	
	Contributions received or receivable from:		an ha e ains in an in an in in th' in 14 à in idith in i e in 14 4 4 4			·^ <del>***************</del>	******		<b></b>	<u>*************************************</u>
	(1) Employers	8a(1)		35,				ara dia 191 milio dia 47-193 milio milio		يشهد به بد بو به به به بي ي به ب
والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة	(2) Participants	8a(2)		19,	055					
	(3) Others (including rollovers).	8a(3)	ns des samt han en andere i andere i Die als vers sie sie sie entracie eit die als eit die die verse							
	Other mcorna (loss)	6b		17,	391					
	Total income (add lines Ba(1), 8a(2), 8a(3), and 8b)	80						******		71,446
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			46					
e	Certain deemed and/or corrective distributions (see instructions)	8e	arrahman dir ma air ain ain ain ain ain ain ain ain ain a' an Air Air An Airde Air Airde Airde Airde Airde Aird	******	0					
f	Administrative service providers (salaries, fees, commissions)	8f		1,	610					
g	Other expenses	8g	***********		a	********				
h	Total expenses (add lines 8d, 8e, 8f. and 8g)	1	••••••••••••••••••••••••••••••••••••••						*****	1,656
í	Net income (loss) (subtract line 8h from line 8c)	8i					69,7			
j	Transfers to (from) the plan (see instructions).	81								
Par	t IV Plan Characteristics	**********************	'a na sh'ann a sa ak she an cin, danka na sar sar sar sar sa she sar she sar she sar she she she she	la alla van alla ann a' e ann ann alla	ale els par els als cal·lin al	1 Mar 2 M	*****		~~~	
1	If the plan provides pension banefits, enter the applicable pension	feature coo	les from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ictions:	
	2A 2E 2F 2G 2J 2T 3D 3B 2K									
b	If the plan provides welfare benefits, enter the applicable welfare f	feature code	is from the List of Pla	n Chan	acteris	tic Co	tes in ti	ne instruc	tions:	
Par	t V Compliance Questions			·····						******
10	During the plan year:	*****	<u> </u>	····•.	Yes	No	N/A	******	Amoun	******
	Was there a failure to transmit to the plan any participant contribu	utions within	the time period		<b>}</b>					
	described in 29 CFR 2510.3-102? (See instructions and DOL's \			48-		~				
	Program)		أأعاد والاطار والاطلاق برعادة والاغارة والالار والاعار والاعتراطا والمتحد والاعرام والروار والروار وال	<u>10a</u>		X	┢╼╼╸╆			
	reported on line 10a.)			10b		х				
C				10c	X					25,000
đ	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bon	d, that was caused					lusnesinantele en denanen	n ala ain ain ain die ala angen neu ala an	de nomemes dencindo de de nomemos consi
	by fraud or dishonesty?			10d		X	ļļ	_		***
0	Were any fees or commissions paid to any brokers, agents, or ot									
	carrier, insurance service, or other organization that provides son the plan? (See instructions.)			10e	х					475
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		x				
g	Did the plan have any participant loans? (If "Yes." onter amount a	as of year-ei	nd.)	10g		X		~~~~	~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
h	If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR		]			••••••••••••••••••••••••••••••••••••••		
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided t			10h	*	<u> </u>	┟}			
1	exceptions to providing the notice applied under 29 CFR 2520.10			10i		Į				

Form 5500-SF 2016

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Part	VI	Pension Funding Compliance						
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor rm 5500) and line 11a below).					_	/es 🛛 No
11a		ter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod					1 🗆	es 🕅 No
		ISA?	••••••		····			<i>د</i> ۶
a	lfa	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction the waiver.		is, and	l enter t Day		of the lette Year	r ruling
Įf		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13						
100		er the minimum required contribution for this plan year			126			
		er the amount contributed by the employer to the plan for this plan year			12c			
	Sul	btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative amount)	tofa		12d			
6	WI	I the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No No	N/A
Part	VII	Plan Terminations and Transfers of Assets	******					
	-	s a resolution to terminate the plan been adopted in any plan year?				∏ Ye	s 🖾 N	0
		Yes," enter the amount of any plan assets that reverted to the employer this year			13a		ng, gr. gggr gr we waar an an an ar an	
b	We	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough htroi of the PBGC?	t und	er the	**		Yes [>	] No
C	lf, d	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ich assets or liabilities were transferred. (See instructions.)		*****	) to			
1		1) Name of plan(s):		(3c(2)	EIN(s)		13c(3) PN(s)	
r								
Part	VII	I Trust Information						
14a	Nam	ne of trust			14b "	Trust's i	EIN	
14c	Nan	ne of trustee or custodian					's or custod ne number	
Par	t IX	IRS Compliance Questions			<u> </u>		, <u>, , , , , , , , , , , , , , , , , , </u>	
		ne plan a 401(k) plan? If "No," skip b	0	Yes			🗍 No	in specieje specieje na na men na nako ma silo da sama sa ma specieje sp
		v did the plan satisfy the nondiscrimination requirements for employee deferrals under section (k)(3) for the plan year? Check all that apply:		Desig safe h	n-based harbor	t	T "Prior yo test	ear" ADP
				*Cum ADP I	ent year lest	'n	□ N/A	
16a	Wh yea	at testing method was used to satisfy the coverage requirements under section 410(b) for the plan ar? Check all that apply:		Ratio perce test	entage	1 1	Verage enefit test	] N/A
	for	the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) the plan year by combining this plan with any other plan under the permissive aggregation rules?	D	Yes			□ No	
	the	e plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of letter and the serial number						**
	lett		er lhe	date	of the n	nost rec	ent determ	ination
18	We	ined Behefit Plan or Money Purchase Pension Plan Only: re any distributions made during the plan year to an employee who attained age 62 and had not separ vice?		from	[] Ye	S	[] No	
19	Wa	s any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	•••••••••		Ye	Ş	No No	ب های های به در این و ایران و و با به این و مراحل و مراحل و مطل و ا