Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Part I		rt Identification Information	1						
For calend	lar plan year 2016 or	fiscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016				
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) employer information in a					
	·	a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	the final return/repor						
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension	n	DFVC program				
		special extension (enter desc							
Part II		formation—enter all requested in	formation		141				
1a Name GEORGE R		IATES, LLC CASH BALANCE PLAN	1		1b Three-digit plan number (PN) ▶	003			
					1c Effective date				
2a Plan s	ponsor's name (emp	bloyer, if for a single-employer plan)			2b Employer Ider				
		oom, apt., suite no. and street, or P.C nce, country, and ZIP or foreign posi		structions)	(EIN) 91-	1446129			
	. PIERCE & ASSOCI		(2c Sponsor's tele	ephone number 81-7700			
4000 WE O TI	LAKE AVENUE NOE	OTH OHITE OO			2d Business code	e (see instructions)			
SEATTLE, V	LAKE AVENUE NOR VA 98109	(TH SUITE 90			523	3120			
		——————————————————————————————————————							
3a Plan a	idministrator's name	and address X Same as Plan Spo	nsor.		3b Administrator's EIN				
					3c Administrator's	s telephone number			
		the plan sponsor has changed since	the last return/report filed	d for this plan, enter the	4b EIN				
	e, EIN, and the plan r sor's name	number from the last return/report.			4c PN				
-		nts at the beginning of the plan year.			E o				
					5a				
	or of norticinanta wit	its at the end of the plan year			5b	2			
comp		th account balances as of the end of			-	2			
'	lete this item)		the plan year (only define	ed contribution plans	5b	2			
d(1) Tot	lete this item) al number of active p	th account balances as of the end of	the plan year (only define	ed contribution plans	5b 5c	2			
d(1) Tot d(2) Tot e Numl	lete this item)tal number of active patal number of active pater of participants the	th account balances as of the end of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the	the plan year (only define lan yearear	ed contribution plans	5b 5c 5d(1)	2 5			
d(1) Tot d(2) Tot e Numl than Caution: A	lete this item)tal number of active patal number of active pater of participants the 100% vested	ce or incomplete filing of this return	the plan year (only defined lan yearearee plan year with accrued be assessed will be assessed	ed contribution plans benefits that were less	5b 5c 5d(1) 5d(2) 5e use is established.	2			
d(1) Tot d(2) Tot e Numi than Caution: A Under pen SB or Sche	lete this item) ral number of active participants the standard that all the standard that all the standard that all the soft perjury and edule MB completed	ch account balances as of the end of participants at the beginning of the participants at the end of the plan yeat terminated employment during the er incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, and signed by an enrolled actuary.	the plan year (only defined as a sear	ed contribution plans benefits that were less ed unless reasonable ca ve examined this return/re	5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if app				
d(1) Tot d(2) Tot e Numi than Caution: A Under pen SB or Sche	lete this item)tal number of active participants the 100% vested	ch account balances as of the end of participants at the beginning of the participants at the end of the plan yeat terminated employment during the er incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, and signed by an enrolled actuary.	the plan year (only defined as a sear	ed contribution plans benefits that were less ed unless reasonable ca ve examined this return/re	5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if app				
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d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche belief, it is SIGN HERE	lete this item)	th account balances as of the end of participants at the beginning of the participants at the end of the plan yeat terminated employment during the other penalties set forth in the instruand signed by an enrolled actuary, amplete.	the plan year (only defined by the plan year with accrued by the plan year with accrued by the plan year will be assessed to the plan year.	benefits that were less ed unless reasonable ca we examined this return/report version of this return/report	5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of response to the second sec	my knowledge and			
d(1) Tot d(2) Tot e Num than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	lete this item)	th account balances as of the end of the account balances as of the end of the participants at the end of the plan ye at terminated employment during the or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, amplete. End/valid electronic signature. In administrator	the plan year (only defined by the plan year with accrued by the plan year. Office Offic	benefits that were less benefits that were less ed unless reasonable ca we examined this return/re version of this return/report GEORGE PIERCE Enter name of individent	5b 5c 5d(1) 5d(2) 5e use is established. Export, including, if apport, and to the best of reducing as plan and adual signing as emplored.	dministrator yer or plan sponsor			
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d(1) Tot d(2) Tot e Num than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	lete this item)	th account balances as of the end of the account balances as of the end of the participants at the end of the plan ye at terminated employment during the or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, amplete. End/valid electronic signature. In administrator	the plan year (only defined by the plan year with accrued by the plan year. Office Offic	benefits that were less benefits that were less ed unless reasonable ca we examined this return/re version of this return/report GEORGE PIERCE Enter name of individent	5b 5c 5d(1) 5d(2) 5e use is established. Export, including, if apport, and to the best of reducing as plan and adual signing as emplored.	dministrator yer or plan sponsor			
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d(1) Tot d(2) Tot e Num than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	lete this item)	th account balances as of the end of the account balances as of the end of the participants at the end of the plan ye at terminated employment during the or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, amplete. End/valid electronic signature. In administrator	the plan year (only defined by the plan year with accrued by the plan year. Office Offic	benefits that were less benefits that were less ed unless reasonable ca we examined this return/re version of this return/report GEORGE PIERCE Enter name of individent	5b 5c 5d(1) 5d(2) 5e use is established. Export, including, if apport, and to the best of reducing as plan and adual signing as emplored.	dministrator yer or plan sponsor			

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									Yes No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)		······				X	Yes No	
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-		_		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	orogram (see ERISA se	ection 4	021)?	X	Yes	No	Not	determined	
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End of Year			
a	Total plan assets	7a		424217	,				419	9417	
b	Total plan liabilities	7b									
C	Net plan assets (subtract line 7b from line 7a)	7c		424217	'				419	9417	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) ⁻	Total		
а	Contributions received or receivable from:										
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)		27	,						
<u>b</u>	\	8b		21						07	
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								27	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4127							
е	Certain deemed and/or corrective distributions (see instructions).	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		700)						
a	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								4827	
-	Net income (loss) (subtract line 8h from line 8c)	8i							-4	1800	
÷	Transfers to (from) the plan (see instructions)										
Do.		8j									
9a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co	ndes from the List of Pl	an Cha	racteri	etic Co	ndes in	the ins	tructions		
Ja	1C 3D	i icature o	odes from the List of 1 i	an Ona	ractori	3110 00	Juca III	110 1113	ii dolloi is	•	
b	If the plan provides welfare benefits, enter the applicable welfare f	feature co	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he instr	uctions:		
Par	rt V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amo	unt	
а	' '' '		•								
	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)			10a		X					
b	Were there any nonexempt transactions with any party-in-interes			iou							
	reported on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					50000	
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	and, that was caused			V					
	by fraud or dishonesty?		,	10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or other										
	carrier, insurance service, or other organization that provides son the plan? (See instructions.)			10e		X					
f	· , , , , , , , , , , , , , , , , , , ,		10f		Х						
						X					
<u>g</u>		-		10g				_			
_	2520.101-3.)			10h							
ī											
	exceptions to providing the notice applied under 29 CFR 2520.10)1-3		10i							

Form	5500-SF	2016
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Page 3-	1	
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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 c n 5500) and line 11a below)						Yes No
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_	0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						_
<u>а</u>		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver		s, and	d enter t Day		of the lette	er ruling
<u> </u>	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.			1		
<u> </u>	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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
<u>e</u>	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?				X Yes	. 1	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?					Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b	Trust's E	EIN	
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions		<u> </u>				
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- ∐ ;		n-based narbor	d [Prior y	ear" ADP
			IП '	Curre	ent 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:		Ratio perce test	entage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the n	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 sepa e?		rom	Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Pension Benefit Guaranty Corporation

Employee Benefits Security Administration

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016	and ending	g 12/3	31/2016				
Round off amounts to nearest dollar.							
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause	se is established	d.					
A Name of plan	B Three-dig	git					
GEORGE R. PIERCE & ASSOCIATES, LLC CASH BALANCE PLAN	plan number (PN) 003						
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identific	ation Number (E	in)			
GEORGE R. PIERCE & ASSOCIATES, LLC		91-14		,			
E Type of plan: Single	100 or fewer	101-	500 More th	an 500			
Part I Basic Information							
1 Enter the valuation date: Month <u>01</u> Day <u>31</u> Year <u>2016</u>			T				
2 Assets:							
a Market value		2a		418319			
b Actuarial value		2b		418319			
• I difallig target participant count broakdown	Number of rticipants	. ,	sted Funding Target	(3) Total Funding Target			
For retired participants and beneficiaries receiving payment	0		0	0			
b For terminated vested participants	2		5055	5055			
C For active participants	3		303535	303535			
d Total	5		308590	308590			
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)							
a Funding target disregarding prescribed at-risk assumptions		4a					
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that has status for fewer than five consecutive years and disregarding loading factor							
5 Effective interest rate		5		4.43%			
6 Target normal cost		6		0			
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachmen accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the exp combination, offer my best estimate of anticipated experience under the plan.							
SIGN HERE			01/26/201	7			
Signature of actuary	Date						
CUTHBERT N. TOSTENSEN	_		14-08284				
Type or print name of actuary		Most	recent enrollmer	nt number			
HANESS & ASSOCIATES, LLC			530-701-72	66			
Firm name 10968 INTERNATIONAL DRIVE RANCHO CORDOVA, CA 95670	Те	lephone	number (includ	ing area code)			
Address of the firm	_						
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completi instructions	ing this schedule	e, check	the box and see	; <u> </u>			

Page 2 -

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding B	alance	es							
	•							(a) C	arryover balance)	(b) P	refundir	ng balance	
7		Ū	0 , ,		able adjustments (line 13 fro	•				0			0	
8			•	-	nding requirement (line 35 f					0			0	
9	Amount	remaining	g (line 7 minus line	8)						0	0			
10	Interest	on line 9 ı	using prior year's	actual retu	rn of%					0			0	
11 Prior year's excess contributions to be added to prefunding balance:														
					38a from prior year)								117321	
	Sc	hedule SI	B, using prior year	's effective	a over line 38b from prior ye interest rate of 4.72	<u>%</u>							0	
					edule SB, using prior year's								0	
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding baland	e							117321	
	d Portio	n of (c) to	be added to prefe	unding bala	ance								0	
12	Other re	ductions i	n balances due to	elections	or deemed elections					0			0	
					line 10 + line 11d – line 12)					0			0	
Р	art III	Fun	ding Percenta	ages										
14	Funding											14	135.55%	
)							15	135.55%	
	Prior yea	ar's fundir	ng percentage for	purposes o	of determining whether carry	over/pr	efundin	g balance	es may be used t	o reduce	current	16	97.63%	
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage							17	%						
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls									
18	Contribu			•	ar by employer(s) and empl	oyees:								
//	(a) Dat //M-DD-Y		(b) Amount p employer		(c) Amount paid by	(8.48	(a) Dat /I-DD-Y		(b) Amount p	-	(c	(c) Amount paid by employees		
	וי-טט-ז	111)	employen	(5)	employees	(IVII)	/I-UU-T	111)	employe	(5)		empic	Dyees	
								_				,		
						Total	s >	18(b)			18(c)			
19					uctions for small plan with a					·				
	_				num required contributions		-		-	19a			0	
				-	usted to valuation date				-	19b			0	
20					red contribution for current ye	ear adjus	ted to v	aluation d	ate	19c			0	
20			itions and liquidity		e prior year?							¥	Yes No	
					e prior year?installments for the current								🗒	
			•		nplete the following table as	-		uniciy illa	ai ii ICI (⊔	Yes X No	
	• II IIII e	20013 f	co, oce monucilo	no and CON	Liquidity shortfall as of en			this plan v	/ear					
		(1) 1s	t		(2) 2nd	1			3rd			(4) 4th		
			0		0				0				0	

P	Part V Assumptions Used to Determine Funding Target and Target Normal Cost								
21	Discount rate:								
	a Segment rates: 1st segment: 2nd segment: 3rd segment:		T						
	4.43% 5.91% 6.65%		N/A, full yield curve used						
	b Applicable month (enter code)	21b	4						
22	Weighted average retirement age	22	66						
23	Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate	Substi	tute						
Pa	Part VI Miscellaneous Items								
	4 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required								
	attachment								
25	Lies a method abanga haan made for the augrent plan year? If "Yee" are instructions regarding required attack	mont	Yes 🛛 No						
	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attach	iment	res 🔼 No						
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required a	attachme	ntX Yes No						
27	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	27							
_	attachment								
	art VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years		1						
	Unpaid minimum required contributions for all prior years	28	0						
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0						
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0						
Pa	art VIII Minimum Required Contribution For Current Year								
	Target normal cost and excess assets (see instructions):								
	a Target normal cost (line 6)	31a	0						
-	b Excess assets, if applicable, but not greater than line 31a	31b	0						
32	Amortization installments: Outstanding Bala	nce	Installment						
	a Net shortfall amortization installment	0	0						
	b Waiver amortization installment	0	0						
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval	33	0						
	(Month Day) and the waived amount	0.4	0						
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0						
	Carryover balance Prefunding balar	nce	Total balance						
35	Balances elected for use to offset funding	0	0						
	Toquiomore								
-	Additional cash requirement (line 34 minus line 35)	36	0						
31	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0						
38	Present value of excess contributions for current year (see instructions)	1							
	a Total (excess, if any, of line 37 over line 36)	38a	0						
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0						
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0						
40	Unpaid minimum required contributions for all years	40	0						
Pa	rt IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions	s)							
41	If an election was made to use PRA 2010 funding relief for this plan:								
	a Schedule elected		2 plus 7 years 15 years						
	b Eligible plan year(s) for which the election in line 41a was made		008						
42	Amount of acceleration adjustment	42							
	Excess installment acceleration amount to be carried over to future plan years	43							

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 section 6057(b) and 6058(a) of the Internal 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 R	eport identification information				
For calendar plan year 20	16 or fiscal plan year beginning	01/01/2016	and ending	12/31/2016	
A This return/report is fo	x a single-employer plan	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	olan (not multiemployer) (f employer information in ac	•	
	a one-participant plan	a foreign plan			
B This return/report is:	the first return/report	the final return/report			
	an amended return/report	a short plan year retu	ırn/report (less than 12 mo	onths)	
C Check box if filing und		automatic extension		DFVC prog	gram
	special extension (enter desc				
	n Information enter all requested	I information		4 h . Thurs . 18-19	1
1a Name of plan				1b Three-digit plan number	
George R. Pier	ce & Associates, LLC Cash H	Balance Plan		(PN) ▶	003
				1c Effective date 01/01/201	,
Mailing Address (incl	(employer, if for a single-employer plan) ude room, apt., suite no. and street, or P. province, country, and ZIP or foreign pos	O. Box) stal code (if foreign, see ins	tructions)	2b Employer Ide (EIN) 91-1	ntification Number 1446129
•	cce & Associates, LLC	, ,	,	2c Sponsor's tele (206) 281	•
1200 Westlake	Avenue North Suite 90			2d Business cod 523120	le (see instructions)
US Seattle WA 981					
3a Plan administrator's	name and address 🗓 Same as Plan Sp	oonsor		3b Administrator	's EIN
				3c Administrator	's telephone number
	N of the plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
· ·	plan number from the last return/report.			4c PN	
a Sponsor's name	cipants at the beginning of the plan year			5a	2
	cipants at the beginning of the plan year			5b	5
c Number of participan	ts with account balances as of the end of	the plan year (only defined	contribution plans	5c	<u> </u>
	tive participants at the beginning of the pl		***************************************	5d(1)	2
	tive participants at the end of the plan yea	-		5d(2)	3
	ts that terminated employment during the	plan year with accrued be	nefits that were	5e	2
	he late or incomplete filing of this retu				Guest .
Under penalties of perjur	y and other penalties set forth in the instru- pleted and signed by an enrolled actuary,	uctions, I declare that I have	e examined this return/rep	ort, including, if app	
SIGN /5/	1/2	adorron			
the state of the s	an administrator	Date	Enter name of individua	l signing as plan adı	ministrator
m	11/2	06/07/201			
SIGN HERE Signature of er	nployer/plan sponsor	Date	Enter name of individua	l signing as employe	er or plan sponsor
	ng firm name, if applicable) and address (Preparer's telephor Skip this ques	ne number
,					and the second second

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2046

OMB Nos. 1210-0110

1210-0089

2016

This Form is Open to Public Inspection

► Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach **A** This return/report is for: a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan **B** This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) DFVC program C Check box if filing under: Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number George R. Pierce & Associates, LLC Cash Balance Plan . (PN) ▶ 003 1c Effective date of plan 01/01/2014 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1446129 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number George R. Pierce & Associates, LLC (206) 281-7700 2d Business code (see instructions) 1200 Westlake Avenue North Suite 90 523120 US Seattle WA 98109 Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number 4b EIN 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. Sponsor's name 4c PN 2 5a **5a** Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year 5b 5 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item) **d(1)** Total number of active participants at the beginning of the plan year 5d(1) 2 5d(2) **d(2)** Total number of active participants at the end of the plan year 3 Number of participants that terminated employment during the plan year with accrued benefits that were

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

beller, it	is true, correct, and complete.							
SIGN								
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					
Preparer's name (including firm name, if applicable) and address (in Skip this question		room or suite numbe	er)	Preparer's telephone number Skip this question				

2

5e

	Form 5500-SF 2016		Page 2							
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)		•••••	•••••	•••••	•••••	XYes	s □No
b	Are you claiming a waiver of the annual examination and report of ar	n independ	dent qualified public accou	ntant	(IQPA	A)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar							•••••	x Yes	s No
_	If you answered "No" to either line 6a or line 6b, the plan cannot									
C —	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pro	ogram (see ERISA section	า 402	1)?		X Yes	N	lo Not	determined
Pa	art III Financial Information									
7_	Plan Assets and Liabilities		(a) Beginning of	Yea	r			(b) End	d of Year	
а	Total plan assets	7a	42	24,2	17				419	,417
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	42	24,2	17				419	,417
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)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b			27					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								27
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d		4,1	27					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		7	00					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_				,827
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				_			(4,	800)
<u>_i_</u>	Transfers to (from) the plan (see instructions)	8j								
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe 1C 3D	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instruc	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	ristic (Codes	in the	instructi	ions:	
-	and plant provided from the solution, differ the appropriate from the four									
Pá	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a		ions within	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fid	luciary Correction							
	Program)			10a		х				
k	Were there any nonexempt transactions with any party-in-interest?			10b		x				
	reported on line 10a.)			10b	х					500,000
_				100	Λ					300,000
`	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.)									
f	,			10e 10f		x				
	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
ŀ	If this is an individual account plan, was there a blackout period? (See instru	ctions and 29 CFR	10h						
i	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									

Form 5500-SF 2016	
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Page 3 -		

	: VI	Pension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500 and line 11a below)				X Yes	No		
		he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a			0		
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the 0				Yes	X No		
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	atrustiana	and anta	r the dete o	f the letter m	ulina		
а		iver of the minimum funding standard for a prior year is being amortized in this plan year, see in g the waiver			i ille date o av	_ Year	illig		
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line							
b	Enter t	he minimum required contribution for this plan year	••••••	12b					
С	Enter t	he amount contributed by the employer to the plan for the plan year	•••••	12c					
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) 12d								
е	Will the	e 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 ı	resolution to terminate the plan been adopted in any plan year?	•••••	[x Yes	☐ No			
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year		13a			0		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	•		Y	es X N	0		
С	If, durir	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden assets or liabilities were transferred. (See instructions.)			•				
13		ame of plan(s):	13c(2)	EIN(s)		13c(3) Pi	l(s)		
Part	: VIII	Trust Information - Skip These Questions							
14a	Name	of truet		14h	Trust's EIN	ı			
14c	Name	of trustee or custodian				custodian's			
14c					Trustee or	custodian's			
Part	: IX	of trustee or custodian			Trustee or	custodian's			
Part 15a	Is the p	of trustee or custodian IRS Compliance Questions - Skip These Questions		14d	Trustee or telephone	custodian's number	year" ADP		
Part 15a	Is the p	IRS Compliance Questions - Skip These Questions olan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		14d Yes Design-b	Trustee or telephone	custodian's number	year" ADP		
15a	Is the position of the How did 401(k)(IRS Compliance Questions - Skip These Questions olan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-ts safe hard "Current"	Trustee or telephone pased poor year"	custodian's number No Prior test	year" ADP		
15a 15b	How did 401(k)(IRS Compliance Questions - Skip These Questions Plan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: Desting method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes Design-tsafe harl "Current ADP tesi Ratio percenta	Trustee or telephone pased poor year"	custodian's number No Prior test N/A Average			
15a 15b 16a	How did 401(k)(What to year? (Did the for the	IRS Compliance Questions - Skip These Questions Plan a 401(k) plan? If "No," skip b. Id the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: Pesting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: Peplan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? Ilan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR		Yes Design-ts safe harl "Current ADP tesi Ratio percenta test Yes	Trustee or telephone pased poor year" t	custodian's number No Prior test N/A Average benefit test No	□ N/A		
15a 15b 16a 16b	How did 401(k)(What to year? (Did the for the lift the p the lett	IRS Compliance Questions - Skip These Questions Plan a 401(k) plan? If "No," skip b. Id the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: Pesting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: Peplan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? Ilan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR)	Yes Design-tsafe harl "Current ADP tesi Ratio percentatest Yes etter or ac	Trustee or telephone pased poor year" t	custodian's number No Prior test N/A Average benefit test No er, enter the	N/A date of		
15a 15b 16a 16b	How di 401(k)(i) What to year? (i) Did the for the letter Defined Were a	IRS Compliance Questions - Skip These Questions Plan a 401(k) plan? If "No," skip b. Id the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: Pesting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: Peplan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? Plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR er/	S opinion le	Yes Design-ts safe harl "Current ADP tesi Ratio percentatest Yes etter or act ate of the	Trustee or telephone pased poor year" t	custodian's number No Prior test N/A Average benefit test No er, enter the	N/A date of		

Schedule SB, Part V Summary of Plan Provisions

George R. Pierce & Associates, LLC Cash Balance Plan 91-1446129 / 003

For the plan year 01/01/2016 through 01/31/2016

Employer: George R. Pierce & Associates LLC

Type of Entity - Limited Liability Company (LLC) taxed as Sole Proprietor

EIN: 91-1446129 TIN: 47-2695045 Plan #: 003 Plan Type: Cash Balance

Dates: Effective - 01/01/2014 Year end - 01/31/2016 Valuation - 01/31/2016

Top Heavy Years - 2015, 2016

Eligibility: All employees excluding non-resident aliens, union, and excluding members of Cls - "INTERNS"

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of calendar month coincident with or next following eligibility satisfaction

Retirement: Normal - Attainment of age 65 and completion of the 5th anniversary of the 1st day of the initial plan year of participation

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Pay Credits - Frozen benefit formula

Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%

Accrued Benefit - Frozen accrued benefit as of 01/31/2016

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) plan actuarial equivalence interest and mortality

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$265,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Joint with 50% or 75% Survivor Benefit

Vesting Schedule: 100% vested in 3 years.

Service is calculated using all years of service except years prior to plan effective date

Present Value of Accrued Benefit: Based on the Hypothetical Account Balance.

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 15E - 2015 Applicable Mortality Table for 417(e) (unisex)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

George R. Pierce & Associates, LLC Cash Balance Plan 91-1446129 / 003

For the plan year 01/01/2016 through 01/31/2016

Valuation Date: 01/31/2016

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target

for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5%

interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates

Segment rates for the Fourth Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.34
Segment 2	6 - 20	4.03
Segment 3	> 20	5.06

Segment rates as of September 30, 2015 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA

Segment #	Year	Rate %
Segment 1	0 - 5	4.43
Segment 2	6 - 20	5.91
Segment 3	> 20	6.65

Pre-Retirement - Mortality Table - 16C - 2016 Combined - IRC 430(h)(3)(A)

Turnover/Disability - None Salary Scale - None

Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%

Expense Load - None Ancillary Ben Load - None

Post-Retirement - Mortality Table - 16C - 2016 Combined - IRC 430(h)(3)(A)

Cost of Living - None

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on top 20% of employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5% CB Projection Rate - 5

Post-Retirement - Interest - 8.5%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

OMB No. 1210-0110

2016

	File as an attachin	ent to Form 5500 or 3	550U-5F.				
For	calendar plan year 2016 or fiscal plan year beginning 01/01	/2016	and ending	01/31	./20	16	
▶ i	Round off amounts to nearest dollar.						
▶ (Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reasonable car	use is established				
AN	lame of plan		B Three-digi				
Geo	rge R. Pierce & Associates, LLC Cash Balance Pl	an	plan numb	er (PN)	•	003	3
							1-1-1
C F	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	entification	Numi	her (FIN)	
			WW. 186			bei (Eliv)	
Geo	rge R. Pierce & Associates LLC		9.	L-144612	.9		
ЕТ	ype of plan: X Single Multiple-A Multiple-B	Prior year plan size:	100 or fewer	7101-500	П	More than 500)
	art I Basic Information				_		
1	Enter the valuation date: Month 01 Day 31	Year 2016					
2		real2016					
2	Assets: a Market value			2a	-		418,319
	b Actuarial value		STREET, WORLDON, WALL STREET, DAY ON	2b			418,319
3		(1) Number of	(2) Vested		-	(2) Tota	I Funding
3	Funding target/participant count breakdown:	participants	(2) Vested				ii Funding irget
		0		0000	0	1,000	0
	a For retired participants and beneficiaries receiving payment				-	- Village	
	b For terminated vested participants	2					5,055
	c For active participants	3					303,535
	d Total	5	1	308,5	90		308,590
4	If the plan is in at-risk status, check the box and complete lines (a) and						
	a Funding target disregarding prescribed at-risk assumptions			4a			
	b Funding target reflecting at-risk assumptions, but disregarding transit at-risk status for fewer than five consecutive years and disregarding		have been in	4b			
5	Effective interest rate			5			4.43 %
6	Target normal cost			6			0
Stat	tement by Enrolled Actuary						
	the best of my knowledge, the information supplied in this schedule and accompanying schedule cordance with applicable law and regulations, in my opinion, each other assumption is reasonable						
	nbination, offer my best estimate of anticipated experience under the plan.						
S	SIGN				0	0017	
Н	IERE			AN 2	0	7011	
	Signature of actuary					ate	
	Cuthbert N. Tostensen			14	-08	284	
-	Type or print name of actuary			Most rece	nt en	rollment numb	er
	Haness & Associates, LLC			(530)	70	1-7266	
	Firm name		Tel	ephone nui	mber	(including are	a code)
	10968 International Drive						
	US Rancho Cordova CA 95670 Address of the firm		-				
99300		2 72 1425 1221 12 12					
	e actuary has not fully reflected any regulation or ruling promulgated unde uctions	er the statute in comple	eting this schedule	e, check the	e box	and see	

0.1			5		ı			
Sch	edule SB (Form 5500) 2016		Page 2	2				
Part II	Beginning of Year Carryo	ver and Prefunding Bal	ances					
		<u> </u>		(a) (Carryover balance	(b)	Prefund	ing balance
	at beginning of prior year after app				0			0
	lected for use to offset prior year's				0			0
9 Amount r	emaining (line 7 minus line 8)	•••••			0			0
10 Interest of	n line 9 using prior year's actual re	eturn of0.01%			0			0
11 Prior yea	r's excess contributions to be adde	ed to prefunding balance:						
a Prese	nt value of excess contributions (lin	ne 38a from prior year)						117,321
	erest on the excess, if any, of line a nedule SB, using prior year's effec		ar <u>2</u> %					0
	erest on line 38b from prior year Sourn							0
C Total	available at beginning of current pl	an year to add to prefunding ba	alance .					117,321
d Portio	n of (c) to be added to prefunding	balance						0
12 Other red	luctions in balances due to election	ns or deemed elections			0			0
13 Balance	at beginning of current year (line 9	+ line 10 + line 11d - line 12) .			0			0
Part III	Funding Percentages							
14 Funding	arget attainment percentage	• • • • • • • • • • • • • • • • • • • •		•••••	• • • • • • • • • • • • • • • • • • • •		14	135.55 %
15 Adjusted	funding target attainment percenta	age			• • • • • • • • • • • • • • • • • • • •		15	135.55 %
	r's funding percentage for purpose ear's funding requirement						16	97.63 %
17 If the cur	ent value of the assets of the plan	is less than 70 percent of the	funding tar	get, enter s	such percentage		17	%
Part IV	Contributions and Liqui	dity Shortfalls						
18 Contribut	ions made to the plan for the plan	year by employer(s) and emplo	oyees:					
(a) Date (MM-DD-YY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		Date D-YYYY)	(b) Amount paid b employer(s)	у		ount paid by loyees
		1		. 40(1)		40/	.1	

	·			Totals ▶	18(b)		0	18(c)	0		
19	9 Discounted employer contributions see instructions for small plan with a valuation date after the beginning of the year:										
	a Contributions allocated tow		(
	b Contributions made to avoid restrictions adjusted to valuation date								(
	c Contributions allocated tow	ard minimum	required contribution for currer	it year adjuste	ed to va	luation date	19c		(
20	Quarterly contributions and lic	quidity shortfall	ls:								
	a Did the plan have a "fundir	ng shortfall" for	the prior year?	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •			. X Yes No		
	b If line 20a is "Yes," were re	quired quarter	ly installments for the current y	ear made in	a timely	manner?	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	· Yes X No		
	c If line 20a is "Yes," see ins	tructions and o	complete the following table as	applicable:							
	Liquidity shortfall as of end of quarter of this plan year										
	(1) 1st		(2) 2nd		(3)	3rd		(4)	4th		
		•									

Pa	art V Assumption	ons Used To Determine	e Funding Target and Targ	jet Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	, D	☐ N/A, full yield curve used
	b Applicable month	(enter code)			21b	4
22	Weighted average re	etirement age			22	66
23	Mortality table(s) (se	e instructions) X Pi	rescribed - combined Pres	scribed - separate	Substitu	te
Pa	rt VI Miscellane	eous items				
24	Has a change been i	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	instruction	s regarding required
	attachment					Yes X No
25	Has a method chang	ge been made for the current p	lan year? If "Yes," see instructions	regarding required attac	hment .	Yes X No
26	Is the plan required t	to provide a Schedule of Active	Participants? If "Yes," see instruct	tions regarding required	attachmen	tX Yes No
27		•	ter applicable code and see instruc		27	
Pa	rt VII Reconcili	iation of Unpaid Minim	um Required Contribution	s For Prior Years		
28	Unpaid minimum req	quired contributions for all prior	years		28	0
29			d unpaid minimum required contrib		29	0
30			ntributions (line 28 minus line 29)		30	0
Pa	rt VIII Minimum	Required Contribution	For Current Year			
31		and excess assets (see instruct				
		,	• • • • • • • • • • • • • • • • • • • •		31a	0
	_		line 31a		31b	0
32	Amortization installm	nents:		Outstanding Bala	ance	Installment
	a Net shortfall amort	ization installment			0	0
	b Waiver amortizatio	on installment			0	0
33	If a waiver has been (Month		nter the date of the ruling letter gran) and the waived amount .		33	0
31	•				34	
-34	Total lunding require	ment before reflecting carryove	r/prefunding balances (lines 31a - 3 Carryover balance	Prefunding Bala		Total balance
			Odinyover balance	1 Telaliang Bale		Total balance
35	Balances elected for requirement	use to offset funding	0		0	0
36					36	0
37			ontribution for current year adjuste		37	
	(line 19c)	• • • • • • • • • • • • •	• • • • • • • • • • • • • • •	• • • • • • • • • •	0,	0
38		ess contributions for current ye	,			
	_				38a	0
			prefunding and funding standard c		38b	0
		· · · · · · · · · · · · · · · · · · ·	ear (excess, if any, of line 36 over		39	0
			s		40	0
			Pension Relief Act of 2010	(See Instructions	5)	
41	If an election was made	de to use PRA 2010 funding re	elief for this plan:			
	a Schedule elected	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • •	[2 plus 7 years 15 years
	b Eligible plan year(s	s) for which the election in line	41a was made		. 200	08 2009 2010 2011
42	Amount of acceleration	on adjustment			42	
43	Excess installment ac	cceleration amount to be carrie	d over to future plan years	• • • • • • • • • • • • • • • • • • • •	43	

Schedule SB, line 26 -Schedule of Active Participant Data

George R. Pierce & Associates, LLC Cash Balance Plan 91-1446129/003 For the plan year 01/01/2016 through 01/31/2016

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25	1									
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49										
50 to 54										
55 to 59										
60 to 64		1								
65 to 69										
70 & up										

Schedule SB, line 22 - Description of Weighted Average Retirement Age

George R. Pierce & Associates, LLC Cash Balance Plan 91-1446129 / 003 For the plan year 01/01/2016 through 01/31/2016

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.