Form 5500-SF		Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		This form is required to be filed	065 of the Employee R	etirement					
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).					is Open to		
	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 5	500-SF.				
For calenda	Annual Report Ic ar plan year 2016 or fisc	dentification Information	017	and ending 0	3/15/2017				
		a single-employer plan	a multiple-employer pla			king this box m	ust attach a		
A This ret	urn/report is for:	a one-participant plan		ployer information in ac		-			
B This retu	urn/report is	the first return/report an amended return/report	\overline{X} the final return/report \overline{X} a short plan year return	n/report (less than 12 m	onths)				
C Check	box if filing under:	 Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descri	ption)						
Part II	Basic Plan Infor	mation—enter all requested info	ormation		1				
1a Name GEORGE R.		ES, LLC CASH BALANCE PLAN			1b Three plan (PN)	number	003		
					1c Effect	tive date of pla 01/01/20			
Mailing	g address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		uctions)	(EIN)		129		
	PIERCE & ASSOCIATE			uctionsy	2c Sponsor's telephone number 206-281-7700				
1200 WESTL SEATTLE, W	AKE AVENUE NORTH /A 98109	SUITE 90			2d Business code (see instructions) 523120				
3a Plan a	dministrator's name and	address X Same as Plan Spon	sor.		3b Administrator's EIN				
					3c Admi	nistrator's teler	bhone number		
		blan sponsor has changed since t per from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN				
a Spons	or's name				4C PN				
5a Totalı	number of participants a	t the beginning of the plan year			5a		5		
		t the end of the plan year			5b		0		
		count balances as of the end of t			5c				
d(1) Tota	al number of active parti	cipants at the beginning of the pla	an year		5d(1)		0		
• •		cipants at the end of the plan yea rminated employment during the			5d(2) 5e		3		
		in a second state of the second				P-L-J			
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return or penalties set forth in the instruct signed by an enrolled actuary, as tete.	tions, I declare that I have	examined this return/re	port, includi	ng, if applicable			
Sign Filed with authorized/valid electronic signature. 06/07/2017 GEORGE PIERCE									
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan adminis	strator		
SIGN HERE									
	Signature of employed name (including firm name (including firm name)	er/plan sponsor me, if applicable) and address (in	Date clude room or suite numbe	Enter name of individ		as employer or s telephone nur			

	 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) independent qualified public accountant (IQPA) if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	419417	0						
b	Total plan liabilities	7b		0						
С	Net plan assets (subtract line 7b from line 7a)	7c	419417	0						
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	3	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		3
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	418370	
e Certain deemed and/or corrective distributions (see instructions).	8e		
f Administrative service providers (salaries, fees, commissions)	8f	1050	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		419420
i Net income (loss) (subtract line 8h from line 8c)	8i		-419417
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
	1C 3D

Т

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:		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		X		
b	······ ····· (= - ····· ····· ··········	10b		Х		
С	Was the plan covered by a fidelity bond?	10c		Х		
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		X		
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	······································	10h				
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 c m 5500) and line 11a below)					<u> </u>	Yes 🗙 No
11a	Ente	r 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		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	is, and	enter t	he date	of the lette	er ruling
	<u> </u>	ting the waiver			_ Day	′	Year _	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			1		
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 least of the matter 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?				X Ye	s N	lo
	lf "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 broug rol of the PBGC?					X Yes	No
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to			
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3	8) PN(s)
Part	VIII	Trust Information						
		of trust			14b 1	Frust's I	EIN	
14c	Name	e of trustee or custodian					s or custod	lian's
					I	leiepho	ne number	
Par	LIV	IRS Compliance Questions						
Fai							Π	
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:		Desigi safe h	n-based arbor	1 [Prior yet test	ear" ADP
				"Curre ADP t	ent year' est	13	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	centage Average 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		nter the	date (of the m	ost rec	ent determi	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 ce?		rom	Yes	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No	

	5500-SF	vee	OMB Nos. 1210-0110 1210-0089						
	of the Treasury evenue Service	This form is required to be	Benefit Plan	and 4065 of the Employe	e	2	016		
	nent of Labor Security Administration	Retirement Income Security A	Act of 1974 (ERISA), and ternal Revenue Code (th	section 6057(b) and 6058	(a) of		s Open to Public		
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
		dentification Information							
For calendar pl	an year 2016 or fisca	al plan year beginning	01/01/2017	and ending		15/2017			
A This return/report is for: Image: a single-employer plan Image: a single-employer plan B This return/report is: Image: a one-participant plan Image: a single-employer plan Image: B This return/report is: Image: a one-participant plan Image: a single-employer plan Image: B This return/report is: Image: a one-participant plan Image: a single-employer plan Image: B This return/report is: Image: a one-participant plan Image: a single-employer plan Image: B This return/report is: Image: a one-participant plan Image: a single-employer plan Image: B This return/report is: Image: a one-participant plan Image: a single-employer plan Image: B This return/report is: Image: a one-participant plan Image: a single-employer plan Image: B This return/report is: Image: a one-participant plan Image: a single-employer plan Image: B This return/report is: Image: a one-participant plan Image: a single-employer plan Image: B This return/report is: Image: a one-participant plan Image: a single-employer plan Image: B This return/report is: Image: a one-participant plan Image: a one-participant plan Image: B This return/report is: Image: a one-participant plan Image: a one-participant plan <									
C Check box	if filing under	Form 5558	automatic extension	1		DFVC progra	m		
O CHECK DOX		special extension (enter desci	iption)						
D (11)	Diana Infor								
1a Name of		mation enter all requested	Information		1b T	hree-digit			
		Associates, LLC Cash B	alance Plan		p	lan number	003		
George	K. FIEICE & A	ASSOCIATES, DIC CASH D			1c E	PN) ► ffective date of 1/01/2014			
		er, if for a single-employer plan)					fication Number		
Mailing A	ddress (include roon	n, apt., suite no. and street, or P.0 country, and ZIP or foreign pos	D. Box) tal code (if foreign, see in	structions)	(E	EIN) 91-14	46129		
George	R. Pierce & A	Associates, LLC				ponsor's telepi (206) 281-			
1200 W	estlake Avenue	e North Suite 90			2d Business code (see instructions) 523120				
US Seat	le WA 98109								
3a Plan adm	ninistrator's name and	d address X Same as Plan Sp	onsor		3b Administrator's EIN				
					3c A	Administrator's	telephone number		
4 If the name	ne and/or EIN of the	plan sponsor has changed since ber from the last return/report.	the last return/report file	d for this plan, enter the	4b E	EIN			
a Sponsor					4c PN				
		at the beginning of the plan year		*****	. 5a 5				
		at the end of the plan year			5b		0		
c Number	of participants with a	ccount balances as of the end of	the plan year (only define	ed contribution plans	5c				
					5d(1		0		
		icipants at the beginning of the pl					····		
		icipants at the end of the plan yea			5d(2	:)	3		
	of participants that te 100% vested	erminated employment during the	plan year with accrued t		5e		0		
Caution: A	penalty for the late	or incomplete filing of this retu	rn/report will be assess	ed unless reasonable ca	use is e	stablished.			
Under penal SB or Sched	ies of periury and of	her penalties set forth in the instruct nd signed by an enrolled actuary,	uctions, I declare that I has well as the electronic	ave examined this return/re	eport, inc	luding, if applic	able, a Schedule knowledge and		
SIGN	MNIN		06/07/17						
The second se	nature of plan adm	inistrator	Date	Enter name of individu	ual signin	g as plan admi	nistrator		
		h	0610711	7					
SIGN Date Enter name of individual signing as employer or plan spor						or plan sponsor			
Teparer's n		ame, if applicable) and address (include room or suite nu		Prepa	rer's telephone this quest	number		

Form 5500-SF			Short Form Annual	/ee	OMB Nos. 1210-0110 1210-0089					
		artment of the Treasury ernal Revenue Service	This form is required to be	e –	2016					
Em		Department of Labor Benefits Security Administration	B(a) of	s Open to Public						
		Benefit Guaranty Corporation	 Complete all entries in ac 	ternal Revenue Code (the	,	Inspection				
P	art I	Annual Report lo	dentification Information			0-36.				
		dar plan year 2016 or fisca		01/01/2017	and ending	03/1	15/2017			
		eturn/report is for:	x a single-employer plan a one-participant plan the first return/second	a list of participating e	lan (not multiemployer) (mployer information in a					
D	THIS I	eturn/report is:	the first return/report an amended return/report	xthe final return/reportxa short plan year return	m/report (less than 12 m	ionths)				
C	Checł	box if filing under:	Form 5558 special extension (enter descr	automatic extension			DFVC progra	m		
Pa	art II	Basic Plan Infor	mation enter all requested	information						
1a		e of plan rge R. Pierce & A	Associates, LLC Cash B	alance Plan		pla	ree-digit in number N) ►	003		
							ective date of /01/2014	fplan		
2a	Mail	ing Address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.C , country, and ZIP or foreign post		ructions)	2b Em		fication Number 46129		
	-	rge R. Pierce & A			,	2c Sponsor's telephone number (206) 281-7700				
	120	0 Westlake Avenue	e North Suite 90				Business code (see instructions) 523120			
3a	US Seattle WA 98109 3a Plan administrator's name and address X Same as Plan Sponsor					3b Administrator's EIN				
						3c Ad	ministrator's	elephone number		
4			plan sponsor has changed since to be from the last return/report.	the last return/report filed for	or this plan, enter the	4b EI	N			
а	Spo	nsor's name				4C PN	1			
			t the beginning of the plan year			5a		5		
b C	Num	ber of participants with ac	t the end of the plan year	he plan year (only defined	contribution plans	5b 5c		0		
d(. ,	cipants at the beginning of the pla		•••••••	5d(1)		0		
d(2) To	tal number of active partic	cipants at the end of the plan year	••••••	•••••	5d(2)		3		
е			rminated employment during the			5e		0		
Са	ution	: A penalty for the late o	or incomplete filing of this return	n/report will be assessed	unless reasonable cau	use is est	ablished.			
SB	or So		er penalties set forth in the instruct d signed by an enrolled actuary, a lete.							
	IGN									
Н	ERE	Signature of plan admir	nistrator	Date	Enter name of individua	al signing a	as plan admiı	nistrator		
	IGN ERE	Signature of employer/	plan sponsor	Date	Enter name of individua	al signing :	as employer	or plan sponsor		
Pre	epare		ame, if applicable) and address (ir			Preparei	r's telephone his quest	number		
1										

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								XYes 🗌 No			
b	 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 										
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? X Yes No Not determined										
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	402	1)? .		x Yes	No Not determined			
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of	Year	•			(b) End of Year			
а	Total plan assets	7a	41	9,4	17			0			
b	Total plan liabilities	7b						0			
С	Net plan assets (subtract line 7b from line 7a)	7c	41	9,4	17			0			
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			3						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	41	8,3	70						
е	Certain deemed and/or corrective distributions (see instructions)	8e			-						
f	Administrative service providers (salaries, fees, commissions)	8f		1,0	50						
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		419,42							
i	Net income (loss) (subtract line 8h from line 8c)	8i						(419,417)			
j	Transfers to (from) the plan (see instructions)	8j									
Pa	Int IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Cha	aract	eristic	Code	s in the	e instructions:			
_	1C 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Char	racte	ristic (Codes	in the	instructions:			
Pa	rrt V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amount			
а											
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fid	uciary Correction								
h	Program)			10a		х					
b 	reported on line 10a.)		•••••••	10b		x					
C				10c		х					
d	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		x					
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					
f	Has the plan failed to provide any benefit when due under the plan	1?	•••••	10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year er	nd.)	10g		x					
h	If this is an individual account plan, was there a blackout period? (32520.101-3.)			10h							

Page 2

Form 5500-SF 2016

Form 5500-SF 2016

Page **3 -**

Part	1/1	Dension Funding Compliance						
11		Pension Funding Compliance				T		
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below) Yes X No							X No
		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a				
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							K No
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see ins g the waiver			er the dat Day		letter ru ear	ling
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
b	Enter th	ne minimum required contribution for this plan year.		, 12b				
С	Enter th	he amount contributed by the employer to the plan for the plan year		, 12c				
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the e 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 r	esolution to terminate the plan been adopted in any plan year?		,	X Yes	s 🗌	No	
	lf "Yes,	enter the amount of any plan assets that reverted to the employer this year		. 13a				0
b		II the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?			x	Yes		0
С	lf, durir	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi ssets or liabilities were transferred. (See instructions.)						
1:	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		1:	Bc(3) PN	(s)
Part		Trust Information - Skip These Questions						
	Name			14	o Trust's			
170	Name			'-	Unusis			
14c	Name	of trustee or custodian		14	14d Trustee or custodian's telephone number			
Part	IX	IRS Compliance Questions - Skip These Questions						
15a	Is the p	lan a 401(k) plan? If "No," skip b.		Yes			No	
15b		d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design- safe ha			"Prior y test	ear" ADP
				"Curren ADP tes			N/A	
16a		esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio percent test	age 🗌	Aver bene	age fit test	□ N/A
16b		plan 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?		Yes			No	
17a	If the pl	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS er/ and serial number	opinion I	etter or a	advisory I	etter, er	iter the c	late of
17b	If the pl	an is an individually-designed plan that received a favorable determination letter from the IRS, e	enter the d	ate of th	e most re	ecent de	terminat	ion
18	Defined Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sep ?			Yes	s 🗌	No	
19		y plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••		Yes	s 🗌	No	