Form 5500-SF

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan Internal Revenue Service Department of Labor

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Short Form Annual Return/Report of Small Employee

▶ 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		Identification Information					
For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/2	2016	and ending 12	2/31/2016		
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl list of participating en	lan (not multiemployer) (nployer 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 retur	n/report (less than 12 m	ionths)		
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program		
- · · ·		special extension (enter descri					
Part II		ormation—enter all requested in	formation		46	1	
1a Name GEORGE R.		ATES, LLC 401(K) PROFIT SHARII	NG PLAN		1b Three-digit plan number (PN) ▶	002	
					1c Effective date	 of plan 01/2003	
		oyer, if for a single-employer plan)) Box)		2b Employer Iden		
City or		ce, country, and ZIP or foreign post		ructions)	2c Sponsor's tele		
					2d Business code		
	AKE AVENUE NORT	TH SUITE 90				120	
SEATTLE, W	A 96109						
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrator's	EIN	
					3c Administrator's	telephone number	
					JC Administrators	telephone number	
name,	EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed f	for this plan, enter the	4b EIN		
a Sponso					4c PN	8	
5a Total r	number of participants	s at the beginning of the plan year					
		s at the end of the plan year			5b	8	
	er of participants with ete this item)	account balances as of the end of	the plan year (only defined	d contribution plans	5c	5	
d(1) Tota	al number of active pa	articipants at the beginning of the pl	lan year		5d(1)	3	
		articipants at the end of the plan ye			5d(2)	5	
		t terminated employment during the			5e	0	
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable car			
SB or Sche		ther penalties set forth in the instruction as the signed by an enrolled actuary, a splete.					
SIGN	Filed with authorized	/valid electronic signature.	06/07/2017	GEORGE R. PIERCE			
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan ad	dministrator	
SIGN HERE							
	Signature of emplo		Date	Enter name of individ			
Preparer's	name (including firm i	name, if applicable) and address (in	nclude room or suite numbe	er)	Preparer's telephon	e number	
1							

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib		` ,						X Ye	s 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.)							X Ye	s No	
	If you answered "No" to either line 6a or line 6b, the plan cann		,						ш	Ш
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not de	termined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
a	Total plan assets	7a	1	530297	•				162306	67
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	1	530297	'				162306	67
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt	_			(b) T	otal	
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		119380	,					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11938	30
	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d		26485						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		125						
	Administrative service providers (salaries, fees, commissions)	8f		120						
<u>g</u>	Other expenses	8g							266	10
_ <u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							9277	
+	Net income (loss) (subtract line 8h from line 8c)	8i				32.70				
	Transfers to (from) the plan (see instructions)	8j								
	rt IV Plan Characteristics	f t	des force that is a CDI	01		-1'- 0-		the Contra		
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2F$ $2H$ $2J$ $2R$ $3D$	reature co	ides from the list of Pi	an Cna	racteri	Stic Co	iaes in	tne instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V									
	Program)	-	-	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
				10c	X					500000
d				100		X				
	by fraud or dishonesty?			10d		^				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some					V				
	the plan? (See instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided to	he require	d notice or one of the							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						

Form 5	500	-SF	20	16
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Form 5500-SF 2016	Page 3- 1

Part	VI P	ension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of 5500) and line 11a below)						Yes	X No
11a	Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?							[Yes	X No
а	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see ins		ns, and	_				ng
	_	g the waiver			Day	/	Yea	ar	
					12b				
	Enter tr	e minimum required contribution for this plan year							
		e amount contributed by the employer to the plan for this plan year			12c				
a		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the /e amount)			12d				
		e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	L N	I/A
Part	VII F	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?				X Ye	s	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?		er the			Yes	X No)
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
	13c(1) N	ame of plan(s):		13c(2)	EIN(s)		13	c(3) PN	(s)
Part		Trust Information			4.41.				
14a	Name o	f trust			146	Trust's I	EIN		
14c	Name o	f trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the p	lan a 401(k) plan? If "No," skip b		Yes			No		
		the plan satisfy the nondiscrimination requirements for employee deferrals under section by for the plan year? Check all that apply:	IШ		ign-based "Prior year" ADP test				ADP
	()(.	,		"Curre	ent year test	,,	N/A		
16a		esting 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 tes	st 🗌	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		an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		lette	r or advi	sory let	ter, ente	r the dat	e of
17b	If the p	lan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the n	nost rec	ent dete	rminatio	n
18	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 ?		from	Ye	s	No		
19	Was ar	ly plan participant a 5% owner who had attained at least age 70 $^{\prime\prime}$ during the prior plan year?			Ye	s	No		

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

Pa	art I Annual Repo	ort Identification Information						
For	calendar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/2016	,		
A	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan							
B This return/report is:								
D	I his return/report is:							
		an amended return/report	a short plan year reti	im/report (less than 12 h	nontris)			
C	Check box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC pro	gram		
		<u> </u>	<u> </u>					
		nformation enter all requested	information		1b Three-digit			
та	Name of plan		Donald Chamber T	1	plan number			
	George R. Pierce	& Associates, LLC 401(k)	Profit Sharing P	ıan	(PN) ►	002		
					1c Effective dat	•		
2-	Discourse de marce (ann	national if for a single employer plan			01/01/20			
Za	Mailing Address (include	nployer, if for a single-employer plan) room, apt., suite no. and street, or P.	O. Box)		(EIN) 91-	entification Number		
	City or town, state or prov	vince, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions)	2c Sponsor's te			
	George R. Pierce	& Associates, LLC			(206) 28			
						de (see instructions)		
	1200 Westlake Ave	enue North Suite 90			523120	(,		
	770 G							
3a	US Seattle WA 98109 Plan administrator's name	e and address X Same as Plan Sp	onsor		3b Administrato	or's EIN		
•	, tall dallimetrator o trains							
					3c Administrato	or's telephone number		
					JC Administrate	i s telephone number		
4		f the plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN			
	name, EIN, and the plan	number from the last return/report.			<u> </u>			
a					4c PN			
5a	ALL HVIE	nts at the beginning of the plan year				8		
b		nts at the end of the plan year			5b	8		
С		ith account balances as of the end of			5c	5		
d/		participants at the beginning of the pl			5d(1)	3		
a(participants at the end of the plan yea		nofita that were	5d(2)	5		
е	less than 100% vested	at terminated employment during the		ments that were	5e	0		
Ca	aution: A namelty for the la	ate or incomplete filing of this retu	rn/ranort will be assesse	d unless reasonable ca	use is established			
		d other penalties set forth in the instru						
SE		ed and signed by an enrolled actuary,						
9	IGN MATA		06/07/17					
5550	IERE Signature of plan a	administrator	Date	Enter name of individu	ial signing as plan a	dministrator		
	MI	1/	06/07/17	Liker harre of married	at oigning do plan d	ziiiiiida daoi		
	IGN Signature of emplo		Date	Enter name of individu	val ainning on annulu			
-			Date	Enter name of individu				
SI	eparer's name (including fir kip this question	m name, if applicable) and address (molude room of suite num	oei)	Preparer's telepho			
İ								

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

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

2016

OMB Nos. 1210-0110

1210-0089

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 401(k) Profit Sharing Plan . (PN) ▶ 002 1c Effective date of plan 01/01/2003 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 8 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 8 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 5 complete this item) **d(1)** Total number of active participants at the beginning of the plan year 5d(1) 3 5d(2) **d(2)** Total number of active participants at the end of the plan year 5 Number of participants that terminated employment during the plan year with accrued benefits that were 5e O

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.

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

	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.)	•••••	•••••	•••••	•••••	•••••	x Yes	No
_	Are you claiming a waiver of the annual examination and report of ar			ıntant	(IQPA	A)			_	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar		,					•••••	X Yes	□No
	If you answered "No" to either line 6a or line 6b, the plan cannot					_				
<u> </u>	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA sectior	n 402	1)?		Yes	∐ No	Not de	etermined
Pa	art III Financial Information		•							
7_	Plan Assets and Liabilities		(a) Beginning of	f Yeaı	•			(b) End	of Year	
а	Total plan assets	7a	1,53	30,2	97				1,623,	067
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	1,53		97				1,623,	067
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			_		(b) T	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	11	L9,3	80					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							119,	380
d	Benefits paid (including direct rollovers and insurance premiums			26.4	<u> </u>					
_	to provide benefits)	8d	2	26,4	85					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		1	2 5					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			25					
<u>g</u>	Other expenses	8g							26	610
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-				610 770
÷	Net income (loss) (subtract line 8h from line 8c)	8i							92,	770
	Transfers to (from) the plan (see instructions)	8j								
$\overline{}$	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2H 2J 2R 3D	ature code	es from the List of Plan Ch	naract	eristic	Code	es in the	nstruct	ions:	
\exists										
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	aracte	ristic (Codes	in the	instructio	ons:	
	and V. Committee on Overations									
	art V Compliance Questions				V		NI/A		A 4	
<u>10</u> a	During the plan year: Was there a failure to transmit to the plan any participant contributi	iono within	the time period		Yes	No	N/A		Amount	
a	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		·							
	Program)	•	, and the second	10a		x				
b	<u> </u>									
	reported on line 10a.)	•••••		10b		х				
C	Was the plan covered by a fidelity bond?	•••••	•••••••	10c	х				5	00,000
	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	-		10d		х				
e	 Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) 	e or all of t	he benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	1?	••••••	10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
h		See instru	ctions and 29 CFR	10h		x				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i						

Form 5500-SF 2016

Page 3 -

Par	t VI	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and					Yes 🛚	No
11a		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							
		?es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	••••••	••••••	••••••	. 🗀	Yes 🛚	<u> </u>
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see i		and ent	er the date			ing
If \		g the waiver			Day	Ye	ar	
,		ne minimum required contribution for this plan year.		12b				
				1	_			
d		ne amount contributed by the employer to the plan for the plan year the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the						
		re amount)		12d				
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	••••••	. [Yes [No	□ N	/A
Par	t VII	Plan Terminations and Transfers of Assets						
_13a	Has a	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		Ill the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro of the PBGC?	J			Yes	X No)
С	If, duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide assets or liabilities were transferred. (See instructions.)						
1	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		13	c(3) PN	(s)
Dar	t VIII	Trust Information - Skip These Questions						
	Name	•		14	b Trust's E	EIN		
444	.	Through a consiste disco		44	d T			
140	Name	of trustee or custodian		14	d Trustee telephor			
Par	t IX	IRS Compliance Questions - Skip These Questions						
15a	Is the	olan a 401(k) plan? If "No," skip b		Yes			No	
15k		d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Design-			"Prior y	ear" ADP
	401(k)	3) for the plan year? Check all that apply:		safe ha		Ш	test	
				"Currer ADP te	•		N/A	
16a	What t	esting method was used to satisfy the coverage requirements under section 410(b) for the plar	n	Ratio		Avera		
	year?	Check all that apply:		percent test	age	benef	-	☐ N/A
16k		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 p	lan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IF		etter or a	advisory le	tter, ent	ter the d	ate of
17k		er/ and serial number lan is an individually-designed plan that received a favorable determination letter from the IRS	, enter the o	late of th	e most red	cent det	erminati	on
18	Were a	/ d Benefit Plan or Money Purchase Pension Plan Only: iny distributions made during the plan year to an employee who attained age 62 and had not s			☐ Yes		No	
19		?	••••••	••••••	Yes		No	
		3 3 1 12 3 2						