For	m 5500-SF	Short Form Annua	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089				
	tment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan I under sections 104 and 4	065 of the Employee Re	etirement	2016			
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection			
_	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instru	uctions to the Form 55	00-SF.				
For calenda	ar plan year 2016 or fisca	dentification Information al plan year beginning 01/01/20)16	and ending 12	/31/2016				
	urn/report is for:	a single-employer plan		an (not multiemployer) (F		king this box must attach a rith the form instructions.)			
B This retu	ırn/report is	the first return/report an amended return/report							
C Check b	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram			
		special extension (enter descri	,						
Part II		mation—enter all requested info	ormation						
1a Name BAILEY SAL	of plan ES AND ASSOCIATES,	INC. 401(K) PLAN		-	(PN)	number 001			
					1C Effec	tive date of plan 01/01/1998			
 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 						oyer Identification Number 91-0894337			
BAILEY SALES AND ASSOCIATES INC					2c Sponsor's telephone number 206-433-8885				
12303 EAST SEATTLE, W	MARGINAL WAY SOUT /A 98168		2d Business code (see instructions) 423700						
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Spons	sor.		3b Admi	nistrator's EIN			
4 If the r	name and/or EIN of the p	plan sponsor has changed since ti	he last return/report filed fo	or this plan, enter the	3C Admi 4b EIN	nistrator's telephone number			
name, a Sponse	•	per from the last return/report.			4c PN				
		t the beginning of the plan year			5a	16			
-		t the end of the plan year			5b	15			
C Numb	er of participants with ac	count balances as of the end of the	he plan year (only defined	contribution plans	5c	g			
d(1) Tota	al number of active partio	cipants at the beginning of the pla	n year		5d(1)	16			
. ,		cipants at the end of the plan yea rminated employment during the			5d(2) 5e	13 C			
		incomplete filing of this return				-			
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruct signed by an enrolled actuary, as	tions, I declare that I have	examined this return/rep	oort, includi	ng, if applicable, a Schedule			
SIGN	Filed with authorized/va	lid electronic signature.	06/13/2017	AMANDA MIELKE					
HERE	Signature of plan adr	ministrator	Date	Enter name of individu	al signing	as plan administrator			
SIGN									
HERE Preparer's	Signature of employe name (including firm nar	er/plan sponsor ne, if applicable) and address (ind	Date clude room or suite numbe			as employer or plan sponsor s telephone number			
						E			

b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accountant (lions.) rm 5500-SF and must instead us	QPA) Yes No e Form 5500.
	rt III Financial Information		,	
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	807490	850105
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	807490	850105
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	22692	
	(2) Participants	8a(2)	43610	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	69556	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		135858
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	92878	
е	Certain deemed and/or corrective distributions (see instructions).	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	365	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		93243
i	Net income (loss) (subtract line 8h from line 8c)	8i		42615
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension $2A$ 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Characte	ristic Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Characteri	stic Codes in the instructions:
Par	t 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		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	х			7419
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	Х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	Х			

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					-	
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _		_ Day		_ Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		er the	e date	of the m	nost rece	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

1	m 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Employ	vee	OMB Nos. 1210-0110 1210-0089			
	ment of the Treasury al Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employee I Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the						
Employee Ber	partment of Labor nefits Security Administration	Income Security Act of 1974	Revenue Code (the Code		ernal	This Form is Open to Public Inspection			
Pension Ben	nefit Guaranty Corporation	Complete all entries in	accordance with the instr	uctions to the Form 5500	-SF.	, and mepeetien			
Part I	Annual Report	Identification Information	f						
For calenda	r plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending	12/3	31/2016			
		X a single-employer plan		an (not multiemployer) (File					
A This retu	ırn/report is for:	a one-participant plan	list of participating em	ployer information in accor	dance with	n the form instructions.)			
B This retur	rn/report is	the first return/report	the final return/report						
	плерон із	an amended return/report		n/report (less than 12 mont	hs)				
C Check b	ox if filing under:								
	ox in hinnig under.	Form 5558	automatic extension		DFVC pro	gram			
	B . B		· /						
Part II	2.26	rmation—enter all requested in	formation						
1a Nameo Bailey S		ociates, Inc. 401(k)	Plan	1	b Three- plan nu	Imber			
				1	(PN)	ve date of plan			
	17					1/1998			
Mailing	address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C			and the second se	ver Identification Number 91-0894337			
	cown, state or provinc	the second se	country, and ZIP or foreign postal code (if foreign, see instructions)						
Durrey D	dieb and noo	Jointeeb me		0	(206) 433-8885				
10000 E.	at Manainal I	Jan Cauth		20	2d Business code (see instructions) 423700				
	st Marginal N	way South							
Seattle				98168					
3a Plan adi	ministrator's name an	d address 🛛 Same as Plan Spor	nsor.	31	3b Administrator's EIN				
				30	3c Administrator's telephone number				
and a second sec		plan sponsor has changed since	the last return/report filed for	or this plan, enter the 4	b EIN				
name, i a Sponsor	(A) genus be the second s second second sec second second sec	nber from the last return/report.		4	C PN				
		at the beginning of the plan year			5a	16			
• · · · · · · · · · · · · · · · · · · ·		at the end of the plan year			5b	15			
		account balances as of the end of		contribution plans					
comple	te this item)				5c	9			
10 (10)		ticipants at the beginning of the pl			id(1)	16			
		ticipants at the end of the plan yea			id(2)	13			
than 10	00% vested	terminated employment during the			5e	0			
Caution: A	penalty for the late of	or incomplete filing of this return	n/report will be assessed	unless reasonable cause					
SB or Sched	ties of perjury and ob lule MB1completed ar ue correct, and com	er benalties set forth in the instruct d signed by an enrolled actuary, a lete.	ctions, I declare that I have as well as the electronic ver	examined this return/report sion of this return/report, ar	t, including nd to the b	, if applicable, a Schedule est of my knowledge and			
SIGN	LARK		06/13/2017	(HARIES L.	GRAN	3ck			
HERE	Signature of plan a	dministrator	Date	Enter name of individual					
SIGN						<i>x</i> .			
HERE	Signature of employ	yer/plan sponsor	Enter name of individual	signing as	employer or plan sponsor				
Preparer's na	ame (including firm n	ame, if applicable) and address (in	clude room or suite numbe			elephone number			
а			35	34					
$\overline{\kappa}$									
				5		Section 2.			

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1 ago	-

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of		The second secon					X Yes No		
N	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)					X Yes 🗌 No		
	If you answered "No" to either line 6a or line 6b, the plan cann									
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes [No Not determined		
Ра	rt III Financial Information	s. Sciences	2 2 10 10 10 10 10 10 10 10 10 10 10 10 10		T					
	Plan Assets and Liabilities		(a) Beginning				(b) End of Year		
-	Total plan assets	7a	5	807,	928			850,105		
	Total plan liabilities	7b		0.07	0			0		
	Net plan assets (subtract line 7b from line 7a)	7c		807,	490			850,105		
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	it				(b) Total		
а	(1) Employers	8a(1)		22,	692					
	(2) Participants	8a(2)		43,						
	(3) Others (including rollovers)	8a(3)	¥1		0					
b	Other income (loss)	8b		69,	556					
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						135,858		
-	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		92,	878					
e	Certain deemed and/or corrective distributions (see instructions)	8e	De		0					
f	Administrative service providers (salaries, fees, commissions)	8f			365					
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			80 T		93,24			
i	Net income (loss) (subtract line 8h from line 8c)	8i					42,61			
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics							ы;		
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in tl	ne instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acteris	tic Co	des in the	e instructions:		
Par	t 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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	х			100,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		*		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	X			7,419		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g		X				
 h		(See instru	ctions and 29 CFR	10g	х					
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	I notice or one of the	10i	x					

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D 4						
Part	<u> </u>	5 146165 151				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So (Form 5500) and line 11a below)				Yes	X No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect ERISA?	on 302 c		Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
-	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver	nd enter Da		Year		ng
(h	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	1				
b	Enter the minimum required contribution for this plan year	. 12b		6		
	Enter the amount contributed by the employer to the plan for this plan year	12c				
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				
Deline To These	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N	I/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			0		2
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th control of the PBGC?		. [Yes	X No	í.
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)	s) to				
	13c(1) Name of plan(s): 13c(2) EIN(s)		13c	(3) PN((s)
Part 14a	VIII Trust Information Name of trust	14b	Trust's El	N		
14c	Name of trustee or custodian		Trustee's telephon			
Par	IX IRS Compliance Questions	1				
15a	Is the plan a 401(k) plan? If "No," skip b		Γ	No		
		gn-base harbor		"Prior y	year" A	DP
		rent year test	<i>"</i>	N/A		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	centage		erage nefit test		N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		. [No		
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter the letter and the serial number	er or advi	sory lette	r, enter t	he dat	e of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date letter	e of the n	nost recer	nt detern	ninatior	n
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	Te Ye	s	No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	. 🗌 Ye	s	No		