## 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 sections 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.

0046

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		rt Identification Information				
For calend	ar 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:	X a single-employer plan		plan (not multiemployer) employer information in a		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a one-participant plan	a foreign plan			,
<b>B</b> This retu	urn/report is	the first return/report	the final return/repor	rt		
		an amended return/report	a short plan year ret	turn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension	า	DFVC program	n
		special extension (enter desc				
Part II		formation—enter all requested in	formation		46	
1a Name		ANY 401(K) PROFIT SHARING PL	ΔN		<b>1b</b> Three-digit plan numb	
WAGON OO	OIVIT TITLE OOM	ANT FOTING THOMAS TE	-XIV		(PN) ▶	001
					1c Effective d	ate of plan 12/01/1978
Mailing	g address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.G				dentification Number 91-1536202
•	r town, state or provi UNTY TITLE COMP.	nce, country, and ZIP or foreign pos ANY	tal code (if foreign, see in	structions)		telephone number 0-426-9713
					2d Business c	ode (see instructions)
PO BOX 337 UNION, WA						524290
OrtiOrt, W/T	00002					
<b>3a</b> Plan a	idministrator's name	and address X Same as Plan Spo	nsor.		<b>3b</b> Administrati	tor's EIN
		ь .				
					<b>3c</b> Administration	tor's telephone number
4 If the	name and/or EIN of	the plan sponsor has changed since	the last return/report file	d for this plan, enter the	<b>4b</b> EIN	
		number from the last return/report.		- · · · · · · · · · · · · · · · · · · ·		
<b>a</b> Spons	or's name				4c PN	
<b>5a</b> Total	number of participan	ts at the beginning of the plan year.			5a	1
		ts at the end of the plan year			5b	1:
	er of participants wit lete this item)	h account balances as of the end of	the plan year (only define	ed contribution plans	5c	1:
<b>d(1)</b> Tot	al number of active p	participants at the beginning of the p	lan year		5d(1)	1
<b>d(2)</b> Tot	tal number of active	participants at the end of the plan ye	ear		5d(2)	1
		at terminated employment during the			5e	
Caution: A	A penalty for the lat	e or incomplete filing of this retur	n/report will be assesse	ed unless reasonable ca		
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, mplete.				
SIGN		d/valid electronic signature.	06/20/2017	NANCY R. BAYLEY		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator
SIGN						
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite num	nber )	Preparer's telep	hone number

Form 5500-SF 2016 Page **2** 

6a Were all of the plan's assets during the plan year invested in eligi		•						X Ye	s No
b 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 can	and condit	ions.)						X Ye	s No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC						-	No	Not de	termined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a Total plan assets	7a		947826					313779	)2
<b>b</b> Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	2	947826					313779	92
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) T	otal	
a Contributions received or receivable from:	2 (1)		78128						
(1) Employers	8a(1)		54843						
(2) Participants	8a(2)		34043						
(3) Others (including rollovers)	8a(3)		78960						
b Other income (loss)	8b		70000					21193	21
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      d Benefits paid (including direct rollovers and insurance premiums	8c							21130	, i
to provide benefits)	8d		466	;					
e Certain deemed and/or corrective distributions (see instructions).	8e								
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f		21499	)					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2196	35
i Net income (loss) (subtract line 8h from line 8c)	8i							18996	66
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	n feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amoun	t
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					250000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ther person me or all of	s by an insurance the benefits under	10e		X				
<b>f</b> Has the plan failed to provide any benefit when due under the pl	an?		10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount	-		10g	X					48147
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 exceptions to providing the notice applied under 29 CFR 2520.1			10i						

Form	5500	-SF	201	6

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 X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			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	<b>B)</b> PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
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:	-  LL ;		n-based narbor	d [	Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	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
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be 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, er	nter the	date	of the m	nost rec	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	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ 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

Annual Report Identification Information

Part I

## 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 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** 

		fiscal plan year beginning	01/01/2016	and ending	12/31/201	6
		X a single-employer plan	a multiple-employer pl			
A This re	eturn/report is for:			nployer information in a	ccordance with the form	n instructions.)
		a one-participant plan	a foreign plan			
B This ret	turn/report is	the first return/report	the final return/report			
- 11110 101	tarrioportio	an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	
C Charle	have 16 filling a sandon					
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	
		special extension (enter des				
Part II		formation—enter all requested i	nformation		1b Three-digit	
1a Name	County Title	Company			plan number	
	Profit Shari				(PN) Þ	001
					1c Effective date o	•
0					12/01/197	
		ployer, if for a single-employer plan bom, apt., suite no. and street, or P			2b Employer Identi (EIN) 91-15	
		nce, country, and ZIP or foreign po		ructions)	2c Sponsor's telep	
Mason C	County Title	Company			(360) 426-	
					2d Business code (	(see instructions)
PO Box	337				524290	
Union			WA	98592		
	administrator's name	and address K Same as Plan Sp		30032	3b Administrator's	EIN
-						
					3c Administrator's	telephone number
A 1511-						
4 If the	name and/or FIN of	the plan sponsor has changed since	e the last return/report filed t	or this plan, enter the	4b EIN	
		the plan sponsor has changed sinc number from the last return/report.	e the last return/report filed t	for this plan, enter the	4b EIN	
name			e the last return/report filed t	or this plan, enter the	4c PN	
a Spons	e, EIN, and the plan r sor's name				4c PN 5a	
a Spons 5a Total b Total	e, EIN, and the plan r sor's name number of participar number of participar	number from the last return/report.  Its at the beginning of the plan year  Its at the end of the plan year	·		4c PN . 5a	
a Spons 5a Total b Total c Numb	e, EIN, and the plan r sor's name number of participar number of participar ber of participants wi	number from the last return/report.  Its at the beginning of the plan year  Its at the end of the plan yearth account balances as of the end of	of the plan year (only defined	contribution plans	4c PN . 5a	15
a Spons 5a Total b Total c Number	e, EIN, and the plan resor's name I number of participar I number of participar ber of participants will plete this item)	number from the last return/report.  Its at the beginning of the plan year  Ith account balances as of the end of	of the plan year (only defined	contribution plans	4c PN 5a 5b 5c	1:
a Spons 5a Total b Total c Number comp d(1) To	e, EIN, and the plan resor's name  number of participar number of participar ber of participants wi plete this item)	number from the last return/report.  Its at the beginning of the plan yearth account balances as of the end of the plan year that account balances as of the end of the plan year that account balances as of the end of the plan year that account balances as of the end of the plan year that account balances as of the end of the plan year that account balances as of the end of the plan year that account balances are of the plan year	of the plan year (only defined	contribution plans	4c PN 5a 5b 5c 5d(1)	19
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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 cannot be a second to the plan cannot be a secon	an independ and condition ot use For	dent qualified public a ons.) m 5500-SF and must	ccount	ant (IC	PA) Form	5500.		×	Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA se	ection 4	021)?		Yes	No	Not	determined
Par		100 500 5	(a) Paginning	of Voor				b) End	of Voca	
	Plan Assets and Liabilities	7a	(a) Beginning o	947,				b) End		,137,792
	Total plan assets	7a 7b	21	J411	020		_			11511152
	Total plan liabilities	7c	2	947,	826				3	,137,792
_	Income, Expenses, and Transfers for this Plan Year	70	(a) Amoun		020			(b) T		12011102
	Contributions received or receivable from:		(a) Amoun				10.5	(5) .	Otal	
	(1) Employers	8a(1)		78,	128					
	(2) Participants	8a(2)		54,	843					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		78,	960					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								211,931
	Benefits paid (including direct rollovers and insurance premiums	8d			466					
	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8e			100					
	Administrative service providers (salaries, fees, commissions)	8f		21,	499					
		8g								
	Other expenses  Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		78 - US						21,965
	Net income (loss) (subtract line 8h from line 8c)	8i		N. G.						189,966
	Transfers to (from) the plan (see instructions)						1000		N TOTAL	
-	t IV Plan Characteristics	8j								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits.									
Part	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amo	ount
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Χ					250,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bon	d, that was caused	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of t	he benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g	Х					48,147
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			10i						

Form	5500	CE	20	16

Page	3-		
raye	J-		

-	VI Pension	Funding Compliance								
11		enefit plan subject to minimum funding requirements? (If "Yes," see instructions and com line 11a below)							Yes X	No
11a	Enter the unpaid	minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12	ERISA?	contribution plan subject to the minimum funding requirements of section 412 of the Code te line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							Yes X	No
а	If a waiver of the	minimum funding standard for a prior year is being amortized in this plan year, see instructors		s, and e	enter t			lette	er ruling	j
If v		te 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day	_		cai		_
		required contribution for this plan year			12b					
					12c					
	Subtract the amo	contributed by the employer to the plan for this plan year	of a		12d					
е	Will the minimum	funding amount reported on line 12d be met by the funding deadline?				Yes	_ N	lo	N/A	A
Part \	/II Plan Terr	ninations and Transfers of Assets								
		terminate the plan been adopted in any plan year?				Υe	s	X N	10	
		amount of any plan assets that reverted to the employer this year	_		13a					
b		assets distributed to participants or beneficiaries, transferred to another plan, or brought GC?		r the			_ Y	es [	No.	
С		n year, any assets or liabilities were transferred from this plan to another plan(s), identify abilities were transferred. (See instructions.)	the p	lan(s) to	0					
1	3c(1) Name of pla	n(s):	1	3c(2) E	IN(s)			13c(3	3) PN(s	.)
Part 14a	viii irust iii	formation								
	Name of trust			1	14b 1	rust's	EIN			
14c	Name of trust  Name of trustee o	r custodian			14d ⊺	rustee	EIN e's or cone nur			
14c	Name of trustee o	r custodian  mpliance Questions			14d ⊺	rustee	s or c			
Part	Name of trustee o				14d ⊺	rustee	s or c	mber		
Part 15a 15b	IX IRS Consists the plan a 401(in How did the plan a 401).	mpliance Questions		,	based	rustee	s's or cone num	rior y		ЭP
Part 15a 15b	IX IRS Collis the plan a 401(l) How did the plan a 401(k)(3) for the p	mpliance Questions  () plan? If "No," skip b		Yes Design- safe har	based rbor t year	rusteetelepho	No "Pr	rior y	ear" Al	DP N/A
Part 15a 15b 16a	IX IRS Consists the plan a 401(i). How did the plan a 401(i). What testing methyear? Check all the plan satis.	mpliance Questions  (i) plan? If "No," skip b		Yes Design- safe han Curren ADP tes Ratio percen	based rbor t year	rusteetelepho	No "Pi tes	rior y	ear" Al	
15a 15b 16a 16b	IX IRS Collis the plan a 401(l) How did the plan a 401(k)(3) for the plan wear? Check all the plan satisfor the plan year beautiful to the plan set is for the plan year beautiful to the plan set is for the plan year beautiful to the plan	mpliance Questions  (i) plan? If "No," skip b		Yes Design- safe han Curren ADP tes Ratio percen test Yes	basec rbor t year	rusteetelepho	No "Propered No	rior y	ear" Al	N/A
15a 15b 16a 16b 17a	IX IRS Collis the plan a 401(l) How did the plan a 401(k)(3) for the plan satis for the plan year bif the plan is a mathe letter	mpliance Questions  (i) plan? If "No," skip b	inion	Yes Design- safe han Curren ADP tes Ratio percen test Yes letter o	basec rbor t year st	rusteetelepho	No "Protes No	rior y	ear" Al	N/A
Part 15a 15b 16a 16b 17a 17b	IX IRS Could be the plan a 401(l) How did the plan a 401(l) How did the plan a 401(k)(3) for the plan year? Check all the plan year but the plan is a matter letter If the plan is an in letter Interest of the plan is an interest of the pl	mpliance Questions  solvation in the properties of sections 410(b) and 401(a)(4) by combining this plan with any other plan under the permissive aggregation rules?  In the plan with any other plan under the permissive aggregation rules?  In the plan with any other plan under the permissive aggregation rules?  In the plan with any other plan under the permissive aggregation rules?  In the plan with any other plan under the plan that received a favorable IRS op and the serial number	inion	Yes Design- safe han Curren ADP tes Ratio percen test Yes letter of	basec rbor t year st	rusteetelepho	No "Protes No	rior y	ear" Al	N/A