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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

| Pension Bei | nent Guaranty Corporation | ▶ Complete all entries | in accordance with the ins | structions to the Form 55 | 500-SF. | • |
|--|--|--|---|--|--|---|
| Part I | Annual Repor | t Identification Information | on | | | |
| For calenda | | |)1/2016 | and ending 12 | 2/31/2016 | |
| • | | X a single-employer plan | a multiple-employer | plan (not multiemployer) (| Filers checking this | box must attach a |
| A This retu | urn/report is for: | | | employer information in ac | - | |
| | · | a one-participant plan | a foreign plan | | | , |
| | | _ | | | | |
| B This retu | rn/report is | the first return/report | the final return/repor | rt | | |
| - 11110 1010 | 111/10/01/10 | an amended return/report | | turn/report (less than 12 m | onthe) | |
| | | an amended return/report | a short plan year ret | lum/report (less than 12 m | ionins) | |
| C Check b | ox if filing under: | Form 5558 | automatic extension | n | DFVC program | |
| | | special extension (enter de | _ | | | |
| III | D : D: 1.0 | | , , | | | |
| Part II | | ormation—enter all requested | d information | | 1 4. | |
| 1a Name o | | IT 404/(6) PLAN | | | 1b Three-digit | |
| MERCER AS | SET MANAGEMEN | 1 401(K) PLAN | | | plan number | . 001 |
| | | | | | (PN) | |
| | | | | | 1c Effective dat | e of plan 1/01/2015 |
| 0 | | | | | | |
| | \ . | loyer, if for a single-employer plar om, apt., suite no. and street, or I | , | | | entification Number |
| | | nce, country, and ZIP or foreign p | | structions) | (=:: +) | 1-1927108 |
| | SET MANAGEMEN | | | , | 2c Sponsor's te | |
| | | | | | | 842-6650 |
| | | | | | 2d Business cod | de (see instructions) |
| | US BEACH ROAD N I ISLAND, WA 9811 | | | | 52 | 23900 |
| <i>5,</i> (1, 1, 5, 1, 5, 5, 1, 5, | 102/11/2, 17/10011/ | | | | | |
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| O: | | 🖂 | | | 01 | |
| 3a Plan ac | Iministrator's name | and address X Same as Plan S | Sponsor. | | 3b Administrato | r's EIN |
| 3a Plan ad | lministrator's name a | and address X Same as Plan S | Sponsor. | | | |
| 3a Plan ac | dministrator's name a | and address X Same as Plan S | Sponsor. | | | r's EIN r's telephone number |
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| 3a Plan ad | lministrator's name a | and address 🛚 Same as Plan S | Sponsor. | | | |
| | | | | d for this plan, enter the | 3c Administrato | |
| 4 If the n | ame and/or EIN of ti | and address X Same as Plan S he plan sponsor has changed sin umber from the last return/report. | nce the last return/report filed | d for this plan, enter the | | |
| 4 If the n | ame and/or EIN of ti EIN, and the plan n | he plan sponsor has changed sin | nce the last return/report filed | d for this plan, enter the | 3c Administrato | |
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| 6a | Were all of the plan's assets during the plan year invested in eligib | le assets? | (See instructions.) | | | | | | X Yes | No |
|----------|--|--------------|--------------------------|----------|---------|---------|----------|-----------|----------|---------|
| | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility | | | | | | | | 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 p | orogram (see ERISA s | ection 4 | 021)? | | Yes | No | Not det | ermined |
| Par | t III Financial Information | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Year | | | | b) End | of Year | |
| a | Total plan assets | 7a | | 303591 | | | | | 354238 | 3 |
| b | Total plan liabilities | 7b | | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | | 303591 | | | | | 354238 | 3 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amour | nt | | | | (b) T | otal | |
| | Contributions received or receivable from: (1) Employers | 8a(1) | | 12428 | 3 | | | | | |
| | (2) Participants | 8a(2) | | 25348 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 7 | | | | | | |
| b | Other income (loss) | 8b | | 12864 | | | | | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 50647 | 7 |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions). | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | |
| g | Other expenses | 8g | | | | | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | | |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 50647 | 7 |
| <u>j</u> | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Par | t IV Plan Characteristics | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D | feature co | odes from the List of P | lan Cha | racteri | stic Co | odes in | the instr | uctions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | des from the List of Pla | n Char | acteris | tic Cod | des in t | he instru | ctions: | |
| 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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | oluntary F | Fiduciary Correction | 10a | | X | | | | |
| b | , | | | 100 | | X | | | | |
| | reported on line 10a.) | | | 10b | | ^ | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | | | | 4000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | Χ | | | | |
| е | 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 | | | | |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | X | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s 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 the exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | | | |

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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 "Yes," 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 | | | | |
| | e Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | | | 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) PN(s) | |
| | | | | | | | | | |
| Part | VIII | Trust Information | | | • | | | | |
| 14a | Name | of trust | | | 14b ⁻ | 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 ; | | esign-based "Prior year" ADI fe harbor test | | | | |
| | | | 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 | centage Average 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

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

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

the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

| | t identification information | | | | |
|--|--|--------------------------------|--|-------------------------------------|--|
| For calendar plan year 2016 or i | | 01/01/2016 | and ending | 12/31/2016 | |
| A This return/report is for: | a single-employer plan | | lan (not multiemployer) (employer information in a | | |
| B This return/report is: | the first return/report | the final return/report | | | |
| This returnineport is. | | | males and Alasa than 10 m | - mtla -) | |
| | an amended return/report | a short plan year retu | rn/report (less than 12 m | ontns) | |
| C Check box if filing under: | Form 5558 | automatic extension | | DFVC progr | am |
| regional program in the second | <u> </u> | | | | |
| | formation enter all requested | Information | | 1b Three-digit | T |
| 1a Name of plan | | | | plan number | |
| Mercer Asset Manag | gement 401(k) Plan | | | (PN) ▶ | 001 |
| | | | | 1c Effective date | 500 - Contract |
| 20 Dian anamaria nama (ama | layer if for a single employer plan | | | 01/01/201 | |
| Mailing Address (include ro | lloyer, if for a single-employer plan) oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos | .O. Box) | ructions) | 2b Employer Iden (EIN) 91-19 | |
| Mercer Asset Manac | gement, Inc. | | | 2c Sponsor's tele | |
| | | | | (206) 842- | |
| 9229 Olympus Beach | n Road NE | | | 2d Business code 523900 | (see instructions) |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | 023300 | |
| US Bainbridge Island W | part | | | 26 41 | FIN |
| 3a Plan administrator's name | and address X Same as Plan Sp | oonsor | | 3b Administrator's | SEIN |
| | | | | | |
| | | | | 3c Administrators | s telephone number |
| | | | | | |
| 4 If the name and/or EIN of t | he plan sponsor has changed since | the last return/report filed f | or this plan, enter the | 4b EIN | |
| | umber from the last return/report. | the last retains open mean | or time prairi, eriter time | | |
| a Sponsor's name | | | | 4c PN | |
| 5a Total number of participant | ts at the beginning of the plan year | | | 5a | 2 |
| b Total number of participant | is at the end of the plan year | | | 5b | 2 |
| | account balances as of the end of | | | 5c | 2 |
| | | | | F-1/4) | |
| d(1) Total number of active pa | articipants at the beginning of the pl | an year | | 5d(1) | 2 |
| | articipants at the end of the plan ye | | | 5d(2) | 2 |
| E | t terminated employment during the | | | 5e | 0 |
| | | | | L | |
| | e or incomplete filing of this retu | | CONTRACTOR CONTRACTOR ALTERNATION CONTRACTOR | | distributed assessed a Nazania arreen. |
| | other penalties set forth in the instrand signed by an enrolled actuary | | | | |
| belief, it is true correct, and co | | , as well as the electronic ve | rision of this returnicpon | t, and to the best of it | iy kilowledge allu |
| and I we | ne | 8.29.17 | DAVID W. | MERCER | |
| HERE Signature of plan ad | Patricular (Million Cally Volt. | Date | Enter name of individua | | |
| Signature of plan ad | 1 2 0 1 1 1 | 6.29.17 | | MERCER | imistrator |
| SIGN | CARACTER AND | and the second | | | SOUTH SECOND SEC |
| HERE Signature of employ | DED STREET S | Date | Enter name of individua | | |
| Preparer's name (including firm Skip this question | n name, if applicable) and address (| include room or suite numb | er) | Preparer's telephone Skip this gues | |
| only this quotion | | | | onip inis ques | |
| | | | | | |
| | | | | | Mary 174 and Market 1865 |
| 100 100 100 100 100 100 100 100 100 100 | | | | | |

| | Form 5500-SF 2016 | | Page 2 | | | | | | | |
|----------|---|--------------|----------------------------|--------|--------|-------------|--------------|------------|---|-----------|
| 6a | Were all of the plan's assets during the plan year invested in eligible | assets? (S | ee instructions.) | | | | | | XYes | No |
| | Are you claiming a waiver of the annual examination and report of ar | | | | | | | | - | |
| | 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 | | | | | | | | | |
| | If the plan is a defined benefit plan, is it covered under the PBGC ins | surance pro | gram (see ERISA section | 1 402 | 1)? | | Yes | | ☐ Not d | etermined |
| Pa | rt III Financial Information | 1 | | | | 7 | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning o | | | + | | (b) End | | |
| <u>a</u> | Total plan assets | 7a | 30 | 03,5 | 91 | | | | 354 | 238 |
| b | Total plan liabilities | 7b | | | | + | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | | 03,5 | 91 | - | | | 354 | 238 |
| 8 a | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (a) Amount | | | - Institute | | (b) T | otal | |
| <u>~</u> | (1) Employers | 8a(1) | 1 | 12,4 | 28 | | | | | |
| | (2) Participants | 8a(2) | 2 | 25,3 | 48 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | 7 | | | | | |
| b | Other income (loss) | d8 | 1 | 12,8 | 64 | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 50, | 647 |
| | Benefits paid (including direct rollovers and insurance premiums | 0.4 | | | | | | | | |
| | to provide benefits) | 8d 8e | | | | | | | | |
| e f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | |
| 11 | Other expenses | | | | | Light Light | - H | Market San | | |
| g h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8g 8h | | | | | | | | |
| | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 50 | 647 |
| + | Transfers to (from) the plan (see instructions) | 8j | | | | SQ. | | | 30, | 047 |
| Do | art IV Plan Characteristics | oj l | | | | | | | | |
| - | | atura aada | o from the List of Dlay Ch | | | | ! 41 | | | |
| Ja | If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2R 3D | ature code | s from the List of Plan Cr | ıaracı | ensuc | Code | es in the | instructi | ons: | |
| - | | | | | | | | | *************************************** | |
| D | If the plan provides welfare benefits, enter the applicable welfare fea | ture codes | from the List of Plan Cha | aracte | ristic | Codes | s in the ii | nstructio | ns: | |
| Do | nt V Compliance Questions | | | | | | | | | |
| 10 | | | | | V | l Ni | Part Control | | | |
| a | During the plan year: Was there a failure to transmit to the plan any participant contributi | one within | the time period | | Yes | NO | N/A | | Amount | |
| - | described in 29 CFR 2510.3-102? (See instructions and DOL's Vol | | | | | | | | | |
| | Program) | | | 10a | | x | | | | |
| b | | (Do not in | clude transactions | 10b | | x | | | | |
| С | | | | 10c | x | | | | | 40,000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? | | | 10d | | x | | | | |
| е | 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.) | or all of th | e benefits under | 10e | | х | | | | |
| f | | | | 10f | | х | | | | |
| g | | | | 10g | | x | | | | |
| h | | See instruct | tions and 29 CFR | 10h | | x | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. | e required r | notice or one of the | 10ii | | A | | | | |

| Decree of the second | Form 5500-SF 2016 Pag | e 3 - | | | | | | | |
|----------------------|---|--------------|-----------|--|----------------------|---------------------|-----------------|----------|--------|
| | SSAMOON A | | | | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instr (Form 5500 and line 11a below) | | | | | | | Yes 2 | ₹ No |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 55 | 00) line 40 |) | | 11a | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | Yes 🛚 | ∑ No |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan granting the waiver | | | | nd enter Da | | of the l | | ing |
| If y | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and s | skip to lin | ie 13. | | | | | | |
| b | Enter the minimum required contribution for this plan year. | | | | 12b | | | | |
| С | Enter the amount contributed by the employer to the plan for the plan year | | | | 12c | | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minunegative amount) | - | | | 12d | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | | Yes [| No | | 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 | | | | 13a | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another control of the PBGC? | | - | | e | | Yes | X No |) |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.) | plan(s), idi | entify th | e plan(| s) to | | | | |
| 13 | Bc(1) Name of plan(s): | | 1: | 3c(2) E |) EIN(s) 13c(3) | | | | (s) |
| - | | | | | | | | | |
| Part | VIII Trust Information - Skip These Questions | | | | , | | | | |
| 14a | Name of trust | | | | 14b | Trust's E | IN | | |
| 14c | Name of trustee or custodian | | | | | Trustee telephon | | | |
| Part | IX IRS Compliance Questions - Skip These Questions | | - | | | | | | |
| - | Is the plan a 401(k) plan? If "No," skip b. | | | Y | es | | | No | |
| 15b | How did the plan satisfy the nondiscrimination requirements for employee deferrals under a 401(k)(3) for the plan year? Check all that apply: | | | Design-based "Prior yea safe harbor test | | | | ear" ADP | |
| | | | | | Current y DP test | /ear" | | N/A | |
| 16a | 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: | | | | | | Avera benefi | | □ N/A |
| | Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) are for the plan year by combining this plan with any other plan under the permissive aggregate | | | | es | | | No | |
| 17a | If the plan is a master and prototype plan (M&P) or volume submitter plan that received a fithe letter/ and serial number | favorable l | IRS opir | ion lett | er or ad | visory le | tter, ent | er the d | ate of |
| | If the plan is an individually-designed plan that received a favorable determination letter from letter/ | om the IRS | S, enter | the dat | e of the | most red | cent dete | erminati | on |
| 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

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

service?

Yes No

Yes No