Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		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					
	enefit Guaranty Corporation	Complete all entries in a	ccordance with the ins	tructions to the Form 55	00-SF.	r ubic inspection					
Part I	Annual Report Ic	dentification Information	016	and ending 12/	/31/2016						
		a single-employer plan		plan (not multiemployer) (F		ing this box must attach a	 a				
A This ret	turn/report is for:	a one-participant plan		employer information in acc		•					
<b>B</b> This retu	urn/report is	the first return/report	the final return/report	t							
	Ē	an amended return/report	a short plan year retu	urn/report (less than 12 mo	nths)						
C Check	box if filing under:	Form 5558	automatic extension	[	DFVC p	rogram					
		special extension (enter descri	ption)								
Part II		mation—enter all requested info	ormation								
1a Name THEO CHOO	of plan COLATE, INC. 401(K) P/	'S PLAN			1b Three plan (PN)	number					
				-	( )	tive date of plan					
<b>2a</b> Plan si	ponsor's name (employe	er, if for a single-employer plan)			2b Empl	01/01/2013 oyer Identification Number	-r				
Mailing	g address (include room,	apt., suite no. and street, or P.O country, and ZIP or foreign posta		structions)	(EIN) 20-4886783						
	COLATE, INC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(	,	2c Spor	sor's telephone number 206-632-5100					
3400 PHINN	EY AVE N				2d Busin	ess code (see instruction 541990	.s)				
SEATTLE, W	/A 98103					541990					
3a Plan a	dministrator's name and	address Same as Plan Spon	sor.		<b>3b</b> Admi	nistrator's EIN					
THEO CHOC	COLATE, INC.		INEY AVE N WA 98103	-	20-4886783 <b>3c</b> Administrator's telephone number						
		,				206-632-5100	001				
4 If the r	name and/or EIN of the p	blan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b EIN						
name		per from the last return/report.			<b>4c</b> PN						
_		t the beginning of the plan year					77				
-		t the end of the plan year			5b		84				
C Numb	er of participants with ac	count balances as of the end of t	he plan year (only define	ed contribution plans	5c		56				
	,	cipants at the beginning of the pla		F	5d(1)		72				
• • •	•	cipants at the end of the plan yea		F	5d(2)		72				
e Numb	per of participants that te	rminated employment during the	plan year with accrued b	enefits that were less	5e		(				
		incomplete filing of this return			se is estal	olished.					
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruc signed by an enrolled actuary, a	tions, I declare that I hav	e examined this return/rep	ort, includi	ng, if applicable, a Schedu					
SIGN	Filed with authorized/va	lid electronic signature.	07/11/2017	CHARLES HORNE							
HERE	Signature of plan adr	ministrator	Date	Enter name of individu	ividual signing as plan administrator						
SIGN											
HERE	Signature of employe					vidual signing as employer or plan sponsor					
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite num	ber )	Preparer's	telephone number					
				_							
		see the Instructions for Form FEOO				Earm 5500 SE (2)					

	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	X Yes No					
С	If the plan is a defined benefit plan, is it covered under the PBGC ir						
Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
а	Total plan assets	7a	216751				445565
b	Total plan liabilities	7b	0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	216751				445565
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	29331				
	(2) Participants	8a(2)	162502				
	(3) Others (including rollovers)	8a(3)	34257				
b	Other income (loss)	8b	30713				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					256803
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	23267				
е	Certain deemed and/or corrective distributions (see instructions).	8e	·	0			
f	Administrative service providers (salaries, fees, commissions)	8f	4722				
g	Other expenses	8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					27989
i	Net income (loss) (subtract line 8h from line 8c)	8i					228814
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2G 3D 2F 2E 2J 2K 2T 3H	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
Par	t V Compliance Questions						
10	During the plan year:			Yes	No	N/A	Amount

10	During the plan year:					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		
C	Was the plan covered by a fidelity bond?	10c	Х			60000
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		
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?	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				

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	r the 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								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	l enter t	he date	of the lette	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 13	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		ract 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	۱
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	5 X N	lo	
		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	< No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):		13c(2)	EIN(s)		13c(3	<b>B)</b> PN(s)	)
	. ,			. ,	. /			, ()	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Frust's E	EIN		
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[	No		
			ign-based "Prior year" AE harbor test						
				"Curre ADP t	ent year est		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:					o Average N/A benefit 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		-			-			of
	letter		ter the	e date	of the m	ost 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 separ ce?		from	Ye	s [	No		