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A This return/report is for: a one-participant plan a foreign plan B This return/report is the first return/report a foreign plan B This return/report is the first return/report a short plan year return/report (ses than 12 months) C Check box if filing under: Form 5588 a noncatic extension DPVC program Part II Basic Plan Informationenter all requested information 1b Three-digit plan number 001 12 Fent extension (enter data requested information 1b Three-digit plan number 001 13 Name of plan Ackins BLACK, LIP 401(K) PLAN 1b Three-digit plan number 001 24 Plan sponsor's name (employer, if for a single-employer plan) begin passic loade (if foreign, see instructions) 2b Employer begin degrade see instructions) 27 BELEVUE, WAY NE # 014 2b Summistrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 26 Tail number of paningants at the beginning of the plan year 5b 5c 5c 3a Plan administrator's telephone number 5d (1) 5d (2) 5c 5c 5c 5c	For calend	lar plan year 2016 or fisc								
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Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number		Filed with authorized/va	alid electronic signature.		DEBORAH ELVINS					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SE										
	For Paperw	ork Reduction Act Notice	, see the Instructions for Form 5500	ŀSF.			Form 5500-SF (2016) v.160927			

h Total expenses (add lines 8d, 8e, 8f, and 8g)

Transfers to (from) the plan (see instructions)

Net income (loss) (subtract line 8h from line 8c).....

Part IV Plan Characteristics

i.

j

9a

b

0

200059

6a									
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.)								
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and must instead us	se Form 5500.					
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	265255	465314					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	265255	465314					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	111310						
	(2) Participants	8a(2)	62502						
	(3) Others (including rollovers)	8a(3)							
b		8b	26247						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		200059					
d	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	0						
q	Other expenses	8a	0						

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2T 3D 2E 2J 2K 2R

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	t V Compliance Questions					
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			50000
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		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	er 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		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst		and enter	the date	-		
		ting the waiver		Da	ay	Year		
	•	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1		12b			0	
D	Enter	the minimum required contribution for this plan year					0	
C		the amount contributed by the employer to the plan for this plan year		12c			0	
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the least the amount)		12d				
		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?			Ye	s 🗙 No		
	lf "Y	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 broug rol of the PBGC?				🗌 Yes X No		
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif th assets or liabilities were transferred. (See instructions.)	y the plai	n(s) to				
1		Name of plan(s):	130	:(2) EIN(s)	13c(3) PN(s)		
Dort	\/III	Trust Information						
Part				4.46				
14a	Name	e of trust		140	Trust's I	EIN		
14c	Name	e of trustee or custodian		14d	14d 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	🗌 Ye	es	No			
			esign-base fe harbor					
	101(1			urrent yea DP test	ar"	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:				ercentage				
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		
	the le				-		f	
	17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter/							
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?					es	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?		🗌 Y	es	No		