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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part	t I Annual Report	t Identification Information							
For ca	lendar plan year 2016 or f	fiscal plan year beginning 01/01/2	2016 and ending 1	2/31/2016					
A Th	is return/report is for:	a single-employer plan a one-participant plan		rer plan (not multiemployer) (Filers checking this box must attac ng employer information in accordance with the form instruction					
B This	s return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	nonths)					
C Ch	eck box if filing under:	Form 5558 special extension (enter descr	automatic extension	DFVC program					
Part	II Basic Plan Info	ormation—enter all requested in	formation						
	ame of plan AN & LEE, P.S. 401(K) PL	_AN		1b Three-digit plan number (PN) ▶	001				
				1c Effective dat	e of plan 1/01/2003				
M Ci	ailing address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post			entification Number I-1141908				
	44TH AVE. W., SUITE A OOD, WA 98036			2d Business coo	771-3600 de (see instructions) 41110				
3a PI	an administrator's name a	and address ⊠ Same as Plan Spor	nsor.	3b Administrato 3c Administrato	r's EIN r's telephone number				
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN					
a S	oonsor's name			4c PN					
5a ⊤	otal number of participants	s at the beginning of the plan year		5a	23				
b T	otal number of participants	s at the end of the plan year		5b	2				
			the plan year (only defined contribution plans	5c	1				
d(1)	Total number of active pa	articipants at the beginning of the pl	an year	5d(1)	1				
d(2)	Total number of active pa	articipants at the end of the plan year	ar	5d(2)	1				
t	han 100% vested		e plan year with accrued benefits that were less	5e					
Under	penalties of perjury and o	other penalties set forth in the instruc	n/report will be assessed unless reasonable ca ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor	eport, including, if ap	plicable, a Schedule				

<u>beliet, it is t</u>	rue, correct, and complete.							
CICIT	Filed with authorized/valid electronic signature.	07/24/2017	JAMES A. FELDMAN					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	ual signing as employer or plan sponsor						
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r)	Preparer's telephone number				

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	of the plan's assets during the plan year invested in eligib		` ,						X Yes	S No
	laiming a waiver of the annual examination and report of CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	s ∏ No
	swered "No" to either line 6a or line 6b, the plan canr								Ш	
C If the plan	is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
Part III F	inancial Information									
7 Plan Asse	ets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
a Total plan	assets	7a		926686					1022695	5
b Total plan	liabilities	7b								
C Net plan a	assets (subtract line 7b from line 7a)	7c		926686					102269	5
8 Income, E	xpenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
	ons received or receivable from: oyers	8a(1)		31611						
	pipants	8a(2)		57125						
	s (including rollovers)	8a(3)		354						
	ome (loss)	8b		68905						
	me (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							15799	5
	raid (including direct rollovers and insurance premiums	"								
	benefits)	8d		61986						
e Certain de	eemed and/or corrective distributions (see instructions).	8e								
f Administra	ative service providers (salaries, fees, commissions)	8f								
g Other exp	enses	8g								
h Total expe	enses (add lines 8d, 8e, 8f, and 8g)	8h							61986	
	ne (loss) (subtract line 8h from line 8c)	8i							96009)
j Transfers	to (from) the plan (see instructions)	8j								
	an Characteristics									
9a If the plar 2E 2G	n provides pension benefits, enter the applicable pension 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b If the plan	n provides welfare benefits, enter the applicable welfare f	feature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	ctions:	
Part V C	ompliance Questions									
	he plan year:				Yes	No	N/A		Amount	
describe	re a failure to transmit to the plan any participant contributed in 29 CFR 2510.3-102? (See instructions and DOL's \	Voluntary F	Fiduciary Correction	10a		X				
b Were the	ere any nonexempt transactions with any party-in-interes	t? (Do not	include transactions	10a		X				
C Was the	e plan covered by a fidelity bond?			10c	X					10227
	olan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
e Were an carrier, in	y fees or commissions paid to any brokers, agents, or ot nsurance service, or other organization that provides son? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		X				
f Has the	plan failed to provide any benefit when due under the pla	an?		10f		Χ				
g Did the p	olan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
2520.10	an individual account plan, was there a blackout period? 1-3.)	······		10h		X				
	as answered "Yes," check the box if you either provided to ns 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 con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "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				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne 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		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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		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?			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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	➤ Complete all entries in a		ructions to the Form 5	500-SF.		
	Identification Information					
For calendar plan year 2016 or fis	scal plan year beginning 01/01/201		and ending 12/			
A This return/report is for:	a single-employer plan		lan (not multiemployer) mployer information in a			
	a one-participant plan	a foreign plan				
B This return/report is	the first return/report	the final return/report	/	conthe\		
	an amended return/report	a snort plan year retur	m/report (less than 12 m	ionuis)		
C Check box if filing under:	▼ Form 5558¬ special extension (enter descr	automatic extension		DFVC pro	ogram	
Part II Basic Plan Info	rmation—enter all requested inf					
1a Name of plan	rmation—enter an requested in	omation		1b Three	dinit	
FELDMAN & LEE, P.S. 401(k) PLA	7N			1	umber	201
TELEVISION OF ELECTION 15 (1974)				(PN))	001
				1c Effecti 01/01/		plan
2a Plan sponsor's name (employ				2b Emplo	yer Identific	cation Number
	m, apt., suite no. and street, or P.O	•	ruotione)	(EIN) 9	91-1141908	3
FELDMAN & LEE, P.S.	e, country, and ZIP or foreign posta	al code (il loreign, see mai	ructions)	2c Spons		one number
				2d Duning		71-3600
40000 44TH AVE M. CHITE A				20 Busine 541110	-	ee instructions)
19303 - 44TH AVE. W., SUITE A						
LYNNWOOD, WA 98036						
3a Plan administrator's name an	d address K Same as Plan Spon	isor.		3b Admini	istrator's El	N
				3c Admini	istrator's te	lephone number
	plan sponsor has changed since t	the last return/report filed for	or this plan, enter the	4b EIN		1 =
a Sponsor's name	nber from the last return/report.			4c PN		
5a Total number of participants	of the hadinning of the plan year	<u></u>		5a		23
				5b		21
	at the end of the plan year account balances as of the end of t			1		
				5c		15
d(1) Total number of active part	ticipants at the beginning of the pla	an year		5d(1)		18
	ticipants at the end of the plan yea			5d(2)		12
	terminated employment during the			5e		0
than 100% vested Caution: A penalty for the late o	or incomplete filing of this return				ished.	
Under penalties of geriury and oth	er penalties set forth in the instruc	tions. I declare that I have	examined this return/re	port, including	g, if applical	ble, a Schedule
SB or Schedule MB completed an belief, it is true, correct, and comp	id sign ∉ d by an enrolled actuary, a	s well as the electronic ver	rsion of this return/repor	t, and to the b	best of my k	nowledge and
SIGN X		17/11/17	x, James A	FE CS	Mor	
HERE Signature of plan ad	iministrator	Date	Enter name of individ	ual signing as	s plan admir	nistrator
SIGN						
HERE Signature of employ	/er/plan sponsor	Date	Enter name of individ			
Preparer's name (including firm na	ame, if applicable) and address (in	clude room or suite number	er)	Preparer's to	elephone n	umber

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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 cannulf the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and conditi ot use Fo	ndent qualified public a ions.) rm 5500-SF and mus	account it instea	ant (IC	PA)	5500.	X Yes []	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			1	(b) End of Year	
а	Total plan assets	7a		92668	36			1022695	
b	Total plan liabilities	7b							
c	Net plan assets (subtract line 7b from line 7a)	7c		92668	36			1022695	
8	Income, Expenses, and Transfers for this Plan Year	(2)	(a) Amoun	it				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		3161	1	111			
	(2) Participants	8a(2)		5712	25				
	(3) Others (including rollovers)	8a(3)		38	54				
b	Other income (loss)	8b	-	6890)5				III Name
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			4			157995	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6198	6				
е	Certain deemed and/or corrective distributions (see instructions)	8e				100			.,
f	Administrative service providers (salaries, fees, commissions)	8f				-	. 1		
g	Other expenses	8g				ш.			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			100			61986	
ī	Net income (loss) (subtract line 8h from line 8c)	8i			2			96009	
j	Transfers to (from) the plan (see instructions)	8]							
Pa	rt IV Plan Characteristics	<u></u>			-				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of PI	an Cha	racteri	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	cterist	ic Cod	ies in t	he 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			405		Х			

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			102270
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		
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				

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		_							
Part	VI	Pension Funding Compliance							
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and n 5500) and line 11a below)	comple	te Sch	edule SI	В 		Yes	∏ No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	ls th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the GA?	Code or	section	n 302 of	•••••••		Yes	⊠ No
а	lfav	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ing the waiver.	struction Month	ns, and	i enter t	he date	of the le	tter ruli	ng
If	VOU C	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
		the minimum required contribution for this plan year			12b				
C	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)	left of a	1	12d				
е	Will 1	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	∐ No	N	I/A
Part	Section Section	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Ye	s X	No	
	If "Y	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 broader of the PBGC?	ught und	er the			Yes	X No)
С	lf, dı	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider h assets or liabilities were transferred. (See instructions.)			to				
	13c(1)	Name of plan(s):		13c(2)	EIN(s)		130	(3) PN	(s)
Part	VIII	Trust Information							
14a	Name	of trust			14b 1	Frust's I	ΞIN		
14c	Name	of trustee or custodian					s or custone number		
Par	t IX	IRS Compliance Questions	•						
		plan a 401(k) plan? If "No," skip b		Yes			No		
	How	did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		safe r	n-based narbor ent year	ι	"Prior test	year" /	ADP
				ADP t		Į	N/A		
16a	What year'	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 tes	t 🗌	N/A
	for th	ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?	<u></u>	Yes			☐ No		
	If the	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR tterand the serial number	S opinio						
17b	If the	plan is an individually-designed plan that received a favorable determination letter from the IRS,	enter the	e date	of the m	ost rec	ent deter	minatio	n
18	Defin	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 se ee?	parated	from	Yes	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		