## 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).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

 Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit ROSS FORENSICS GROUP, LLC 401(K) PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2015 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 20-8802471 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number ROSS FORENSICS GROUP, LLC 206-515-2381 2d Business code (see instructions) 1201 THIRD AVENUE, SUITE 1650 541219 SEATTLE, WA 98101 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year ...... 5b **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 2 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

than 100% vested .....

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

<u>belief, it is t</u>	rue, correct, and complete.					
01014	Filed with authorized/valid electronic signature.	07/27/2017	MICHAEL D. GEORGE			
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator		
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor		
Preparer's	name (including firm name, if applicable) and address (include	r )	Preparer's telephone number			

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<ul> <li>Were all of the plan's assets during the plan year invested in elig</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan car</li> </ul>	f an indeper , and condit	ndent qualified public a	account	ant (IC	(PA)			X Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBGC					_	-	_	X Not dete	rmined
Part III Financial Information					_			<u> </u>	
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a Total plan assets	7a		433661					564554	
<b>b</b> Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		433661					564554	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
a Contributions received or receivable from:			70000						
(1) Employers	8a(1)		42000	_					
(2) Participants	8a(2)		<del>-12000</del>						
(3) Others (including rollovers)	· · · · ·		18893						
b Other income (loss)								130893	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      d Benefits paid (including direct rollovers and insurance premiums	80							100000	
to provide benefits)	8d		C	)					
e Certain deemed and/or corrective distributions (see instructions).	8e		C	)					
f Administrative service providers (salaries, fees, commissions)	8f		C	)					
<b>g</b> Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
i Net income (loss) (subtract line 8h from line 8c)	8i							130893	
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2J 2G 2K 3D 2E 2A 2F	n feature co	des from the List of PI	an Cha	racteri	stic Co	odes in	the instr	uctions:	
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	ctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contributed 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-intere reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c		X				
<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 carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e		X				
${f f}$ Has the plan failed to provide any benefit when due under the p	lan?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	as 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 exceptions to providing the notice applied under 29 CFR 2520.1	the required	d notice or one of the	10i		X				

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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)					[] `	∕es X No
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					<b>│</b>	res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		ne 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?				Yes	s X N	lo
	If "Y€	s," 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 brougol 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	olan(s)	) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		<b>13c(3)</b> PN(s)	
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [	Prior ye test	ear" ADP
				"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	e 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							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
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 a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ 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 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

Part I		Identification Information	·		•				
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016									
A This re-	turn/rapart in far	X a single-employer plan		plan (not multiemployer) (Filers checking this box must attach employer information in accordance with the form instructions.)					
A IIIIS ICI	tum/report is for:	a one-participant plan	a foreign plan						
<b>B</b> This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	n			
Plant II	Desig Blass Info	special extension (enter descrip	·						
Part II		rmation—enter all requested info	rmation		1h There dies				
1a Name ROSS FORI	•	401(K) PROFIT SHARING PLAN			1b Three-digit plan number (PN) ▶				
					1c Effective da 01/01/2015	-			
		yer, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Box)		1	dentification Number			
City or		e, country, and ZIP or foreign postal		ructions)	2c Sponsor's	telephone number 206) 515-2381			
4004 711 14	0.11.4050					ode (see instructions)			
Seattle, WA	venue, Suite 1650 98101				341213				
		d address 🛛 Same as Plan Spons	SOF.		3b Administrator's EIN				
					3c Administrator's telephone number				
		plan sponsor has changed since the	ne last return/report filed fo	or this plan, enter the	4b EIN				
a Spons		nber from the last return/report.			4c PN				
		at the beginning of the plan year							
		at the end of the plan year			=1.	2			
C Numb	er of participants with a	account balances as of the end of th	ne plan year (only defined	contribution plans	5c	2			
	,	ticipants at the beginning of the plai			5d(1)	2			
	•	ticipants at the end of the plan year	•		5d(2)				
e Numb	er of participants that	terminated employment during the p	olan year with accrued be		5e	0			
Caution: A	penalty for the late o	or incomplete filing of this return/	report will be assessed						
SB or Sche		er penalties set forth in the instructi d signed by an enrolled actuary, as dete.							
SIGN	the 1	1	7 27-17	Stephen Ross					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	individual signing as plan administrator				
SIGN					, , , , , , , , , , , , , , , , , , ,				
Preparer's	Signature of employ	yer/plan sponsor ame, if applicable) and address (inc	Date		lual signing as emp	oloyer or plan sponsor			
	Armenen B mill in	,	or oute mille	<i>1</i>					

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6a Were all of the plan's assets during the plan  b Are you claiming a waiver of the annual exa	-								X Yes	∏ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Yes	∐No		
							_	ПМо	☑ Not dotor	minad
C If the plan is a defined benefit plan, is it cover	ered under the PBGC ins	surance p		споп 4	021)?		res	Пио	Not deter	minea
Part III Financial Information										
7 Plan Assets and Liabilities		_	(a) Beginning (		-		(	b) End	of Year	
a Total plan assets		7a		43366	01				56455	+
b Total plan liabilities		7b		43366	24				564554	4
C Net plan assets (subtract line 7b from line 7a	·	7с			21					,
8 Income, Expenses, and Transfers for this Pl	an Year		(a) Amoun	t	-			(b) T	otal	
Contributions received or receivable from:     (1) Employers		8a(1)		7000	00					
(2) Participants		8a(2)		4200	00					
(3) Others (including rollovers)		8a(3)	·-		0					
b Other income (loss)		8b		1889	3					
C Total income (add lines 8a(1), 8a(2), 8a(3),	and 8b)	8c							130893	
d Benefits paid (including direct rollovers and i					,					
to provide benefits)		8d			0					
e Certain deemed and/or corrective distribution	1	8e			0		_			
f Administrative service providers (salaries, fe	es, commissions)	8f			0	-				
g Other expenses		8g			-					
h Total expenses (add lines 8d, 8e, 8f, and 8g		8h			-					<u> </u>
i Net income (loss) (subtract line 8h from line		8i			-				13089	3
j Transfers to (from) the plan (see instructions	5)	8j								
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter- 2J 2G 2K 3D 2E 2A 2F			<u> </u>							
b If the pian provides welfare benefits, enter t	he applicable welfare fea	ature cod	es from the List of Plan	n Chara	cterist	ic Cod	les in ti	ne instru	uctions:	
Part V Compliance Questions										
10 During the plan year:					Yes	No	N/A		Amount	
Was there a failure to transmit to the plan a described in 29 CFR 2510.3-102? (See in Program)	structions and DOL's Vo	oluntary F	iduciary Correction	10a		Х				
b Were there any nonexempt transactions we reported on line 10a.)			i	10b		Х				
c Was the plan covered by a fidelity bond?.				10c		X				
d Did the plan have a loss, whether or not re by fraud or dishonesty?		-		10d		Х				
Were any fees or commissions paid to any carrier, insurance service, or other organize the plan? (See instructions.)	ation that provides some	or all of	the benefits under	10e		Х				
f Has the plan failed to provide any benefit v	when due under the plan	?		10f		Х				
g Did the plan have any participant loans? (If	f "Yes," enter amount as	of year-e	end.)	10g		Х				
h If this is an individual account plan, was the 2520.101-3.)				10h		Х				
i If 10h was answered "Yes," check the box exceptions to providing the notice applied	if you either provided the	e required	d notice or one of the	10i		Х				T

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and conform 5500) and line 11a below)				Ye	s X No
11a	Enter 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 Contribution plan subject to the minimum funding requirements of section 412 of the Contribution (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					s X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver.		d enter t		of the letter r	uling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1					
	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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the kinegative amount)		12d			
е	Will 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?			Yes	s 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 plan, or broug control of the PBGC?				Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s	) to			
1	3c(1) Name of plan(s):	13c(2	) EIN(s)		13c(3) F	PN(s)
Part	VIII Trust Information					
14a	Name of trust		14b <sup>-</sup>	Γrust's E	EIN	
14c	Name of trustee or custodian				s or custodiai ne number	n's
Par	IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b	Yes		[	No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	∐ safe	ent year	L	"Prior year test	r" ADP
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio			verage enefit test	N/A
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?	Yes			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number		r or advi	sory lett	er, enter the	date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter	iter the date	of the m	ost rece	ent determina	tion
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 sepa service?		Ye	s [	No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		☐ Ye	3	No	