For	rm 5500-SF	Short Form Annu		of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
		This form is required to be file		065 of the Employee R	etirement	2016
Employee B	enefits Security Administration		(ERISA), and sections 605	7(b) and 6058(a) of the		This Form is Open to
				uctions to the Form 5	500-SF.	
				and ending 12	2/31/2016	
		a single-employer plan				king this box must attach a
A This ret	turn/report is for:] a one-participant plan				-
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram
		special extension (enter desci	ription)			
Part II	Basic Plan Inform	nation—enter all requested in	formation			1
	Description Direct of the Annual Action Table to the sequence of the analysis of the					
					,	tive date of plan
). Box)			oyer Identification Number
		country, and ZIP or foreign post	al code (if foreign, see instr	uctions)	. ,	nsor's telephone number
					2d Busir	. , , ,
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spor	nsor.			
			the last return/report filed for	or this plan, enter the	4b EIN	
a Spons	or's name				4c PN	
5a Totalı	number of participants at	the beginning of the plan year				
					5b	С
	· ·			•	5c	C
d(1) Tota) Total number of active participants at the beginning of the plan year					
than	100% vested					
Under pena SB or Sche	alties of perjury and othe edule MB completed and	r penalties set forth in the instruction signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedule
SIGN			07/28/2017	DALE STEVENS		
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan administrator
SIGN						
Preparer's DALE STEV BREAK-THI	Totan Status 12/0.009 Description of the line structure be first during rections 100 and 405 of the Employee Retirement Income Security Activities 2016 Description of a structure representation of the structure representation					
200 NORTH SPOKANE	1 MULLAN ROAD, SUIT VALLEY, WA 99206	± 216				

6a 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 cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit I ot use Fo	ndent qualified public accountant ions.) rm 5500-SF and must instead u	(IQPA) Yes No
	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	908992	
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	908992	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	725	
	(2) Participants	8a(2)	2310	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	34750	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		37785
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	942327	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g	4450	
h	Total expenses (add lines 8d. 8e. 8f. and 8g)	8h		946777

Ра	art IV Plan Characteristics		
j	Transfers to (from) the plan (see instructions)	8j	
i	Net income (loss) (subtract line 8h from line 8c)	8i	

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2R 3D 9a

8h

-908992

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

Part V Compliance Questions

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

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		
C	Was the plan covered by a fidelity bond?	10c	Х			110000
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		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					· [] ا	Yes 🗌 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						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 insi	tructior	ns, and	l enter t	he date	of the lette	er ruling
	<u> </u>	ting the waiver			_ Day	/	Year _	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the litive amount)			12d			
е	Will	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 resolution to terminate the plan been adopted in any plan year?				X Ye	s 🗌 N	lo
		es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?	-				X Yes	No
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to			
1	13c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3	8) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⊺	Frust's I	EIN	
14c	Name	e of trustee or custodian			14d 1	Frustee	's or custod	lian's
					1	telepho	ne number	
1								
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:		Desig safe h	n-basec arbor	ł	Prior ye test	ear" ADP
				"Curre ADP t	ent year est	33	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
16b		ne 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		nter the	e date	of the m	nost rec	ent determi	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 ce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No	

Internal Review Section Descriptions 10 and 4005 of the Employee Retirement income Security Act of 1974 (Employ). The Sections 1057(1) and 0558(4) of the internal phanne beer/down you with phanne beer/down you with the form the later the phanne beer/down you with phanne beer/down you with the form the later the phanne beer/down you with the form instructions to the display beer form you with the form instructions you is at of participating employer information in accordance with the form instructions you is at of participating employer information in accordance with the form instructions you is at of participating employer information in accordance with the form instructions you is at of participating employer information in accordance with the form instructions you is at of participating employer information in accordance with the form instructions you is at of participating employer information in accordance with the form instructions you is a bord plan year return/report (less than 12 months) is a bord plan year return/report (less than 12 months) is a short plan year return/report (less than 12 months) is a short plan year return/report (less than 12 months) is a short plan year return/report (less than 12 months) is a short plan year return/report (less than 12 months) is a short plan year return/report (less than 12 months) is a short plan year return/report (less than 12 months) is a short plan year return/report (less than 12 months) is a short plan year return/report (less than 12 months) is a short plan year return year of participating that he plan year return/report (less than 12 months) is a short plan year return year of plan year return/report (less t	Opportunity of the P	Short Form Ann	ual Return/Report of Sm	all Employee	OMB Nos. 1210-011				
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Image: Second	A This return/report is for:		ist of participating employer into	altiémployer) (Filers check ormation in accordance w	ing this box must attach a the form instructions.)				
C Check box if filing under: [Form 5558 [mutomatic extension [Soperation of the plan information] [Soperation of the plan information] [Soperation [Sop	B This return/report is		X the final return/report						
2 Check box if filing under: From 5558 automatic extension DPVC program Part II Basic Plan Information—enter all requested information ID Three-digit plan number 001 Part II Basic Plan Information—enter all requested information ID Three-digit plan number 001 Part II Basic Plan Information—enter all requested information ID Three-digit plan number 001 Part sponsor's name (employer, if for a singlo-employer plan) ID The Effective dire of plan 01/01/2004 A Plan sponsor's name (employer, if for a singlo-employer plan) ID Three-digit plan number 01/01/2004 TAR MANAGENEDT LUC Some as frame and address [0 for foreign postal code (if foreign, see instructions) ZC Sponsor to transport togethere number 509-290-2653 ID FAIRFAX LANE WA 99037-8236 Zd Europeace Zd Europeace IF Pan addrinistrator's name and address [0 Same as Plan Sponsor. 3D Administrator's telephone number 509-290-2653 IF Pan addrinistrator's name and address [0 for plan year. 5a 12 12 IF Pan addrinistrator's telephone number 4D EIN EIN 12 IF Pan addrinistrator's name and address [0 for plan year. <td></td> <td>an amended return/report</td> <td></td> <td>ss than 12 months)</td> <td></td>		an amended return/report		ss than 12 months)					
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	Sponsor's name Total number of participants Total number of participants Total number of participants Number of participants with a complete this item) Total number of active part Number of participants that b than 100% vested Total number of active part Number of participants that b than 100% vested Signature of plan ad Signature of employe parer's name (including firm name Stevens ak-Thru Benefits, II	at the beginning of the plan year at the end of the plan year account balances as of the end of the micipants at the beginning of the plan tricipants at the end of the plan year terminated employment during the p or incomplete filling of this return/ terpenalties set forth in the instruction disigned by an enrolled actuary, as inter the penalties forth in the instruction disigned by an enrolled actuary, as inter the sponsor imported actuary and actuary inter the sponsor imported actual actuary in the instruction actuary and actuary as a sponsor inter of applicable and address (incli- LLIC	he plan year (only defined contribution n year	enter the 4b EIN 4c PN 5a 5b plans 5c 5d(1) 5d(2) re less 5e 0nable cause is ostabilis s return/report, including, stum/report, and to the best Schaefer schaefer of individual signing as en Preparer's tele	11 0 0 7 0 hed. o f applicable, a Schedule st of my knowledge and lan administrator mployer or plan sponsor phone number				

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	 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can If the plan is a defined benefit plan is instruction. 	y and condi	tions.)	lic acco	untant	(IQPA	s) 	X Yes []	No No
	provide a assince benefit plan, is it covered under the PBGC	Insurance p	orogram (see ERIS/	A sectio	n 4021)?	. Yes	No Not determin	ied
7	are in a relation information						0 1		
	Light Agers and Lightings		(a) Boginnir	a of Ye	aar	1	()		
-	a Total plan assets	. 7a		and the second se	8,993		(1	b) End of Year	_
-	o Total plan llabilities	76				1			
	 Net plan assets (subtract line 7b from line 7a) 	. 7c		908	3,99:	,	-		
ğ	Income, Expenses, and Transfers for this Plan Year		(a) Amo		,,,,,	-		74 h mm - 2 - 2	0
d	Contributions received or receivable from: (1) Employers		(M/ 74110	unc				(b) Total	
	(1) Employers	80(1)			725				
	(3) Others (including rallovers)	8a(2)		2	,310				
b	(3) Others (including rollovers).	8a(3)							
c	Other income (loss)	86		34	,750				
d	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and Insurance premiums	8c					Contractor Contractor	37,7	85
	to provide benefits)	8d		0.40	200				_
e	Certain deemed and/or corrective distributions (see Instructions)	80		942	,327			and the second	
f	Administrative service providers (salaries, fees, commissions)	81							
g	Other expenses	8g		4	45.0			······································	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	89 8h		- 4	,450				
i	Net income (loss) (subtract line 8h from line 8c)	81						946,7	77
j	Transfers to (from) the plan (see instructions)		and the second					-908,9	92
Pa	rt IV Plan Characteristics	8		-			late (
9a	If the plan provides pension benefits, enter the applicable pension to $2E$ 2G 2J 2R 3D	feature code	es from the List of F	lan Ch	aracter	istic C	odes in the	e instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	s from the List of Pla	an Char	acteris	tic Co	des in the	instructions:	
Par	t V Compliance Questions								
10	During the plan year:		P		TV		1		_
a	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-1027 (See instructions and DOL's Vo Program)				Yos	No	N/A	Amount	
b	Program)			10a		X X			
с	Was the plan covered by a fidelity bond?		•••••••••••••••••••••••••••••••••••••••	10b		п		and the second	
d	Did the plan have a loss whether or not mimhumond built			10c	X			110,00	00
e	by fraud or dishonesty?	r persons b	y an Insurance	10d		x			-
f	the plan? (See instructions.)			10e		X		and the second	
g	Did the plan have any participant loans? (If "Yes," enter amount as o		······	10f		X			
h	" uis is all individual account plan was thore a blastraut and da			10g		X			-
	If 10h was answered 'Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			10h		x			
	5 10 1000 000 000 000 29 CFR 2520,101-3	5		101		1			

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-	Point 5500-SF 2016 Page 3-	7				
	i age o-	<u>_</u>				
Part					6	-
11	Is this a defined benefit plan subject to minimum fundling	nd complete S	chedule	SR		
11a	(Form 5500) and line 11a below)				U Yes	
12	Is this a defined contribution plan subject to the station of an years from Schedule SB (Form 5500) line 4	Ó	11a			
	ERISA?	e Code or sec	tion 302 c	of	Yes	X No
à	(If "Yes," complete line 12a or lines 12b. 12c. 12d. and 12e below, as applicable.)					
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the walver	instructions, a	and enter	the date of th	e letter n.	ling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500) and other to the		Da	У	Year	
	Enter the minimum required contribution for this plan year		120	1		
6	Chief the amount contributed by the employer to the plan for this plan was		12c			74.001
	negative amount)	ne left of a	120			
e	ine 12d be met by the funding deadline?			Yes 🗍 I	No T	B1/A
	The remains and Transfers of Assets					N/A
13a	Has a resolution to terminate the plan been adopted in any plan year?		<u></u>	X Yes	<u> </u>	
	out of the amount of any plan assets that reverted to the employer this was			X Yes	U No	
	control of the PBGC?	ught under th	e	যি প	es 🕅 N	0
	which assets or liabilities were transferred. (See instructions)	ntify the plan(s) to	<u> </u>		
13	3c(1) Name of plan(s):	13-/	2) EIN(s)		13c(3) PN	
art V	All Trust Information ame of trust					
			14b T	rust's EIN		
4C N	ame of trustee or custodian					
-			14d Tr te	ustee's or cus lephone num	stodian's ber	
Part I,	IRS Compliance Questions					
5a Is	the plan a 401(k) plan? If "No," skip b	Yes		No		
5D Ho	bw did the plan satisfy the nondiscrimination requirements for employee deferrals under section 1(k)(3) for the plan year? Check all that apply:	Desig safe h	n-based arbor	- "Prio	ir year" Al	P
			nt year"			
	hat testing method was used to satisfy the coverage requirements under section 410(b) for the plan ar? Check all that apply:	Ratio	ntage	Average benefit tes	st 🗍	N/A
for 72 If II	d the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) the plan year by combining this plan with any other plan under the permissive aggregation rules?			No No		
the	eletter	opinion letter	or advisor	y letter, enter	the date	of
lott	ter ler	nter the date of	f the mos	t recent deter	mination	
We	the Benant Plan of Money Purchase Pension Plan Only:		T Yes	-		
	vice?			No		
	and the propipion year?		Yes	No		