Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

Parti	Annuai Report	identification information						
For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/2	2016		and ending 1	2/31/2016		
A This ret	urn/report is for:	a single-employer plan			an (not multiemployer) (ployer information in ac		-	
		a one-participant plan	a fo	oreign plan	,			,
B This retu	urn/report is	the first return/report	the	final return/report				
		an amended return/report	a sh	nort plan year returr	n/report (less than 12 m	onths)		
C Check I	pox if filing under:	Form 5558 special extension (enter desc		omatic extension		DFVC p	orogram	
D4 II	Desir Blee let	<u> </u>	. ,					
Part II		ormation—enter all requested in	formatio	n		4b =	11. 14	
1a Name	of plan EMENT PLAN					1b Thre	e-digit number	
1 1400 IXE I IIX	EMEINT EM					(PN)		001
							ctive date of 01/01/	
2a Plan s	ponsor's name (emplo	oyer, if for a single-employer plan)				2b Emp		cation Number
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		(if foreign and instr	uotiono)	(EIN)		
		Y SPECIALISTS, PLLC	tai code	(ii ioreign, see insii	uctions)	2c Spor	nsor's teleph 360-733-	one number 7687
						2d Busin	ness code (s	ee instructions)
	ICUM PKWY.						62111	
BELLINGHAI	M, WA 98225							
3a Plan a	dministrator's name a	nd address X Same as Plan Spo	nsor.			3b Adm	inistrator's E	IN
						3c Adm	inistrator's te	lephone number
		e plan sponsor has changed since mber from the last return/report.	the last	return/report filed fo	or this plan, enter the	4b EIN		
a Sponse	or's name					4c PN	1	
5a Total r	number of participants	s at the beginning of the plan year.				5a		20
		s at the end of the plan year				5b		18
		account balances as of the end of	•		•	5c		16
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year.			5d(1)		14
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ar			5d(2)		11
than	100% vested	t terminated employment during the				5e		(
		or incomplete filing of this retur						
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a polete						
SIGN		/valid electronic signature.	(07/28/2017	REANNA FURNARI			
HERE	Signature of plan	administrator		Date	Enter name of individ	lual signina	as plan adm	inistrator
SIGN	,					<u> </u>		

Date

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	6a Were all of the plan's assets during the plan year invested in eligit	ble assets? ((See instructions.)						X Ye	s No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b Are you claiming a waiver of the annual examination and report of	an independ	dent qualified public	account	tant (IC	QPA)			□ □	П
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 Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	,							× Ye	s No
Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year 499140 406298 b Total plan assets						_	_	_	□ Not det	termined
7 Plan Assets and Liabilities 7a 499140 406298 b Total plan assets (subtract line 7b from line 7a) 7c 499140 406298 b Total plan liabilities 7b from line 7a) 7c 499140 406298 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 29177 (2) Participants 8a(2) 58354 (3) Others (including rollovers) 8a(3) 431 b Other income (loss) 8a(3), and 8b) 8b 24583 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 112545 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 202174 e Certain deemed and/or corrective distributions (see instructions) 8e 1657 f Administrative service providers (salaries, fees, commissions) 8f 1556 g Other expenses 8d d lines 8d, 8e, 8f, and 8g) 8h 205387 i Net income (loss) (subtract line 8h from line 8c) 8i part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:		insurance pro	ogram (see LittoA si	ection 4	1021):		163			emmed
a Total plan assets	_									
b Total plan liabilities		_				(b) End of Y				R
C Net plan assets (subtract line 7b from line 7a)				433140	,				40023	0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers				499140)				40629	8
a Contributions received or receivable from: (1) Employers		/c			,					
(1) Employers	, , ,		(a) Amour	nt	-			(b)	I otal	
(3) Others (including rollovers)		8a(1)		29177	7					
b Other income (loss)	(2) Participants	8a(2)		58354	1					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	(3) Others (including rollovers)	8a(3)		431						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b Other income (loss)	8b		24583	3					
to provide benefits)	C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11254	5
e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions) g Other expenses	d Benefits paid (including direct rollovers and insurance premiums			00047						
f Administrative service providers (salaries, fees, commissions)	, , , , , , , , , , , , , , , , , , , ,				_					
g Other expenses										
h Total expenses (add lines 8d, 8e, 8f, and 8g)	Administrative service providers (salaries, fees, commissions)			1550	,					
i Net income (loss) (subtract line 8h from line 8c)	-				_				00500	
j Transfers to (from) the plan (see instructions)										
Part IV Plan Characteristics 9a 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 2K 2T 3D		8i							-9284	
9a 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 2K 2T 3D		8j								
2E 2G 2J 2K 2T 3D										
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	n feature cod	les from the List of Pl	lan Cha	ıracteri	istic Co	odes in	the ins	tructions:	
	b If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Char	acteris	tic Cod	des in t	the instr	uctions:	
Part V Compliance Questions	Part V Compliance Questions									
10 During the plan year: Yes No N/A Amount	10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contributions within the time period	a Was there a failure to transmit to the plan any participant contribu	utions within	the time period							
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction		-	-	100		X				
Program)				Tua						
reported on line 10a.)				10b		X				
C Was the plan covered by a fidelity bond?	C Was the plan covered by a fidelity bond?			10c	X					4063
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		X				
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						
f Has the plan failed to provide any benefit when due under the plan?	f Has the plan failed to provide any benefit when due under the plan	an?		10f						
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	g Did the plan have any participant loans? (If "Yes," enter amount	as of year-er	nd.)	10g		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				10h		X				
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	i If 10h was answered "Yes," check the box if you either provided	the required	notice or one of the							

ı	Form	550	0-SF	201	16

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Page 3-	1	

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)					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		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 t Day		of the lette Year _	r 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 N	0
	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		e 		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	2) EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi 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 ["Prior ye test	ar" ADP
			Gur 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 perd test	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 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		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?	•••••	. Ye	s	No	

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 4085 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

Penaton Benefit Guaren		Complete all entries in	accordance with the instruct	tions to the Form 550	0-SF.		
		lentification Information					
Part Annu	ar 2016 or fisc	al plan year beginning 01/01/20		and ending 12/31	/2016		
A This return/repor	[a single-employer plan	a multiple-employer plan list of participating emplo	(not multiemployer) (F oyer information in acc	ilers checking cordance with	g this box the form	must attach a instructions.)
A Illis leturisrepor	[a one-participant plan	a foreign plan				
B This return/report	is [the first return/report	the final return/report				
	į	an amended return/report	a short plan year return/n	eport (less than 12 mo	-	arom	
C Check box if filin	g under:	Form 5558 special extension (enter desc	automatic extension	L	DFVC pro	gram	
	Plan Inton	mation—enter all requested in	HOMBOUT		1b Three-	digit	
1a Name of plan PNW RETIREMENT	PLAN				plan nu (PN)	. 1	001
					1c Effective 01/01/		plan
2a Plan sponsor's	name (employ	rer, if for a single-employer plan)	O. Revi			yer identif 17-303683	ication Number
Mailing addres	s (include room ate or province	n, apt., suite no. and street, or P. e, country, and ZIP or foreign pos of SPECIALISTS, PLLC	L J. (DUX)	ctions)		or's telep	hone number 733-7687
PACIFIC NORTHWE	SI UNULUGI	GFEDIALIO 10, 1 LLS			2d Busine		see instructions)
3232 SQUALICUM F	PKWY.				621111	1	
BELLINGHAM, WAS	98225				3b Admin	intrator's l	EIN .
3a Pien administr	ator's name an	d address K Same as Plan Sp	onsor.		JU AUIIRI	Hatietoi e i	-111
				No.		HSUBCOL 3	telephone number
name, EIN, a	nd the plan nur	plan sponsor has changed sinc onber from the last return/report.	e the last return/report filed for	rittiis piani, enter ure	4b EIN		
a Sponsor's nan	ne				5a		20
5a Total number	or participants	at the beginning of the plan year	141111111111111111111111111111111111111		5b		18
A Number of no	dicinente with:	at the end of the plan year account balances as of the end of	of the plan year (only defined (contribution plans	5c		16
complete this	item) er of active na	rticipants at the beginning of the	plan year		5d(1)		14
d/2) Total numb	or of active na	rticinants at the end of the plan \	/ear		5d(2)		11
e Number of pa	articipants that	terminated employment during t	he plan year with accrued ben	ents that were less	5e	Slab and	0
Caution: A penal	ty for the late	or incomplete filing of this ret	Irn/report Will be assessed t	ammined this returning	nort includir	na if appli	cable, a Schedule
Under penalties of SB or Schedule M belief, it is true, co	perjury and ot B completed a	her penalties set forth in the inst nd signed by an enrolled actuary	, as well as the electronic ven	sion of this return/repo	rt, and to the	best of m	y knowledge and
BIGH X /	(arPsi	7/28/2017	× Reanno	2 Furr	nari	
1000 mm	nture of plan	d d d d d d d d d d d d d d d d d d d	Date	Enter name of individ	dual signing a	as plan ad	ministrator
The state of the s	ature of pour						
HOW Ston	ohura of amnie	oyer/plan sponsor	Date	Enter name of indivi	dual signing a	as employ	er or plan sponsor
Preparer's name (including firm	name, if applicable) and address	(include room or suite numbe	r)	Preparer's	telephon	e number
4							

	Form 5500-SF 2016		Page Z			-				
b Ar	fere all of the plan's assets during the plan year invested in eligible you claiming a waiver of the annual examination and report of ander 29 CFR 2520.104-46? (See instructions on waiver eligibility a		one)			.,			Yes Yes	∏ No ∏ No
ur	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility a you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	ot use Fo	m 5500-SF and must	instead	use F	orm (Not deter	mined
	III Financial Information								12/2-2-	
	an Assets and Liablities		(a) Beginning of		_		<u>(b</u>) End o	40629	
	otal plan assets	7a		499140	-				40028	
	otal plan liabilities	7b							40629	
C N	et plan assets (subtract line 7b from line 7a)	7c		499140	-					
	come, Expenses, and Transfers for this Plan Year	/**\	(a) Amount		_ _			(b) To	otal	
a c	ontributions received or receivable from:) Employers	8a(1)		29177	-					
	Participants	8a(2)		58354		4				
	Others (including rollovers)	8a(3)		43	-					
	Other income (loss)	8b		2458	3			N I	×405 1	
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	· · · · · · · · · · · · · · · · · · ·	4	(1)				11254	5
d B	tenefits paid (including direct rollovers and insurance premiums opposite benefits)	. 8d		202174	_			2		
e C	Certain deemed and/or corrective distributions (see instructions)	. 8e		165	- 2					
	Administrative service providers (salaries, fees, commissions)			155	6	4 14				
	Other expenses				_					
	Total expenses (add lines 8d, 8e, 8f, and 8g)								2053	
	Net income (loss) (subtract line 8h from line 8c)						· · · · · · · · · · · · · · · · · · ·		-928	12
1 T	Fransfers to (from) the plan (see instructions)	81			1					
0.0004	Dian Characteristics									
Qa	If the plan provides pension benefits, enter the applicable pension	n feature c	odes from the List of Pla	an Char	acteris	stic Co	des in	the inst	ructions:	
1	AE AC AL MY AT AD									
b	If the plan provides welfare benefits, enter the applicable welfare	feature co	des from the List of Pla	n Chara	ctenst	ic Coc	ies in t	ne instru	octions:	
Part					Yes	No	N/A		Amount	
10	During the plan year: Was there a failure to transmit to the plan any participant contrib	utions with	oln the time period							
a	described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	voluntary	Flauciary Correction	10a		X			1 <u> </u>	·
b	Were there any nonexempt transactions with any party-in-interereported on line 10a.)	at? (Do no	t include transactions	10b		х				
C	A but a fidelity behalf			10c	Х	<u> </u>				40630
	Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	's fidelity b	ond, that was caused	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or or other organization that provides so	other personne or all o	ons by an insurance of the benefits under	10e		х		[
	the plan? (See instructions.)	*********				X	1			
	Has the plan failed to provide any benefit when due under the p Did the plan have any participant loans? (If "Yes," enter amount			10f		X	1			
g	If this is an individual account plan, was there a blackout period	? (See ins	tructions and 29 CFR	10h		x				
- 1	2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.	the requi	red notice or one of the	101						

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art V	Pension Funding Compliance		Caba	tula CD				Пыс
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co						Yes	∐ No
11a	to the consideration of the security of the se	**********		าาล				
40	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co ERISA?	MG OI O	SOCIOII	002 01] []	Yes	X No
	ERISA?	- otions	and	enter th	e date	of the let	ter rui	ina
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see that		, and	Day	10 0010	Year		
lf y	granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5509), and skip to line 1	3.	Т	405				
b	Enter 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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the a			12d	Yes	No	П	N/A
6	Will the minimum funding amount reported on line 12d be met by the funding deadline?	.,,,,,,,,,,,,	,		1 63			
2006	Plan Terminations and Transfers of Assets						NI	
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes	X	No	
	If "Yes." enter the amount of any plan assets that reverted to the employer this year			13a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug	tht unde	r the			Yes	X N	ło
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifying the sasets or liabilities were transferred. (See instructions.)	lfy the p	lan(s)	to		46	-/0\ D	N/6-X
1	3c(1) Name of plan(s):	1	3c(2)	EIN(s)		130	c(3) P	N(S)
i sizik	Trust Information		· · · · · · ·				. 	
	Name of trust			14b	Trust's l	EIN		
144	Name of desc							
14c	Name of trustee or custodian					's or cust ne numb		's
	IRS Compliance Questions					-		
159	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:	ΙП	safe i	n-base arbor		لا test	•	" ADP
			"Curre	ent year test	,	□ N/A		
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio perce test	entage		verage enefit te	st	N/A
	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		
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a ravorable income	opino						
171	of the plan is an individually-designed plan that received a favorable determination letter from the IRS, of letter	enter th	e date	of the	nost red	cent dete	mina	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 sel service?	parated	from	[] Ye		∏ No		
19	The state of the s			[] Y	2 5	☐ No		