## 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

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I		Identification Information				
For calenda	ar plan year 2016 or fi	scal plan year beginning 02/01/2	016	and ending 0	1/31/2017	
<b>∆</b> This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) ( aployer information in ac		
A THISTOC	uni/report is ior.	a one-participant plan	a foreign plan	projet intermation in a	oodidanoo wan ano	om mondonono.
<b>B</b> This retu	ırn/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 b	oox if filing under:	Form 5558	automatic extension		DFVC program	
		special extension (enter descr	iption)			
Part II	Basic Plan Info	ermation—enter all requested inf	formation			
1a Name	of plan	ASHINGTON CORPORATION 401			1b Three-digit plan number (PN) ▶	. 001
					1c Effective dat	e of plan 2/01/2002
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	) Pov)		2b Employer Ide	entification Number 1-1128576
	town, state or provinc	e, country, and ZIP or foreign post		ructions)	2c Sponsor's te	elephone number
						de (see instructions)
40 LAKE BEL BELLEVUE, '	LEVUE DRIVE, SUIT WA 98005	E 270				31210
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spor	nsor.		<b>3b</b> Administrato	r's EIN
					3c Administrato	r's telephone number
					3C Administrato	i s telepriorie flumber
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
name, <b>a</b> Sponse		mber from the last return/report.			4c PN	
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a	6
<b>b</b> Total r	number of participants	at the end of the plan year			5b	5
		account balances as of the end of			5c	3
		rticipants at the beginning of the plant			5d(1)	6
<b>d(2)</b> Tota	al number of active pa	rticipants at the end of the plan yea	ar		5d(2)	4
		terminated employment during the			5e	
		or incomplete filing of this returr				
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.				
SIGN		valid electronic signature.	08/17/2017	RONALD LEIBSOHN		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan	administrator
SIGN HERE						
	Signature of emplo		Date	Enter name of individ		
Preparer's	name (including firm r	name, if applicable) and address (in	clude room or suite numbe	er)	Preparer's teleph	one number

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	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	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	
	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								A res	Пио
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_	-	_	Not dete	rmined
	rt III Financial Information						1			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		231195			,	· · ·	265001	
b	Total plan liabilities	7b		0	)					
	Net plan assets (subtract line 7b from line 7a)	7c		231195	5				265001	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	- 411								
	(1) Employers	8a(1)		15793						
	(2) Participants	8a(2)		13793						
	(3) Others (including rollovers)	8a(3)		20694						
	Other income (loss)	8b			-				36487	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							30407	
	to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions) .	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		2681						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2681	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							33806	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	des in t	he instru	ictions:	
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 contributed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	X					973
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s 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 the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	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 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)		13c(3	<b>)</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 section 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

D	art I Annual Repor	et Idontification Information				<del></del>
	calendar plan year 2016 or	rt Identification Information	02/01/2016	and ending	01/31/201	-
	Tanada prairiga an 2010 or		_			
A	This return/report is for:	x a single-employer plan	a list of participating	plan (not muitiemployer employer information in	) (Filers checking the accordance with the	is box must attach e form instructions.)
D	This against the continue and the	a one-participant plan	a foreign plan			
В	This return/report is:	the first return/report	the final return/repor			
		an amended return/report	a short plan year ret	ırn/report (less than 12	months)	
C	Check box if filing under:	Form 5558	automatic extension		☐ DFVC p	rogram
		special extension (enter descr	ription)		<b>_</b>	
P	art II Basic Plan Inf	formation enter all requested	information			
	Name of plan	Officiation enter an requested	Information		1b Three-digit	·
	· ·	any, a Washington Corpor	ation 401/h\ Blan		plan numbe	
	Egrosom and combs	my, a washington corpor	acton 401(k) Plan		(PN) ▶	001
_		<u>.                                    </u>			1c Effective da 02/01/2	
2 <b>a</b>	Mailing Address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.C	D. Box)			dentification Number -1128576
		nce, country, and ZIP or foreign post	al code (if foreign, see ins	tructions)	<u> </u>	<del></del>
	LEIBSOHN & CO.				(425) 4	elephone number 55–1777
	40 Lake Bellevue D	Omicon Conida 070				ode (see instructions)
		Five, Suite 270			531210	
20	US Bellevue WA 98005	<b>V</b>			<del> </del>	
Ja	Pian administrators name a	and address X Same as Plan Spo	onsor		3b Administrat	or's EiN
					3C Administrat	or's telephone number
4	If the name and/or EIN of the name, EIN, and the plan nu	ne plan sponsor has changed since tumber from the last return/report.	the last return/report filed t	or this plan, enter the	4b EIN	
а	Sponsor's name				4c PN	
		s at the beginning of the plan year		-		6
b	Total number of participants	s at the end of the plan year	***************************************	***************************************	5b	5
C	Number of participants with	account balances as of the end of the	he plan vear (only defined	contribution plans	5c	3
d('		rticipants at the beginning of the pla		90027000210066644vv1 1444v144444 6254665 92	5d(1)	6
d(2	2) Total number of active pa	rticipants at the end of the plan year		70001 (	5d(2)	4
е		terminated employment during the p		efits that were	5e	
Ca	8.	e or incomplete filing of this return	n/report will be assessed	unless reasonable ca	use is established	
		other penalties set forth in the instruc				
SB	or Schedule MB completed a lef, it is true, correct, and con	and signed by an enrolled actuary, a	s well as the electronic ve	rsion of this return/repo	rt, and to the best of	my knowledge and
SI	GN	<del></del>	8/1/17	Ronald Leibsohr	1	-
	RE Signature of plan adm	ninistrator	Date	Enter name of individu	al signing as plan a	dministrator
SI	GN C	Afril	8/17/17			
	RE Signature of employe	or/plan sponsor	Date	Enter name of individu	al signing as emplo	ver or plan sponsor
Pre <b>Sk</b>		name, if applicable) and address (in	dude room or suite numbe		Preparer's telepho Skip this que	one number
					1	

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions.)	•••••	•••••	•••••	•••••	•••••	X Yes	□No
b	Are you claiming a waiver of the annual examination and report of a	n independ	dent qualified public accou	ıntant	(IQP	A)				<u> </u>
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at							•••••	XYes	□No
	If you answered "No" to either line 6a or line 6b, the plan canno									
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	n 402	1)?		Yes	☐ No	o Not o	letermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End	of Year	
а	Total plan assets	7a	23	31,1	95				265	,001
b	Total plan liabilities	7b			0					
С	Net plan assets (subtract line 7b from line 7a)	7c	23	31,1	95				265	,001
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b)	Total	
а	Contributions received or receivable from:	0-(4)								
	(1) Employers	8a(1)	-	L5,7	0.2					
	(2) Participants	8a(2)	-	13,7	93					
b	(3) Others (including rollovers)	8a(3) 8b		20 6	0.4					
	Other income (loss)	8c	4	20,6	94				26	405
d	Benefits paid (including direct rollovers and insurance premiums	00							36	<b>,</b> 487
	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		2,6	81					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2	,681
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							33	<b>,</b> 806
<u>_j_</u>	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	naract	eristic	Code	s in the	e instruct	tions:	
	2F 2G 2J 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Cha	aracte	ristic	Codes	in the	instructio	ons:	
Pa	rrt 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 contribut	ions withir	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fig	duciary Correction							
	Program)			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest' reported on line 10a.)			10b		x				
				10c	х					50,000
				1.00						30,000
Ĭ	by fraud or dishonesty?	•	·	10d		x				
е	reaction, reaction reactions pand to any areaster, against, an early	•								
	carrier, insurance service, or other organization that provides som			40-	х					973
	the plan? (See instructions.)			10e		l				973
f				10f		Х				
<u>0</u>		-	· · · · · · · · · · · · · · · · · · ·	10g		х				
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i						

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Part	: VI	Pension Funding Compliance				_	
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 15500 and line 11a below)				Yes 🗓	No
		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		1	
12	<b>ERISA</b>	a defined contribution plan subject to the minimum funding requirements of section 412 of the				Yes 🗵	No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	inatruotiana	and anta	r the data	of the letter mil	
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see i g the waiver			r the date av	Of the letter rul	ing
lf y		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b	Enter tl	ne minimum required contribution for this plan year.	••••••	12b			
С	Enter tl	ne amount contributed by the employer to the plan for the plan year	•••••	12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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 r	resolution to terminate the plan been adopted in any plan year?	•••••	.	Yes	X No	
		" enter the amount of any plan assets that reverted to the employer this year			Ī		
b	Were a	Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro				Yes X No	)
		of the PBGC?g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide					
		assets or liabilities were transferred. (See instructions.)	intily the pla	11(3) 10			
13	<b>3c(1)</b> Na	me of plan(s):	13c(2)	EIN(s)		13c(3) PN	(s)
Part	VIII	Trust Information - Skip These Questions			I		
	VIII Name	•		14b	Trust's E	IN	
		•		14b	Trust's E	IN	
14a	Name (	of trust					
14a	Name (	•				or custodian's	
14a	Name (	of trust			Trustee o	or custodian's	
14a	Name o	of trust			Trustee o	or custodian's	
14a 14c	Name o	of trust			Trustee o	or custodian's	
14a 14c Part	Name of Name o	of trustee or custodian  IRS Compliance Questions - Skip These Questions  Ilan a 401(k) plan? If "No," skip b.  d the plan satisfy the nondiscrimination requirements for employee deferrals under section		<b>14</b> d	Trustee of telephone	or custodian's e number	ear" ADP
14a 14c Part	Name of Name o	of trustee or custodian  IRS Compliance Questions - Skip These Questions  lan a 401(k) plan? If "No," skip b.		Yes Design-t	Trustee of telephone	or custodian's e number  No "Prior yet	ear" ADP
14a 14c Part	Name of Name o	of trustee or custodian  IRS Compliance Questions - Skip These Questions  Ilan a 401(k) plan? If "No," skip b.  d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-t safe har	Trustee of telephone	or custodian's e number  No "Prior ye	ear" ADP
14a 14c Part 15a 15b	Name of Name o	of trustee or custodian  IRS Compliance Questions - Skip These Questions  Ilan a 401(k) plan? If "No," skip b.  d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-tsafe har "Current ADP tes Ratio percenta	Trustee of telephone	or custodian's e number  No "Prior yet	ear" ADP
14a 14c Part 15a 15b	Name of Name o	IRS Compliance Questions - Skip These Questions  John a 401(k) plan? If "No," skip b.  d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:  Desting method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes Design-tsafe har "Current ADP tes Ratio	Trustee of telephone	or custodian's e number  No "Prior yettest N/A Average	
14a 14c Part 15a 15b 16a 16b	Name of IX  Is the p  How did 401(k)(c)  What to gear? (c)  Did the for the If the p	IRS Compliance Questions - Skip These Questions  Plan a 401(k) plan? If "No," skip b.  Id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:  Plan satisfy the coverage requirements under section 410(b) for the plan check all that apply:  Plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?  In is a master and prototype plan (M&P) or volume submitter plan that received a favorable If		Yes  Design-t safe har "Current ADP tes  Ratio percentatest  Yes	Dased poor year" t	or custodian's enumber  No Prior yetest N/A  Average benefit test No	□ N/A
14a  14c  Part  15a  15b  16a  16b  17a	Name of IX  Is the p How did 401(k)(c)  What to year? (c)  Did the for the left. If the p	IRS Compliance Questions - Skip These Questions  Plan a 401(k) plan? If "No," skip b.  Id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:  Plan satisfy the coverage requirements under section 410(b) for the plan check all that apply:  Plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?  In is a master and prototype plan (M&P) or volume submitter plan that received a favorable If	1	Yes  Design-t safe har "Current ADP tes  Ratio percentatest  Yes etter or ac	Dased poor year" t	or custodian's enumber  No Prior yetest N/A Average benefit test No ter, enter the de	□ N/A ate of
14a  14c  Part  15a  15b  16a  16b  17a	Name of Name o	IRS Compliance Questions - Skip These Questions  Jan a 401(k) plan? If "No," skip b.  d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:  John String method was used to satisfy the coverage requirements under section 410(b) for the plan check all that apply:  John String method was used to satisfy the coverage requirements under section 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?  Jan is a master and prototype plan (M&P) or volume submitter plan that received a favorable leter / / / and serial number _    Jan is an individually-designed plan that received a favorable determination letter from the IRS _ / / / _    John Stripton of Money Purchase Pension Plan Only:  Jan design of trustee or custodian    John Stripton of Money Purchase Pension Plan Only:  John Stripton of Money Purchase Pensi	an	Yes  Design-t safe har "Current ADP tes  Ratio percentatest  Yes etter or actate of the	Dased poor year" t	or custodian's enumber  No Prior yetest N/A Average benefit test No ter, enter the de	□ N/A ate of
14a  14c  Part  15a  15b  16a  17a  17b  18	Name of IX  Is the p How did 401(k)(c)  What to year? (c)  Did the for the letter If the p letter Defined Were a service	IRS Compliance Questions - Skip These Questions  blan a 401(k) plan? If "No," skip b.  d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:  plan satisfy the coverage and nondiscrimination requirements of sections 410(b) for the plan year by combining this plan with any other plan under the permissive aggregation rules?  lan is a master and prototype plan (M&P) or volume submitter plan that received a favorable If er / and serial number  Benefit Plan or Money Purchase Pension Plan Only:	an	Yes  Design-t safe har "Current ADP tes  Ratio percentatest  Yes etter or actate of the	Dased poor year" t dvisory let	or custodian's enumber  No Prior yetest N/A Average benefit test No ter, enter the dent determination	□ N/A ate of