Form 5500-SF		Short Form Annu	al Return/Repor Benefit Plan	t of Small Employee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service		4065 of the Employee Retiremen	2016	
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the Internal le).	This Form is Open to
Pension Be	enefit Guaranty Corporation			tructions to the Form 5500-SF.	Public Inspection
Part I		dentification Information cal plan year beginning 01/01/2	016	12/21/201	<u>,                                     </u>
For calenda	ar plan year 2016 or fisc			and ending 12/31/2010	
A This ret	urn/report is for:	X a single-employer plan a one-participant plan		olan (not multiemployer) (Filers ch mployer information in accordance	-
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year retu	rn/report (less than 12 months)	
C Check	box if filing under:	X Form 5558	automatic extension		C program
		special extension (enter descr	, ,		
Part II		mation—enter all requested inf	ormation	41 -	
<b>1a</b> Name BKR & ASSO	of plan DCIATES, INC. 401(K) I	PLAN		pl	nree-digit an number N) ▶ 001
				1c E	fective date of plan 01/01/2009
Mailing	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.C		(E	nployer Identification Number N) 91-2161958
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BKR & ASSOCIATES, INC.				2c S	oonsor's telephone number 425-486-8909
4026 217TH BOTHELL, W	STREET SOUTHEAST /A 98021			<b>2d</b> Bu	siness code (see instructions) 236200
3a Plan a	dministrator's name and	l address 🛛 Same as Plan Spor	nsor.	<b>3b</b> Ac	ministrator's EIN
				3c Ad	ministrator's telephone number
		plan sponsor has changed since ber from the last return/report.	the last return/report filed	for this plan, enter the <b>4b</b> El	N
	or's name			4c PI	١
5a Total I	number of participants a	t the beginning of the plan year			25
<b>b</b> Total i	number of participants a	t the end of the plan year			21
		ccount balances as of the end of			21
<b>d(1)</b> Tota	al number of active part	cipants at the beginning of the pla	an year		12
<b>d(2)</b> Tot	al number of active part	icipants at the end of the plan yea	ar	5d(2)	g
		erminated employment during the			3
Caution: A	penalty for the late of	r incomplete filing of this return	n/report will be assessed	d unless reasonable cause is es	
SB or Sche		signed by an enrolled actuary, a		e examined this return/report, incl ersion of this return/report, and to	
SIGN	Filed with authorized/va	alid electronic signature.	08/29/2017	ELIZABETH ROBERTS	
HERE	Signature of plan ad	ministrator	Date	Enter name of individual signi	ng as plan administrator
SIGN					<b>z</b> :
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individual signi	ig as employer or plan sponsor
Preparer's	name (including firm na	me, if applicable) and address (in	clude room or suite numb	per ) Prepar	er's telephone number
		see the Instructions for Form 5500			Form 5500 SE (2016)

i

j

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions) .....

226717

<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> </ul>										
	( 5 )		,							
	e Form 5500.									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 4021)?	? Yes No Not determined						
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
a	Total plan assets	7a	1032465	1259182						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1032465	1259182						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from:		91277							
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	77344							
	(3) Others (including rollovers)	8a(3)								
b		8b	104343							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		272964						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	38767							
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	7480							
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		46247						

8i

8j

Par	t IV	V 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: 2A 2E 2F 2H 2J 2K 2R 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Part	t V	Compliance Questions							
10	Durir	ng the plan year:		Yes	No	N/A	Amount		
а	dese	there a failure to transmit to the plan any participant contributions within the time period cribed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction gram)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
C	Was	s the plan covered by a fidelity bond?	10c	Х			265000		
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused aud or dishonesty?	10d		Х				
e	<ul> <li>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.)</li> </ul>								
f	Hast	the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did t	he 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.) <b>10</b>								
i		h was answered "Yes," check the box if you either provided the required notice or one of the potions to providing the notice applied under 29 CFR 2520.101-3	10i						

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No	
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		his 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	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling	
	gran	ting the waiver	onth_		_ Day		Year		
lf	you c	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				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative 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 XI	No	
		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 brough rol of the PBGC?	nt und	er the			Yes	X No	
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to				
1		Name of plan(s):		13c(2)	EIN(s) <b>13c(3)</b> PN(s)				
Part	VIII	Trust Information							
14a	Name	e of trust			14b ⊺	Frust's E	IN		
14c	Name	e of trustee or custodian					s or custo ne number		
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 y test	ear" ADP	
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		
16a		t 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		he 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		ter the	e date	of the m	nost rece	ent determ	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 separce?		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?			Ye	s	No		

The second of th						OMB Nos. 1210-0110 1210-0089				
	Internal Revenue Service	This form is required to be filed	under sections 104	and 4065 of the Employe	e -		2016			
Err	Department of Labor ployee Benefits Security Administration	Retirement Income Security Act of the Interna	1974 (ERISA), and the Revenue Code (the		B(a) of	This Form is Open to Public				
	Pension Benefit Guaranty Corporation	Complete all entries in accord	ance with the instru	uctions to the Form 550	0-SF.	lr	spection			
		dentification Information								
For	calendar plan year 2016 or fisca		01/01/2016	and ending	377 345	31/2016				
	This return/report is for: This return/report is:	a one-participant plan	a list of participating a foreign plan the final return/report	blan (not multiemployer) employer information in a un/report (less than 12 m	accordanc	ecking this bo e with the for	x must attach m instructions.)			
С	Check box if filing under:	x Form 5558	automatic extension			DFVC progra	ım			
		special extension (enter description	)							
	art II Basic Plan Inform	mation enter all requested inform	nation							
1a	Name of plan				a contract and a second	ree-digit				
	BKR & Associates, In	c. 401(k) Plan				in number N) ►	001			
_						ective date o	fplan			
2a	Mailing Address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O. Boy country, and ZIP or foreign postal coc	() le (if foreign, see inst	ructions)		nployer Identi N) 91–21	fication Number 61958			
	BKR & Associates, In					2c Sponsor's telephone number (425) 486-8909				
	4026 217th Street So	utheast				siness code ( 6200	see instructions)			
	US Bothell WA 98021									
3a	Plan administrator's name and	address X Same as Plan Sponsor			<b>3b</b> Administrator's EIN					
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the later from the last return/report.	st return/report filed f	or this plan, enter the	3c Ad 4b Elt		elephone number			
a	Sponsor's name				4c PN					
5a	Total number of participants at	the beginning of the plan year	******	*****	5a		25			
		the end of the plan year			5b	21				
С	Number of participants with acc complete this item)	count balances as of the end of the pla	an year (only defined	contribution plans	5c		21			
d(		ipants at the beginning of the plan yea		******	5d(1)		12			
d(	2) Total number of active partici	ipants at the end of the plan year			5d(2)		9			
e		minated employment during the plan y			5e		3			
Ca	ution: A penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ise is esta	ablished.	to the second			
SB	der penalties of perjury and othe or Schedule MB completed and ief, it is true, correct, and comple	er penalties set forth in the instructions I signed by an enrolled actuary, as well ete.	, I declare that I have I as the electronic ve	examined this return/report	oort, inclue , and to th	ling, if applicate the best of my	able, a Schedule knowledge and			
8	ON Elyster D. Ra	liket		Elizabeth J.	Robe	1				
1 26.2	RE Signature of plan admin	istrator	Date 8-25-17	Enter name of individua		····	nistrator			
S	GN Elyphitt 9. Ra	list			. / 7	berts				
1000.00	RE Signature of employer/p	lan sponsor	Date 8-29-17	Enter name of individua			or plan sponsor			
Pre	parer's name (including firm nar	ne, if applicable) and address (include	room or suite numb	er)	Preparer	's telephone	number			
					ata z	. 8 B				
Fo	Paperwork Reduction Act No	otice, see the instructions for Form {	5500-SF.			Fo	orm 5500-SF (2016)			

	Form 5500-SF 2016		Page 2	<u></u>		_					
6a b	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> </ul>								No		
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Forn	n 5500-SF and must ins	tead	use F	orm 5	500.	17			
	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA sectio	n 402	1)?	••••••	Yes	No Not d	etermined		
7	Art III         Financial Information           Plan Assets and Liabilities	1				<u></u>					
<u>,</u> a			(a) Beginning o				1)	o) End of Year			
b	Total plan assets Total plan liabilities	7a 75	1,0:	32,4	65			1,259,	,182		
c		7b						1.4			
8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	76	1,03		65	-		1,259,	182		
a	Contributions received or receivable from:		(a) Amount		·			(b) Total	······		
	(1) Employers	8a(1)	9	91,2	77	14 star	1	2 J.			
	(2) Participants	8a(2)	······	77,3	44						
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	10	04,3	43	-	· · · · ·				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						272,	964		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5	38,767							
е	Certain deemed and/or corrective distributions (see instructions)	8e					0		50 - 5		
f	Administrative service providers (salaries, fees, commissions)	8f		7,480							
g	Other expenses	8g					· 10 · 10				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		*********				46,247			
i	Net income (loss) (subtract line 8h from line 8c)	8i				1	226,717				
j	Transfers to (from) the plan (see instructions)	8j							w. <u></u>		
Pa	Int IV Plan Characteristics		- 11								
	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea										
						00000	inverte inc				
Pa	Int V Compliance Questions	~~~~~~						the state of the s			
10	During the plan year:				Yes	No	N/A	Amount			
а	Was there a failure to transmit to the plan any participant contribution	ions within	the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fide	uciary Correction			ić.					
-	Program)			10a		х					
d	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	P (Do not in	clude transactions	10b		x					
C	Was the plan covered by a fidelity bond?	*****		10c	x			2	65,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	and the second second second second		10d		x					
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of th	ne benefits under	10e		x					
f	Has the plan failed to provide any benefit when due under the plan	2		10f		x	1.0	a bootstaan oo -			

10g

10h

10i

\*\*\*\*\*\*\*\*\*\*\*

x

x

g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

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

h

i

Form 5500-SF 2016

Page 3 -

[								
Part		Pension Funding Compliance						
11	(Form	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500 and line 11a below)		Schedul	e SB		Yes	X No
_11a	Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	*******	11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or se	ction 30	2 of		Yes	X No
	(IT "Ye	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grantin	iver of the minimum funding standard for a prior year is being amortized in this plan year, see i g the waiver	Month		er the dat		e letter n ear	uling
lf y		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					• •	
b	Enter t	he minimum required contribution for this plan year.	********	. 12b				
<u> </u>	Enter t	he amount contributed by the employer to the plan for the plan year	******	. 12c				
d 	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							
e	Will the	minimum funding amount reported on line 12d be met by the funding deadline?		•   E	Yes [	No		N/A
Part	VII	Plan Terminations and Transfers of Assets		e				2 X 2
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			-	
. <u> </u>	control	Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro of the PBGC?	*********			Yes	X N	lo
C	lf, durir which a	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), idel assets or liabilities were transferred. (See instructions.)	ntify the pla	n(s) to				
13	3c(1) Na	ime of plan(s):	13c(2	) EIN(s)		1:	3c(3) PN	l(s)
						3		
Part	VIII	Trust Information						
14a	Name	of trust		14	o Trust's f	EIN		
14c	Name (	of trustee or custodian		140	<b>d</b> Trustee telephor		1	3
Part	IX	IRS Compliance Questions						
15a	Is the p	lan a 401(k) plan? If "No," skip b.		Yes			No	
15b	How di 401(k)(	d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design- safe ha			"Prior y test	/ear" ADP
				"Curren ADP tes			N/A	*
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan Ratio percentage test							age fit test	□ N/A
16b	Did the for the	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?	<sup>b)</sup>	Yes	46-4		No	
	If the pl the lette	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR er/ and serial number	RS opinion I	etter or a	idvisory le	tter, er	ter the c	late of
17b	If the pl letter	an is an individually-designed plan that received a favorable determination letter from the IRS,	enter the c	late of th	e most re	cent de	terminal	tion
	Were a	I Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not so ?	eparated fro	m	🗌 Yes		No	
		y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No	