|   | m 5500-SF   | Short Form Annua  | al Return/Report<br>Benefit Plan   | of Small Emplo                               | OMB Nos. 1210-0110<br>1210-0089 |  |  |  |  |  |
|---|---|---|--|--|---------------------------------|--|--|--|--|--|
|   | rtment of the Treasury<br>nal Revenue Service         | This form is required to be filed   | 065 of the Employee Re   | tirement                                     | 2016                            |  |  |  |  |  |
|   | epartment of Labor<br>enefits Security Administration | Income Security Act of 1974   | ERISA), and sections 6057(b) and 6058(a) of the Internal<br>Revenue Code (the Code). This Form is Open to<br>Public Inspection |  |                                 |  |  |  |  |  |
|   | enefit Guaranty Corporation                           | Complete all entries in a   | accordance with the instr  | uctions to the Form 550                      | 00-SF.                          |  |  |  |  |  |
| For calenda                                       | Annual Report lo<br>Ar plan year 2016 or fisc         | dentification Information<br>cal plan year beginning 01/01/20               | 016  | and ending 12/                               | /31/2016                        |  |  |  |  |  |
|   | ai pian year 2010 or nac                              | X a single-employer plan  |  |  |                                 | ting this box must attach a                            |  |  |  |  |
| A This ret  | turn/report is for:                                   | a one-participant plan  |  |  |                                 | ith the form instructions.)                            |  |  |  |  |
| <b>B</b> This retu                                | urn/report is   | the first return/report<br>an amended return/report                         | the final return/report  | n/report (less than 12 mo                    | nths)                           |  |  |  |  |  |
| C Check   | box if filing under:                                  | X Form 5558   | automatic extension  |  | DFVC p                          | rogram   |  |  |  |  |
| Part II   | Basic Plan Infor                                      | mation—enter all requested inf  | ,  |  |                                 |  |  |  |  |  |
| 1a Name   |   | •   |  |  | 1b Three<br>plan<br>(PN)        | number   |  |  |  |  |
|   |   |   |  | -  |                                 | tive date of plan                                      |  |  |  |  |
| Mailing   | g address (include room                               | er, if for a single-employer plan)<br>, apt., suite no. and street, or P.O  |  |  | 2b Emplo                        | 07/01/1994<br>oyer Identification Number<br>91-0958195 |  |  |  |  |
| City or<br>OWENS DAV                              |   | , country, and ZIP or foreign posta   | al code (if foreign, see instr   | uctions)                                     | 2c Spon                         | C Sponsor's telephone number<br>360-943-8320           |  |  |  |  |
| 1115 WEST BAY DR., SUITE 302<br>OLYMPIA, WA 98502 |   |   |  |  |                                 | 2d Business code (see instructions)<br>541110          |  |  |  |  |
| 3a Plan a   | dministrator's name and                               | I address 🛛 Same as Plan Spon   | sor.   |  | <b>3b</b> Admin                 | nistrator's EIN  |  |  |  |  |
|   |   |   |  |  | 3c Admin                        | nistrator's telephone number                           |  |  |  |  |
|   |   | plan sponsor has changed since t<br>ber from the last return/report.        | the last return/report filed for   | or this plan, enter the                      | 4b EIN                          |  |  |  |  |  |
| a Spons   | or's name   |   |  |  | <b>4c</b> PN                    |  |  |  |  |  |
| 5a Total I  | number of participants a                              | t the beginning of the plan year  |  |  | 5a                              | 6  |  |  |  |  |
| <b>b</b> Total i                                  | number of participants a                              | t the end of the plan year  |  |  | 5b                              | 5  |  |  |  |  |
|   |   | ccount balances as of the end of t  |  |  | 5c                              | 5  |  |  |  |  |
| <b>d(1)</b> Tota                                  | al number of active parti                             | cipants at the beginning of the pla   | an year  |  | 5d(1)                           | 6  |  |  |  |  |
| • •   |   |   |  | year with accrued benefits that were less 5e |                                 |  |  |  |  |  |
|   |   | r incomplete filing of this return  |  |  |                                 | (  |  |  |  |  |
| Under pena<br>SB or Sche                          | alties of perjury and othe                            | er penalties set forth in the instruc<br>I signed by an enrolled actuary, a | tions, I declare that I have   | examined this return/rep                     | ort, includi                    | ng, if applicable, a Schedule                          |  |  |  |  |
| SIGN  |   | alid electronic signature.  | 09/05/2017   | KIRK M. VEIS                                 |                                 |  |  |  |  |  |
| HERE  | Signature of plan ad                                  | ministrator   | Date   | Enter name of individu                       | al signing a                    | as plan administrator                                  |  |  |  |  |
| SIGN  |   |   |  |  | 0 0                             | ÷  |  |  |  |  |
| HERE  | Signature of employ                                   |   |  |  | as employer or plan sponsor     |  |  |  |  |  |
| Preparer's  | name (including firm na                               | me, if applicable) and address (in  | ciude room or suite numbe  |  | Preparers                       | telephone number                                       |  |  |  |  |
|   |   | and the Instructions for Form FF00  |  |  |                                 | Form 5500 SF (2016)                                    |  |  |  |  |

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

Part IV Plan Characteristics

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

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

i

j

9a

b

| 6a<br>b | b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)<br>under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) |            |                                 |                          |  |  |  |  |  |
|---------|---|------------|---------------------------------|--------------------------|--|--|--|--|--|
|         | If the plan is a defined benefit plan, is it covered under the PBGC in  | nsurance p | program (see ERISA section 4021 | )? Yes No Not determined |  |  |  |  |  |
| Pa      | rt III Financial Information  |            | -                               |                          |  |  |  |  |  |
| 7       | Plan Assets and Liabilities   |            | (a) Beginning of Year           | (b) End of Year          |  |  |  |  |  |
| а       | Total plan assets   | 7a         | 1165911                         | 1223251                  |  |  |  |  |  |
| b       | Total plan liabilities  | 7b         |                                 |                          |  |  |  |  |  |
| С       | Net plan assets (subtract line 7b from line 7a)   | 7c         | 1165911                         | 1223251                  |  |  |  |  |  |
| 8       | Income, Expenses, and Transfers for this Plan Year  |            | (a) Amount                      | (b) Total                |  |  |  |  |  |
| а       | Contributions received or receivable from:<br>(1) Employers   | 8a(1)      | 9417                            |                          |  |  |  |  |  |
|         | (2) Participants  | 8a(2)      | 48941                           |                          |  |  |  |  |  |
|         | (3) Others (including rollovers)  | 8a(3)      |                                 |                          |  |  |  |  |  |
| b       |   | 8b         | 73626                           |                          |  |  |  |  |  |
| С       | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c         |                                 | 131984                   |  |  |  |  |  |
| d       | Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | 8d         | 74644                           |                          |  |  |  |  |  |
| е       | Certain deemed and/or corrective distributions (see instructions).  | 8e         |                                 |                          |  |  |  |  |  |
| f       | Administrative service providers (salaries, fees, commissions)  | 8f         |                                 |                          |  |  |  |  |  |
| g       | Other expenses  | 8g         |                                 |                          |  |  |  |  |  |
| h       | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h         |                                 | 74644                    |  |  |  |  |  |

8h

8i

8j

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

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

57340

| Part | V     | Compliance Questions   |     |     |    |     |        |
|------|-------|--|-----|-----|----|-----|--------|
| 10   | Durii | ng the plan year:  |     | Yes | No | N/A | Amount |
| а    | des   | 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    |       | e there any nonexempt transactions with any party-in-interest? (Do not include transactions rted on line 10a.)   | 10b |     | Х  |     |        |
| C    | Was   | s the plan covered by a fidelity bond?   | 10c | X   |    |     | 150000 |
| d    |       | he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused aud or dishonesty?   | 10d |     | Х  |     |        |
| е    | carri | e any fees or commissions paid to any brokers, agents, or other persons by an insurance<br>er, insurance service, or other organization that provides some or all of the benefits under<br>plan? (See instructions.) | 10e | X   |    |     | 2756   |
| f    |       | 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   |    |     | 30452  |
| h    |       | s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)   | 10h |     | Х  |     |        |
| i    |       | h was answered "Yes," check the box if you either provided the required notice or one of the 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<br>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 Con  |         |                        |                            |   |                         | Yes 🗙 No  |  |
|      |        | SA?<br>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<br>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<br>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<br>)(3) for the plan year? Check all that apply:  |         | Desig<br>safe h        | n-basec<br>arbor           |   |                         |           |  |
|      |        |  |         | "Curre<br>ADP t        | ent year<br>est            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | N/A                     |           |  |
| 16a  |        | t testing method was used to satisfy the coverage requirements under section 410(b) for the plan<br>? Check all that apply:  |         | Ratio<br>perce<br>test | entage                     |   | verage<br>enefit test   | □ N/A     |  |
| 16b  |        | he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)<br>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:<br>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                      |           |  |

| Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.   Part I Annual Report Identification Information   For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016   A This return/report is for:  | 2016<br>This Form is Open<br>Public Inspection<br>his box must attach<br>e form instructions. |  |  |  |  |
|---|---|--|--|--|--|
| Empoyee Benefits Security Advantuation<br>Pervision Event Guarenty Corporation   Revenue Code (the Code).     Partial Manual Report Identification Information<br>For calendar plan year 2016 or fiscal plan year beginning 01/01/2016   and ending 12/31/2016     A This return/report is for:   a single-employer plan   a truttple-employer plan (intormation gen)oyer information in accordance with the<br>ist of participating employer information in accordance with the<br>a foreign plan     B This return/report is   the first return/report   the final return/report   a one-participant plan   a stort plan year return/report (less than 12 months)     C Check box if filing under:   Form 5558   a utomatic extension   DFVC program     Part II   Basic Plan Information—enter all requested information   1b   Three-dig<br>plan     WENS DAVIES, P.S. 401(k) SAVINGS PLAN   1b   Three-dig<br>plan number of part<br>(EIN) 91-0   2b   Employer<br>(EIN) 91-0     24   Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)   2b   Employer<br>(EIN) 91-0     24   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the<br>name, EIN, and the plan number from the last return/report.   3b   Administrat   | Public Inspection   |  |  |  |  |
| Part I   Annual Report Identification Information     For calendar plan year 2016 of fiscal plan year beginning 01/01/2016   and ending 12/31/2016     A This return/report is for:   a single-employer plan   a trutiple-employer plan (inst or participating employer information in accordance with the inst or participating employer information in accordance with the inst or participating employer information in accordance with the inst return/report is for:     B This return/report is for:   a one-participant plan   a foreign plan     B This return/report is   the first return/report   the final return/report   a short plan year return/report (less than 12 months)     C Check box if filing under:   Form 5558   automatic extension   DFVC programing extension (enter description)     Part II   Basic Plan Information—enter all requested information   1b   Three-diginal plan number of part ing variant extension     10   The a single-employer plan)   All Name of plan   1b   Three-diginal plan number of part ing a single-employer plan)     Maling address (include room, apt., suite no. and street, or P.O. Box)   City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)   2c   Sponsor's name (employer, if for a single-employer plan indiministrator's name and address [] Same as Plan Sponsor.   3b   Administrat     14  | nis box must attach   |  |  |  |  |
| For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016   A This return/report is for: a single-employer plan Is of participating employer information in accordance with the store provide plan (not multitemployer) (Filers checking the store plan (not plan (not multitemployer) (Filers checking the store plan (not plan (not multitemployer)) (Filers checking the store plan (not plan (not multitemployer))).   C Check box if filing under: A form 5558 automatic extension DFVC prograve (PN)   Part II Basic Plan Information—enter all requested information 1 The mediag plan nume (PN)   1a Name of plan Store (not multitemployer) (Filers checking) 1 D FVC prograve (PN)   2a Plan sponsor's | nis box must attach<br>e form instructions.   |  |  |  |  |
| A This return/report is for:  | nis box must attach<br>e form instructions.   |  |  |  |  |
| A This return/report is for: a one-participant plan list of participating employer information in accordance with it is a one-participant plan   B This return/report is the first return/report the first return/report the first return/report   B This return/report is the first return/report a short plan vear return/report (less than 12 months)   C Check box if filing under: Form 5558 automatic extension DFVC programing special extension (enter description)   Part II Basic Plan Information—enter all requested information 1b Three-dig plan under   MeINS DAVIES, P.S. 401(k) SAVINGS PLAN 1b Three-dig plan under 1b Three-dig plan under   Mailing address (include room, apt., suite no. and street, or P.O. Box) 2b Employer 2b Employer   City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's 2d Business   15 WEST BAY DR., SUITE 302 ''MPIA, WA 98602 3b Administrator's name and address [' Same as Plan Sponsor. 3b Administrator's name and address [' Same as Plan sponsor. 3b Administrator's name   4 Total number of participants at the beginning of the plan year 5a 5b 5c   C Number of participants with account balances as of the end of the plan year 5b 5c   C Number of participants with accou  | e form instructions.  |  |  |  |  |
| □ an amended return/report □ a short plan year return/report (less than 12 months)   C C Check box if filing under: ▼ Form 5558 □ automatic extension □ DFVC progra   □ special extension (enter description) ■ ■ DFVC progra   Part II Basic Plan Information—enter all requested information ■ ■ ■   1a Name of plan ■ ■ DFVC progra ■   WENS DAVIES, P.S. 401(k) SAVINGS PLAN ■ ■ ■ DFVC progra   1a Name of plan ■ ■ DFVC progra ■ ■ DFVC progra   WENS DAVIES, P.S. 401(k) SAVINGS PLAN ■ ■ D Three-dig DFVC progra   2a Plan sponsor's name (employer, if for a single-employer plan) Malling address (include room, apt., suite no. and street, or P.O. Box) 2b Employer 2c Sponsor's   VENS DAVIES, P.S. 0 Toreign postal code (if foreign, see instructions) 2c Sponsor's 2c Sponsor's   VENS DAVIES, P.S. 0 Total number of participants and address S Same as Plan Sponsor. 3b Administrat 3c Administrat   3a Plan administrator's name and address S Same as Plan  |   |  |  |  |  |
| C Check box if filing under: Form 5558 automatic extension DFVC progra   Part II Basic Plan Information—enter all requested information 1b Three-dig plan number   Name of plan 1b Three-dig plan number of plan 1b Three-dig plan number of plan (PN) >   VENS DAVIES, P.S. 401(k) SAVINGS PLAN 1c Effective do 07/01/198 2b Employer 1   Ra Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) 2b Employer 1 (El) 91-0 2c Sponsor's   City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions) VENS DAVIES, P.S. 2c Sponsor's 2c Sponsor's come 2c Sponsor's come 3c Administration (CR) 4c Nministration (CR) 4c Nministration (CR) 4c PN 4c PN 4c PN 4c PN 4c PN 4c PN 5a 5b 5b 5c 5d(1) 5c 5d(1)   |   |  |  |  |  |
| I of motion I definition I definition I broce program   I broce program special extension (enter description) Ibroce program   Part II Basic Plan Information—enter all requested information Ibroce program   Ia Name of plan Ibroce program Ibroce program   WENS DAVIES, P.S. 401(k) SAVINGS PLAN Ibroce program Ibroce program   Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no. and street, or P.O. Box) 2broce program Employer   City or lown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's 2c Sponsor's   VENS DAVIES, P.S. 20 Business composed 541110   YMPIA, WA 98502 3brot daministrator's name and address [ Same as Plan Sponsor. 3brot daministration 3c Administrat   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4brote pin PN   A Total number of participants at the beginning of the plan year 5a 5b 5b 5c   Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 5d(1) 5d(1) <td></td>  |   |  |  |  |  |
|   | _   |  |  |  |  |
| Part II Basic Plan Information—enter all requested information   Ia Name of plan 1b Three-diginal plan number of plan   NENS DAVIES, P.S. 401(k) SAVINGS PLAN 1b Three-diginal number of plan number of participants at the beginning of the plan year.   Image: State in plan sponsor's name 2b Employer if for a single-employer plan)   Mailing address (include room, apt., suite no. and street, or P.O. Box) 2b Employer if (EIN) 91-0   City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's   VENS DAVIES, P.S. 2d Business or 541110   15 WEST BAY DR., SUITE 302 3b Administration's name and address Same as Plan Sponsor.   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3c Administrat   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3b Administrat   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3c Administrat   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3c   Image: State s  | n   |  |  |  |  |
| Ia Name of plan 1b Three-diginal NENS DAVIES, P.S. 401(k) SAVINGS PLAN   VENS DAVIES, P.S. 401(k) SAVINGS PLAN 1c Effective displan number of plan number of participants at the beginning of the plan year   Image: City of the plan sponsor's name (employer, if for a single-employer plan) 1c Effective displan number of participants at the beginning of the plan year   Image: City of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the beginning of the plan year 3b Administrat   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the beginning of the plan year 5a   Image: Comparison of the plan sponsor is a solution of the plan year 5b   Image: Comparison of active participants at the beginning of the plan year 5d(1)  |   |  |  |  |  |
| MENS DAVIES, P.S. 401(k) SAVINGS PLAN Inteo tag   Plan sponsor's name (employer, if for a single-employer plan) Inteo tag   Mailing address (include room, apt., suite no. and street, or P.O. Box) 2b   City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c   VENS DAVIES, P.S. 2t   Its WEST BAY DR., SUITE 302 2d   YMPIA, WA 98502 3b   A Plan administrator's name and address K Same as Plan Sponsor. 3b   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b   EIN 5a 5b   O Total number of participants at the end of the plan year 5b   Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c   It Total number of active participants at the beginning of the plan year 5c   | <u> </u>  |  |  |  |  |
| (PN) ▶   1c Effective of 07/01/199   2a Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer 1<br>(EIN) 91-0   VENS DAVIES, P.S. 2c Sponsor's<br>Source 2c Sponsor's<br>(include room)   15 WEST BAY DR., SUITE 302 2d Business of<br>S41110 3c   YMPIA, WA 98502 3b Administrator's name and address Same as Plan Sponsor. 3b Administrat   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the<br>name, EIN, and the plan number from the last return/report. 3b Administrat   3c Administrat 5a 5a 5a   0 Total number of participants at the beginning of the plan year 5b 5b   1c Number of participants with account balances as of the end of the plan year (only defined contribution plans<br>complete this item) 5d(1)  |   |  |  |  |  |
| ia Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer in<br>(EIN) 91-0   VENS DAVIES, P.S. 2c Sponsors (c   15 WEST BAY DR., SUITE 302 2d Business or<br>541110   YMPIA, WA 98502 3b Administration's name and address Same as Plan Sponsor. 3b   if the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the<br>name, EIN, and the plan number from the last return/report. 3c Administration's name   a Total number of participants at the beginning of the plan year 5a 5b   0 Total number of participants with account balances as of the end of the plan year (only defined contribution plans<br>complete this item) 5c   if(1) Total number of active participants at the beginning of the plan year 5d(1)   | 001   |  |  |  |  |
| Mailing address (include room, apt., suite no. and street, or P.O. Box) Impost (EIN) 91-0   City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's   VENS DAVIES, P.S. 2d Business c   5 WEST BAY DR., SUITE 302 541110   YMPIA, WA 98502 3b Administrator's name and address Same as Plan Sponsor. 3b Administrat   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN   A Sponsor's name 4c PN   Total number of participants at the beginning of the plan year 5b   Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c   If the number of active participants at the beginning of the plan year 5d(1)  |   |  |  |  |  |
| Image address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-0   City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's   VENS DAVIES, P.S. (I)   15 WEST BAY DR., SUITE 302 2d Business c   15 WEST BAY DR., SUITE 302 541110   YMPIA, WA 98502 3b Administrator's name and address Same as Plan Sponsor.   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3c Administrat   A Sponsor's name 4c PN   I Total number of participants at the beginning of the plan year 5a   D Total number of participants with account balances as of the end of the plan year (only defined contribution plans sci 5c   I(1) Total number of active participants at the beginning of the plan year 5d(1)  | dentification Numbe   |  |  |  |  |
| VENS DAVIES, P.S. 2c Sponsor's   ////////////////////////////////////   |   |  |  |  |  |
| 2d Business c   5 WEST BAY DR., SUITE 302   YMPIA, WA 98502   a Plan administrator's name and address S Same as Plan Sponsor.   3b Administrat   3c Administrat   | 2c Sponsor's telephone number<br>(360) 943-8320   |  |  |  |  |
| 15 WEST BAY DR., SUITE 302 541110   YMPIA, WA 98502 3b Administrator's name and address [] Same as Plan Sponsor.   a Plan administrator's name and address [] Same as Plan Sponsor. 3b Administrat   JC Administrat 3c Administrat   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN   A Sponsor's name 4c PN   Total number of participants at the beginning of the plan year 5a   D Total number of participants at the end of the plan year 5b   Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c   I(1) Total number of active participants at the beginning of the plan year 5d(1)  |   |  |  |  |  |
| a Plan administrator's name and address K Same as Plan Sponsor. 3b Administrat   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN   A Sponsor's name 4c PN   Total number of participants at the beginning of the plan year 5a   Show the plan system of participants at the end of the plan year 5b   Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 5d(1)   | •   |  |  |  |  |
| a Plan administrator's name and address Same as Plan Sponsor. 3b Administrat   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN   A Sponsor's name 4c PN   a Total number of participants at the beginning of the plan year 5a   b Total number of participants at the end of the plan year 5b   c Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c   d(1) Total number of active participants at the beginning of the plan year 5d(1)  |   |  |  |  |  |
| name, EIN, and the plan number from the last return/report. 4c PN   A Sponsor's name 4c PN   Total number of participants at the beginning of the plan year 5a   D Total number of participants at the end of the plan year 5b   C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c   I(1) Total number of active participants at the beginning of the plan year 5d(1)   | or's telephone num  |  |  |  |  |
| a Sponsor's name 4c PN   a Total number of participants at the beginning of the plan year 5a   b Total number of participants at the end of the plan year 5b   c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c   d(1) Total number of active participants at the beginning of the plan year 5d(1)   |   |  |  |  |  |
| a Total number of participants at the beginning of the plan year 5a   b Total number of participants at the end of the plan year 5b   c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c   d(1) Total number of active participants at the beginning of the plan year 5d(1)  |   |  |  |  |  |
| Total number of participants at the end of the plan year 5b   Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c   d(1) Total number of active participants at the beginning of the plan year 5d(1)  |   |  |  |  |  |
| Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c   d(1) Total number of active participants at the beginning of the plan year 5d(1)  |   |  |  |  |  |
| complete this item) 5c   I(1) Total number of active participants at the beginning of the plan year 5d(1)   |   |  |  |  |  |
| I(1) Total number of active participants at the beginning of the plan year  |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| Number of participants that terminated employment during the plan year with accrued benefits that were less   |   |  |  |  |  |
| than 100% vested  | (   |  |  |  |  |
| ution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established<br>der penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if a<br>or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best o<br>lief, it is true, correct, and complete   |   |  |  |  |  |
| IN X MILLIN ELZEITZ X KIRK M Ve   | plicable a Schodu   |  |  |  |  |
|   | plicable a Schodu   |  |  |  |  |
| Signăture of plan administrator Date Enter name of individual signing as plan   | pplicable, a Schedu<br>my knowledge and   |  |  |  |  |
| RE  | pplicable, a Schedu<br>my knowledge and   |  |  |  |  |
| Signature of employer/plan sponsor Date Enter name of individual signing as emp   | oplicable, a Schedu<br>r my knowledge and<br>S<br>administrator                               |  |  |  |  |
|   | oplicable, a Schedu<br>r my knowledge and<br>S<br>administrator                               |  |  |  |  |

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| 6a       | 2 F 2   |                 |                        |          |         |        |          |                 | X Yes No       |
|----------|---|-----------------|------------------------|----------|---------|--------|----------|-----------------|----------------|
| D        | Are you claiming a waiver of the annual examination and report of<br>under 29 CFR 2520.104-46? (See instructions on waiver eligibility<br>If you answered "No" to either line 6a or line 6b, the plan can | / and conditi   | ons.)                  |          |         |        |          |                 | X Yes 🗌 No     |
| С        | If the plan is a defined benefit plan, is it covered under the PBGC i   |                 |                        |          |         |        |          |                 | Not determined |
| Pa       | art III Financial Information   |                 |                        |          |         | _      |          |                 |                |
| 7        | Plan Assets and Liabilities   |                 | (a) Beginning          | of Yea   | ır      |        |          | (b) End of      | Year           |
| a        | Total plan assets   | . 7a            |                        | 11659    |         |        |          | <u><u> </u></u> | 1223251        |
| b        | Total plan liabilities  | . 7b            |                        |          |         |        |          |                 |                |
| C        | Net plan assets (subtract line 7b from line 7a)   | . 7c            |                        | 11659    | 911     |        |          |                 | 1223251        |
| 8        | Income, Expenses, and Transfers for this Plan Year  |                 | (a) Amou               | nt       |         |        |          | (b) Tot         | al             |
| a        | Contributions received or receivable from:<br>(1) Employers   | 8a(1)           |                        | 94       | 17      |        |          |                 |                |
|          | (2) Participants  | . 8a(2)         |                        | 489      | 941     |        |          |                 |                |
|          | (3) Others (including rollovers)  | . 8a(3)         |                        | -        |         |        |          |                 |                |
| b        | Other income (loss)   | 8b              |                        | 736      | 26      |        |          |                 |                |
| C        | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c              |                        |          |         |        |          |                 | 131984         |
| d        | Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | 8d              |                        | 746      | 44      |        |          |                 |                |
| e        | Certain deemed and/or corrective distributions (see instructions)   | 8e              |                        |          |         |        |          |                 |                |
| f        | Administrative service providers (salaries, fees, commissions)  | 8f              |                        |          |         |        |          |                 |                |
| g        | Other expenses  | 8g              |                        |          |         |        |          |                 |                |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h              |                        |          |         |        |          |                 | 74644          |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c)   | 8i              |                        |          |         |        | 57340    |                 |                |
| <u>i</u> | Transfers to (from) the plan (see instructions)   | 8j              |                        |          |         |        |          |                 |                |
| Pa       | rt IV Plan Characteristics  |                 |                        |          |         |        |          |                 | <u> </u>       |
| 9a       | If the plan provides pension benefits, enter the applicable pension<br>2E 2G 2J 2K 2T 3D  | feature code    | es from the List of P  | lan Cha  | racteri | stic C | odes in  | the instruct    | lions:         |
| b        | If the plan provides welfare benefits, enter the applicable welfare fe  | eature codes    | s from the List of Pla | in Chara | acteris | tic Co | des in t | he instruction  | ons:           |
| Par      | t V Compliance Questions  |                 |                        |          |         |        |          |                 |                |
| 10       | During the plan year:   |                 |                        |          | Yes     | No     | N/A      | A               | mount          |
| a        | Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)   | oluntary Fid    | uclary Correction      | 10a      |         | х      |          |                 |                |
| b        | Were there any nonexempt transactions with any party-in-interest?<br>reported on line 10a.)   | ? (Do not inc   | lude transactions      | 10b      |         | х      |          |                 |                |
| С        |   |                 |                        | 10c      | х       |        |          |                 | 150000         |
| d        | Did the plan have a loss, whether or not reimbursed by the plan's f<br>by fraud or dishonesty?  | fidelity bond   | , that was caused      | 10d      |         | х      |          |                 |                |
| 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 the | e benefits under       | 10e      | x       |        |          |                 | 2756           |
| f        | Has the plan failed to provide any benefit when due under the plan  | 1?              |                        | 10f      | T       | Х      |          |                 |                |
| g        | Did the plan have any participant loans? (If "Yes," enter amount as   | of year-end     | .)                     | 10g      | х       |        |          |                 | 30452          |
| 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  |                 | otice or one of the    | 10i      |         |        |          |                 |                |

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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<br>(Form 5500) and line 11a below)  |             |                        |                     |           |                           | Yes X No  |  |  |
| <u>11a</u>  | 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 (<br>ERISA?   | sectior     | on 302 of              |                     |           |                           |           |  |  |
|             | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)   |             |                        |                     |           |                           |           |  |  |
| а           | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.  |             | is, and                | l enter t<br>Day    |           | e of the lette<br>Year    | er ruling |  |  |
| lf y        | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line  |             |                        |                     |           |                           |           |  |  |
| 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                 |           |                           |           |  |  |
|             | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)   | left of a   | _                      | 12d                 |           |                           |           |  |  |
| e           | Will the minimum funding amount reported on line 12d be met by the funding deadline?  |             |                        |                     | Yes       | No No                     | N/A       |  |  |
| Part \      | /II Plan Terminations and Transfers of Assets   |             |                        |                     |           |                           |           |  |  |
| 13a         | Has a resolution to terminate the plan been adopted in any plan year?   |             |                        |                     | Ye:       | s X N                     | 0         |  |  |
|             | 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 brou control of the PBGC?  |             |                        |                     |           | Yes X                     | No        |  |  |
| c           | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident<br>which assets or liabilities were transferred. (See instructions.)                       | tify the pl | lan(s)                 | to                  |           |                           |           |  |  |
| 1:          | 3c(1) Name of plan(s):  | 1,          | 3c(2)                  | EIN(s) 13c(3) PN(s) |           |                           |           |  |  |
|             |   |             |                        |                     |           |                           |           |  |  |
| Part        | VIII Trust Information  |             |                        |                     |           |                           |           |  |  |
| 14a N       | lame of trust   |             |                        | 14b ⊤               | rust's E  | EIN                       |           |  |  |
| 14c N       | lame of trustee or custodian  |             |                        |                     |           | s or custodi<br>ne number | an's      |  |  |
| Part        | IX IRS Compliance Questions   |             | t                      |                     |           |                           |           |  |  |
| 15a k       | s the plan a 401(k) plan? If "No," skip b   |             | Yes                    |                     | [         | No                        |           |  |  |
| 15b ⊦<br>4  | low did the plan satisfy the nondiscrimination requirements for employee deferrals under section<br>01(k)(3) for the plan year? Check all that apply:   | ∐ s         | afe ha                 |                     |           |                           |           |  |  |
|             |   |             | Curren                 | it year"<br>st      | ar" 🗌 N/A |                           |           |  |  |
|             | Vhat testing method was used to satisfy the coverage requirements under section 410(b) for the plan<br>rear? Check all that apply:  | [] F        | Ratio<br>percen<br>est |                     | Average   |                           |           |  |  |
|             | Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules? |             | es /                   |                     | [         | No                        |           |  |  |
| 17a If      | the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS and the serial number  |             | etter o                | or advise           | ory lette | er, enter the             | date of   |  |  |
| 17b If      | the plan is an individually-designed plan that received a favorable determination letter from the IRS, er   | nter the d  | late of                | the mo              | st rece   | nt determin               | ation     |  |  |
| N           | efined Benefit Plan or Money Purchase Pension Plan Only:<br>/ere any distributions made during the plan year to an employee who attained age 62 and had not sepa<br>ervice?                               |             | m [                    | Yes                 |           | No                        |           |  |  |
| <b>19</b> W | /as any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?  |             | [                      | Yes                 |           | No                        |           |  |  |