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).

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

2016

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	rt i Annuai Repoi	rt identification information					
For c	alendar plan year 2016 or	fiscal plan year beginning 01/01/	<u>2016</u>	and ending 1	2/31/2016		
Ат	his return/report is for:	(Filers checking this box must attach a accordance with the form instructions.)					
		a one-participant plan	a foreign plan			,	
B Th	nis return/report is	the first return/report	the final return/repo	rt			
		an amended return/report	a short plan year ref	turn/report (less than 12 m	onths)		
C 0	check box if filing under:	X Form 5558	automatic extension	n	DFVC program		
_		special extension (enter desc	•				
Pa	rt II Basic Plan In	formation—enter all requested in	nformation		T	1	
	Name of plan	W DLAN			1b Three-digit		
RHOD	A M. PITCHER, INC. 401(K) PLAN			plan number (PN) ▶	002	
					1c Effective date of		
						11/2006	
ı	Mailing address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		ootrustions)	2b Employer Ident (EIN) 91-2	ification Number 2133678	
	A M. PITCHER, INC.	2c Sponsor's telephone number 425-688-8819					
					2d Business code	(see instructions)	
	IE 23RD PLACE VUE, WA 98004				5614	490	
DELLE	VOL, VVA 30004						
32	Dlan administrator's name	and address X Same as Plan Spo	nnor.		3b Administrator's	EIN	
Ja	rian auministrator s name	and address Same as Flan Spo	JIISOI.		SD Administrators	EIIN	
					3c Administrator's	telephone number	
		the plan sponsor has changed since	e the last return/report file	d for this plan, enter the	4b EIN		
	Sponsor's name	number from the last return/report.			4c PN		
	·	its at the beginning of the plan year			5a	:	
b	Total number of participan	its at the end of the plan year			5b		
		h account balances as of the end o	. , , ,	•	5c	:	
d(ʻ	1) Total number of active p	participants at the beginning of the p	olan year		5d(1)		
d(2	2) Total number of active _l	participants at the end of the plan ye	ear		5d(2)		
е		at terminated employment during th			5e		
Caut	ion: A penalty for the lat	e or incomplete filing of this retu	rn/report will be assesse	ed unless reasonable ca	use is established.		
Unde SB o	er penalties of perjury and	other penalties set forth in the instruand signed by an enrolled actuary,	uctions, I declare that I ha	ive examined this return/re	port, including, if appli		
SIGN	man in the contract	d/valid electronic signature.	09/15/2017	RHODA M. PITCHER			
HER		administrator	Date	Enter name of individ	lual signing as plan ad	lministrator	
SIGN	ı				<u> </u>		
HER	E	. ,.		F			

Date

Signature of employer/plan sponsor

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

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 									No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	Not determine	ned
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year				(b) End	of Year	
а	Total plan assets	7a		464585		585178				
b	Total plan liabilities									
С	Net plan assets (subtract line 7b from line 7a)	7c		464585	5				585178	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) T	otal	
а	Contributions received or receivable from:	- 4.0		70000						
	(1) Employers	8a(1)		48000						
	(2) Participants	8a(2)		40000						
	(3) Others (including rollovers)	8a(3)		2593						
	Other income (loss)	8b							120593	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							120393	
u	to provide benefits)	8d								
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							0	
i	Net income (loss) (subtract line 8h from line 8c)	8i				12059				
j	Transfers to (from) the plan (see instructions)									
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2J $$ 2E $$ 3D $$ 2K	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the insti	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic 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 described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary 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				
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				
f	Has the plan failed to provide any benefit when due under the pla	ın?	<u></u>	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						

ı	Form	550	0-SF	201	16

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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 con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter	the minimum required contribution for this plan year		12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?		🗌	Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			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 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 Annual Report	Identification Information		10/21/201	6					
For calendar plan year 2016 or fi	scal plan year beginning	01/01/2016 and end		The second secon					
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multien list of participating employer informa a foreign plan	tion in accordance with the fo	rm instructions.)					
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less t	han 12 months)						
C Check box if filing under:									
Part II Basic Plan Info	ormation—enter all requested in								
1a Name of plan RHODA M. PITCHER, IN	The Property Units Associated to		1b Three-digit plan number (PN) ▶	002					
			1c Effective date 01/01/200	5 . E					
Mailing address (include roo	oyer, if for a single-employer plan om, apt., suite no. and street, or P	.O. Box)	2b Employer Ide (EIN) 91 - 21	ntification Number					
City or town, state or provin RHODA M. PITCHER, I	2c Sponsor's te 425-688-8								
8610 NE 23RD PLACE		le (see instructions)							
BELLEVUE	WA 98004 and address X Same as Plan Sp		3b Administrato	Za EIN					
4 If the name and/or EIN of the name, EIN, and the plan n	he plan sponsor has changed sinc umber from the last retum/report.	e the last return/report filed for this plan, e	P to						
a Sponsor's name			4c PN						
		r		2					
 Number of participants with 	account balances as of the end	of the plan year (only defined contribution	plans 5c	2					
complete this item)		plan year	7.4(4)	2					
		year		2					
e Number of participants the	at terminated employment during t	he plan year with accrued benefits that we	re less 5e	0					
Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MS completed belief, it is true correct, and co	e or incomplete filing of this ret other penalties set forth in the inst and signed by an enrolled actuary	ructions, I declare that I have examined the as well as the electronic version of this ructions.	is return/report, including, if a eturn/report, and to the best of	pplicable, a ochequie					
SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator									
SIGN									
Preparer's name (including firm									
5				Form 5500-SF (2016)					

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 									Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan.	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not	determined
7	Plan Assets and Liabilities		(a) Beginning	of Voor				(b) End	of Voor	
	Total plan assets	. 7a	(a) Beginning	464,				(b) Ella	of Year	585,178
<u>a</u>	Total plan liabilities	. 7b		101,	0					3037170
	Net plan assets (subtract line 7b from line 7a)	75 7c		464,	585					585,178
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun					(b) 1	Γotal	•
a	Contributions received or receivable from:		(a) 7 amoun					(2)	- Ctui	
	(1) Employers	. 8a(1)		70,						
	(2) Participants	. 8a(2)		48,	000					
	(3) Others (including rollovers)	. 8a(3)								
b	Other income (loss)	. 8b		2,	593					
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								120,593
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d								
	Certain deemed and/or corrective distributions (see instructions)	. 8e								
	Administrative service providers (salaries, fees, commissions)	. 8f								
_ <u>'</u> _g	Other expenses									
	Total expenses (add lines 8d, 8e, 8f, and 8g)									(
	Net income (loss) (subtract line 8h from line 8c)									120,593
÷	Transfers to (from) the plan (see instructions)									
, Doi	t IV Plan Characteristics	· 8j								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	ndes in	the inst	tructions	
ou	2J 2E 3D 2K	i ioataio ot	Jaco Holli tilo Elot ol 1 i	arr Oria	raotorn		, a o o		a dollor lo	•
b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	des from the List of Pla	n Chara	acterist	tic Coc	les in t	he instr	uctions:	
_										
Par										
10	During the plan year:				Yes	No	N/A		Amo	unt
a	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	Fiduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	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 t exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice 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 complete	Sched	lule SE	3	Пү	es No
	(Form 5500) and line 11a below)		<u> </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 Code or se ERISA?		302 of		Y	es X No
	(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 instructions,	, and e	_		of the letter Year	ruling
If ·	granting the waiver		Day			
	Enter the minimum required contribution for this plan year		12b			
	Enter the amount contributed by the employer to the plan for this plan year		12c			
d		١.	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part						
	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No)
154	If "Yes," enter the amount of any plan assets that reverted to the employer this year		I3a	100	24 140	<u>'</u>
b			ı sa			
	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), identify the planth which assets or liabilities were transferred. (See instructions.)	an(s) to)			
1	3c(1) Name of plan(s):	c(2) E	IN(s)		13c(3)	PN(s)
				<u> </u>		
Part	VIII Trust Information					
14a	Name of trust	1	I4b ⊺	rust's E	IN	
14c	Name of trustee or custodian	1			or custodia e number	an's
Part	IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b.	'es			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section $\parallel \parallel$	esign-l afe har			"Prior ye test	ar" ADP
		Current DP tes			N/A	
16a		Ratio	togo	☐ Av	verage	□ N/A
- 101	t	ercent est	ıaye	∐ be	nefit test	∐ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	'es			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion the letter and the serial number	etter o	r advis	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, enter the cletter	late of	the mo	ost rece	ent determin	ation
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated froservice?	om [Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	[Yes		No	