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

Part I		rt Identification Informatior				
For calend	lar plan year 2016 or	fiscal plan year beginning 01/01/	201 <u>6</u>	and ending 1	2/31/2016	
A This re	turn/report is for:			plan (not multiemployer) employer information in a		
		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/repor			
•		an amended return/report	a short plan year ret	urn/report (less than 12 m	_	
C Check	box if filing under:	Form 5558 special extension (enter desc	automatic extension	1	DFVC program	
Part II	Racio Blan In	formation—enter all requested in	, ,			
1a Name		iormation—enter all requested in	nrormation		1b Three-digit	
		PROFIT SHARING PLAN			plan numbe	r
	, , , , , , , , , , , , , , , , , , , ,				(PN) •	001
					1c Effective da	te of plan 1/01/1998
		oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.0	O. Box)		' '	entification Number 1-0926155
City of WALD IMPO		nce, country, and ZIP or foreign pos	tal code (if foreign, see in	structions)		elephone number 822-0500
					2d Business co	de (see instructions)
	H AVE. W., SUITE 2	00				52900
LYNNWOOL	D, WA 98036					
3a Plan a	administrator's name	and address X Same as Plan Spo	nsor.		3b Administrato	or's EIN
					3C Administrate	or's telephone number
		the plan sponsor has changed since	the last return/report filed	d for this plan, enter the	4b EIN	
	e, EIN, and the plan r sor's name	number from the last return/report.			4c PN	
		its at the beginning of the plan year.			5a	15
b Total	number of participan	its at the end of the plan year			5b	14
C Numb		h account balances as of the end of			5c	11
d(1) Tot	tal number of active p	participants at the beginning of the p	lan year		5d(1)	(
		participants at the end of the plan ye			5d(2)	7
		at terminated employment during the			5e	(
Caution: /	A penalty for the lat	e or incomplete filing of this retur	n/report will be assesse	ed unless reasonable ca		
SB or Sch		other penalties set forth in the instru and signed by an enrolled actuary,				
SIGN		ed/valid electronic signature.	09/18/2017	LOUIS R. WALD		
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN						
HERE		oloyer/plan sponsor	Date		dual signing as emp	loyer or plan sponsor
Preparer's		n name, if applicable) and address (i	nclude room or suite num		Preparer's teleph	· · · · · · · · · · · · · · · · · · ·

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of		` ,						X Ye	s No
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	and condit	tions.)						X Ye	s No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	□ Not de	termined
	rt III Financial Information						1			
7	Plan Assets and Liabilities		(a) Beginning	of Vear				(b) End	of Year	
a	Total plan assets	7a		071228			'	(b) Liid	114936	54
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	1	071228	3				114936	54
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:		(4) 1 1112 311					(4)		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		22855						
	(3) Others (including rollovers)	8a(3)		70400						
<u>b</u>	Other income (loss)	8b		79102						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							10195	57
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		22182						
	Certain deemed and/or corrective distributions (see instructions).	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
a	Other expenses	8g		1639						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2382	<u> </u>
	Net income (loss) (subtract line 8h from line 8c)	8i							7813	6
÷	Transfers to (from) the plan (see instructions)									
	rt 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	odes in	the inst	ructions:	
	2A 2E 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
С				10c	X					150000
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?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	X					0
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 to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

ı	Form	550	0-SF	201	16

Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru					es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f		es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter t Day		of the lette Year _	r ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter	the minimum required contribution for this plan year		. 12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?		. 🔲	Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	0
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug		e 		Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2	2) EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d ["Prior ye test	ar" ADP
			Gur ADP	rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat perd test	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••	. Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the ins	structions to the Form	5500-SF.	Pub	lic Inspection		
Part I Annual Report	Identification Information	n			<u>.L</u>			
For calendar plan year 2016 or fi	scal plan year beginning 01/01/20		and ending 1.					
A This return/report is for:	a single-employer plan a one-participant plan	☐ a multiple-employer list of participating € ☐ a foreign plan	plan (not multiemploye employer information in	r) (Filers chec accordance v	king this bo	x must attach a n instructions.)		
B This return/report is	the first return/report	the final return/report						
÷	an amended return/report	amended return/report						
C Check box if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
	special extension (enter descr			_				
Part II Basic Plan Info	rmation—enter all requested int	formation						
1a Name of plan WALD IMPORTS, LTD. 401(k) PRO	OFIT SHARING PLAN			(PN)	number •	001		
					tive date of	plan		
2a Plan sponsor's name (employ Mailing address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.O	I Roy)		+		cation Number		
City or town, state or province WALD IMPORTS, LTD.	, country, and ZIP or foreign posta	al code (if foreign, see inst	ructions)	(EIN)	91-092615	5		
WALD IMPORTS, LTD.				4C Spon	sor's teleph (425) 83	one number 22-0500		
19910 - 50TH AVE. W., SUITE 200				2d Busine 45290	ess code (se	ee instructions)		
LYNNWOOD, WA 98036								
3a Plan administrator's name and	address K Same as Plan Spons	sor.		3b Admin	istrator's El	N		
4 If the name and/or EIN of the p name, EIN, and the plan numb a Sponsor's name	lan sponsor has changed since the from the last return/report.	ne last return/report filed fo	or this plan, enter the	4b EIN				
	the heginning of the plan was			4c PN				
5a Total number of participants atb Total number of participants at	the end of the plan year			5a		15		
C Number of participants with acc	count balances as of the end of the	e plan year (only defined a	contribution plans	5b		14		
d(1) Total number of active partici	ipants at the beginning of the plan			5c 5d(1)		11		
d(2) Total number of active partici	ipants at the end of the plan year	year	•	5d(2)		6		
 Number of participants that terr 	minated employment during the pl	an year with accrued ben	efite that were lace			7		
Caulion. A behally for the late or i	ncomplete filing of this return/re	anast will be seened		5e		0		
SB or Schedule MB completed and spelief, it is true, correct, and complete	igned by an enrolled actuary, as a	well as the electronic vers				e, a Schedule owledge and		
SIGN HERE	Walt	19/14/17	<u>v Louis</u>	<u> R.C</u>	hu)		
Signature of plan admi	inistrator	Date	Enter name of individu	al signing as	plan admini	strator		
Signature of employer/	nian enongos							
Preparer's name (including firm name	e, if applicable) and address (inclu	Date Ide room or suite number	Enter name of individual	al signing as e Preparer's tel	employer or	plan sponsor		
				Freparer's (e)	epnone nur	nber		

Form 5500-SF 2016		Page 2				
 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either line 6a or line 6b, the plan can If the plan is a defined benefit plan, is it covered under the PBGC 	of an independ y and condition I not use For i	lent qualified public a ons.) n 5500-SF and mus	ccountan	(IQPA	 5500	X Yes
Part III Financial Information	Control of the Control					
7 Plan Assets and Liabilities		(a) Beginning o	f Year		(b	End of Year
a Total plan assets	. 7a		1071228			1149364
b Total plan liabilities						
C Net plan assets (subtract line 7b from line 7a)	7c		1071228			1149364
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
Contributions received or receivable from: (1) Employers			_			
(2) Participants			22855			
(3) Others (including rollovers)	8a(3)			841	en meste	
b Other income (loss)	8b		79102			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	set se la compa	100			101957
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		22182			101937
e Certain deemed and/or corrective distributions (see instructions)	89					
f Administrative service providers (salaries, fees, commissions)	8f					
g Other expenses	8g		1639	100,10		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					23821
Net income (loss) (subtract line 8h from line 8c)	8i					78136
Transfers to (from) the plan (see instructions)	8j			11181		70130
art IV Plan Characteristics	<u> </u>					
If the plan provides pension benefits, enter the applicable pension f 2A 2E 2G 2J 2K 2T 3D						
If the plan provides welfare benefits, enter the applicable welfare fe	ature codes f	rom the List of Plan (haracteri	stic Co	des in the in	nstructions:
art V Compliance Questions						
During the plan year:			Yes	No	N/A	A
Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	luntary Fiduc	iany Correction		×		Amount
b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not inclu	de transactions	0a 0b	X		

Х

Х

Х

Х

0

Х

10d

10e

10f

10g

10h

Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

the plan? (See instructions.)

Has the plan failed to provide any benefit when due under the plan?

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

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

e 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

Eam	5500-	CE	2040

Page	3-	4
- 440	~	

Part V	Pension Funding Compliance						
11	s this a defined benefit plan subject to minimum funding requirements? (If "Vec " acc inch esti-	nd com	olete Sc	hedule !		7	
					·····		Yes
12	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the RISA?	0 1			of		Yes X
a	a waiver of the minimum funding standard for a prior year is being amortized in this plan year ago	inate at					
		Month	ioris, ar i	id enter Da		of the lete Year	
	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.					
	ter the minimum required contribution for this plan year			12b			
C Er	ter the amount contributed by the employer to the plan for this plan year			12c			
	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the gative amount)			12d			
e v	ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part VI	Plan Terminations and Transfers of Assets						
13a н	as a resolution to terminate the plan been adopted in any plan year?				Yes	× X 1	No
If	Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b W	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro ntrol of the PBGC?	ught un	der the			Yes	No No
└ 11,	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider ich assets or liabilities were transferred. (See instructions.)	ntify the	plan(s)	to		-	
130	1) Name of plan(s):		13c(2)	EIN(s)		13c/3	B) PN(s)
				<u>`</u>			y : : (b)
Part VII	Trust Information						
14a Nam			- T	445 =			
				14b ⊤	rust's E	IN	
14c Nan	e of trustee or custodian						
			ĺ	14d Tr	ustee's lephon	or custod	lan's
Part IX	IRS Compliance Questions						
15a Is th	e plan a 401(k) plan? If "No," skip b		Yes		E	No	
15b How 401(l	did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		Design safe ha	-based rbor		"Prior ye test	ar" ADP
		IП	"Currer ADP te			N/A	
16a Wha year	testing method was used to satisfy the coverage requirements under section 410(b) for the plan? Check all that apply:		Ratio percen test	tage		rage efit test	□ N/A
ior in	ne 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		П	No	
the le	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS tter and the serial number				ry letter	, enter the	
	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	ter the	date of	the mos	t recen	t determina	ation
Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?	rated fr	om [Yes		No	
9 Was a	iny plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		[Yes		 No	
					_		