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

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit THE AK GROUP RETIREMENT PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2010 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 27-0114689 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number THE AK GROUP, LLC 425-305-4121 2d Business code (see instructions) 11000 N.E. 33RD PL., SUITE 320 541990 BELLEVUE, WA 98004 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 35 5a Total number of participants at the beginning of the plan year 5b 47 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 22 5c complete this item)..... 29 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 40 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	true, correct, and complete.							
SIGN HERE	Filed with authorized/valid electronic signature.	09/20/2017	EMILY BARBER					
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spo					
Preparer's	name (including firm name, if applicable) and address (include i	oom or suite number	r)	Preparer's telephone number				

Form 5500-SF 2016 Page **2**

	 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 (I under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 								X Yes [No No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and mus	t instea	ad use	Form	5500.		_	<u> </u>
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not determ	nined
Pa	rt III Financial Information		-							
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
a	Total plan assets	7a		966186	;				662403	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		966186	5				662403	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) 1	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		35519						
	(1) Employers	8a(2)		111417						
-	(3) Others (including rollovers)	8a(3)		1023						
	Other income (loss)	8b		23182						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							171141	
	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d		474905						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		19)					
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							474924	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-303783			
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	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					100000
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	in?		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			10i						

Form	5500	-SF	201	6

Page 3-	1
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Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No	
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?							Yes X No	
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d				
		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			1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo	
	If "Ye	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 brougout of the PBGC?		er the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to				
	13c(1)	Name of plan(s):	1	3c(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 custod ne number	lian's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP	
			ΙП '	"Curre	ent year test	<u>"</u>	N/A		
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A	
	for the	be 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								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	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?			Ye	s	No		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

Short Form Annual Return/Report of Small Employee

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		Identification Information								
For calend	dar plan year 2016 or fis	scal plan year beginning 01/01/201	16	and ending 12	/31/2016					
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer p list of participating er	lan (not multiemployer) nployer information in a						
0000 00000000		a one-participant plan	a foreign plan			E ING F DIELO/ELEMENDADO				
B This ref	turn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return/report (less than 12 months)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	n				
		special extension (enter descr								
Part II	Basic Plan Info	rmation—enter all requested inf	formation							
1a Name THE AK GF	e of plan ROUP RETIREMENT P	LAN			1b Three-digit plan numb (PN) ▶	1				
			1c Effective di 01/01/2010							
Mailin	g address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O			2b Employer II (EIN) 27-01	dentification Number 114689				
THE AK GR		e, country, and ZIP or foreign posta	al code (if foreign, see inst	ructions)	100	telephone number 425) 305-4121				
11000 N.E.	33RD PL., SUITE 320				2d Business co 541990	ode (see instructions)				
BELLEVUE,										
3a Plan administrator's name and address K Same as Plan Sponsor.					3b Administrator's EIN					
					SC Administrat	or's telephone number				
A 16.11-		alan ananan bar aban ad alam b	ha last sets on Jean and file of fi	as this plan as too the	45	***				
		plan sponsor has changed since t ber from the last return/report.	ne last return/report filed for	or this plan, enter the	4b EIN					
a Spons	or's name				4c PN					
5a Total	number of participants	at the beginning of the plan year								
		at the end of the plan year			. 5b	47				
	A service and the service of the ser	ccount balances as of the end of the			5c	22				
d(1) Tot	al number of active part	ticipants at the beginning of the pla	n year		5d(1)	29				
		ticipants at the end of the plan yea			. 5d(2)	40				
than	100% vested	erminated employment during the			5e	0				
Caution: A	A penalty for the late o	r Incomplete filing of this return er penalties set forth in the instruct	report will be assessed	uniess reasonable ca	use is established	d.				
SB or Sche		d signed by an enrolled actuary, as		sion of this return/repo	rt, and to the best of					
SIGN	Gunly B.	arles	19/19/2017	* Emily B	arber					
HERE	Simplyon of plan and	Iminiatrator	Date	Enter name of individ	lual signing as plar	administrator				
	Signature of plan ad	illimistrator								
SIGN	Signature of plan ad	immistrator								
	Signature of employ		Date	Enter name of individ	lual signing as emp	ployer or plan sponsor				
SIGN HERE	Signature of employ		Date		lual signing as emp					
SIGN HERE	Signature of employ	er/plan sponsor	Date							
SIGN HERE	Signature of employ	er/plan sponsor	Date							
SIGN HERE	Signature of employ	er/plan sponsor	Date							

Form 5500-SF 2016		Page 2	-
 Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibiling lifyou answered "No" to either line 6a or line 6b, the plan can be called the plan is a defined benefit plan, is it covered under the PBGC 	of an independ ty and condition nnot use Fort	dent qualified public accountant (IQP ons.) n 5500-SF and must instead use F	A) X Yes No
Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	966186	662403
b Total plan liabilities	7b		
C Net plan assets (subtract line 7b from line 7a)	7c	966186	662403
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	35519	
(2) Participants	8a(2)	111417	
(3) Others (including rollovers)	8a(3)	1023	
b Other income (loss)	8b	23182	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		171141
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	474905	
e Certain deemed and/or corrective distributions (see instructions)	8e	19	
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	<u> </u>	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		474924
i Net income (loss) (subtract line 8h from line 8c)	8i		-303783
j Transfers to (from) the plan (see instructions)	8i	fun	
Part IV Plan Characteristics	··l· 7		
9a If the plan provides pension benefits, enter the applicable pension 2G 2J 2K 2T 3D	n feature code	es from the List of Plan Characteristic	Codes in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare	feature codes	from the List of Plan Characteristic	Codes in the instructions:
Part V Compliance Questions			
10 During the plan year:		Yes N	lo N/A Amount

10	During the plan year:			No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	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	10i				

Form 5500-SF 201	16
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Page 3-	1	ì
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Part	VI	Pension Funding Compliance							
11	ls th (Fo	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c rm 5500) and line 11a below)	ompl	ete Sc	hedule S	В		Yes	X No
<u>11a</u>		er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co SA?	ode o	r section	on 302 o	f	[Yes	X No
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins nting the waiver	Ionth	ons, an	id enter i Day		of the le		ling ——
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			1	_			
<u>b</u>	Ente	the minimum required contribution for this plan year			12b				
c	Enter	the amount contributed by the employer to the plan for this plan year		·····	12c				
d 	Sub nega	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lative amount)	eft of	а	12d				
e	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	3 X	No	,
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer cont	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?	ht und	der the			Yes	X N	0
С	lf, dι	uring 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.)) to				
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		130	13c(3) PN(s)	
Part	VIII	Trust Information		_		l			
14a N	Name	of trust			14b T	rust's E	IN .		
14c	Name	of trustee or custodian					or custo		2
					-	-100.107	io manno	21	
Part	IX	IRS Compliance Questions							
15a i	s the	plan a 401(k) plan? If "No," skip b		Yes			No		_
15b /	How c 101(k)	lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	111	Desig safe h	n-based larbor		"Prior test	year" .	ADP
				"Curre ADP t	ent year" est	[N/A		
16a \	What year?	testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		erage nefit test		N/A
16b t	Did th	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	-	
17a ı	f the p	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS o ter and the serial number	pinior			-			
<u>l</u>	etter_	plan is an individually-designed plan that received a favorable determination letter from the IRS, ent	er the	date	of the mo	st rece	nt detem	ninatio	n
٧	Vere :	d 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 separ 3?	ated t	from	Yes		No		
19 v	Vas a	ny plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No		