	m 5500-SF	Short Form Annua	al Return/Repo Benefit Plar	rt of Small Employe	e	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service		under sections 104 an	d 4065 of the Employee Retirer		2016
	epartment of Labor enefits Security Administration	Income Security Act of 1974 ((ERISA), and sections 6 Revenue Code (the Co	6057(b) and 6058(a) of the Inter ode).	This	Form is Open to
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the in	structions to the Form 5500-S		olic Inspection
Part I		dentification Information			2010	
For calenda	ar plan year 2016 or fisc		_	and ending 12/31/2		
A This ret	urn/report is for:	a single-employer plan] a one-participant plan		plan (not multiemployer) (Filers employer information in accorda	-	
B This retu	urn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 months	5)	
C Check	box if filing under:	Form 5558	automatic extensio	n 🗌 D	FVC program	
Part II	Basic Plan Infor	mation—enter all requested info	,			
1a Name	of plan) PROFIT SHARING PLAN	Sindlon		Three-digit plan number (PN) ► Effective date	001 of plan 27/1978
Mailing	g address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O. country, and ZIP or foreign posta			Employer Iden	tification Number 0527821
	ALSKOG PLLC	country, and ZIP of foreign posta	ii code (ii ioreign, see ii	2c	Sponsor's tele 425-82	phone number 2-9281
P.O. BOX 90 KIRKLAND, V				2d	Business code 541	(see instructions) 110
3a Plan a	dministrator's name and	address X Same as Plan Spon	sor.		Administrator's	EIN telephone number
name	, EIN, and the plan num	blan sponsor has changed since t ber from the last return/report.	he last return/report file		EIN	
a Spons	or's name				PN	
5a Totalı	number of participants a	t the beginning of the plan year			5a	17
		t the end of the plan year			5b	12
		count balances as of the end of t			50	12
d(1) Tota	al number of active parti	cipants at the beginning of the pla	n year		l(1)	14
• •		cipants at the end of the plan yea prminated employment during the		hanafita that wara laga	1(2) 5e	12
		incomplete filing of this return				
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return er penalties set forth in the instruct signed by an enrolled actuary, as ete.	tions, I declare that I ha	ve examined this return/report,	including, if appl	
SIGN		alid electronic signature.	09/28/2017	DAVID JOHNSTON		
HERE	Signature of plan ad	ministrator	Date	Enter name of individual si	ianina as nlan ac	Iministrator
SIGN			Daio		iyiniiy as plattat	
HERE		<i>.</i> .				
Preparer's	Signature of employed name (including firm name	er/plan sponsor me, if applicable) and address (ind	Date clude room or suite nun	Enter name of individual sinber) Pre	igning as employ parer's telephon	
<u> </u>		see the Instructions for Form 5500	~-			Form 5500 SE (2016)

6a b c	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 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 If the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condit ot use Fo	ndent qualified public accountant (itions.) rm 5500-SF and must instead us	IQPA) Yes No See Form 5500.
	rt III Financial Information	•	0 ()	
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	4037244	4655789
b		7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	4037244	4655789
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	108946	
	(2) Participants	8a(2)	170264	
	(3) Others (including rollovers)	8a(3)	0	
b		8b	393889	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		673099
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	32309	
е	Certain deemed and/or corrective distributions (see instructions).	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	22245	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		54554
:	Nat income (lass) (subtract line 8h from line 8c)	o;		618545

Part IV Plan Characteristics

j

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

Transfers to (from) the plan (see instructions)

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2R 2T 3D 9a

8i

8j

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

Part 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	Х			8
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			200000
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		x		
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			22987
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				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)					י 🗌 א	′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					. П Y	′es 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the lette	r 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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive 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 XN	0	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes 🗙	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		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	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an'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:		Desigi safe h	n-basec arbor	[Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	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	ntage		verage enefit test	N/	A
16b		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			No		
	the le		-			-			ł
17b	10 11 -	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [No		

	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Employ	yee	OMB Nos, 1210-0110 1210-0089
Inte	ernal Revenue Service	This form is required to be file	d under sections 104 and	4065 of the Employee Reti	irement	2016
Employee I	Department of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the In	iternal	This Form is Open to
Pension E	Benefit Guaranly Corporation	Complete all entries in	accordance with the inst	ructions to the Form 550	0.SE	Public Inspection
Part I	Annual Report	Identification Information		additions to the Form 350	<u>-31.</u>	
For calend	dar plan year 2016 or t	fiscal plan year beginning	01/01/2016	and ending	12/3	1/2016
		X a single-employer plan	a multiple-employer p	lan (not multiemployer) (Fil		
A This re	eturn/report is for:	a one-participant plan	list of participating er	nployer information in acco	ordance w	ith the form instructions.)
R This set	turn/report is	the first return/report				
	uninepon is		the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 mon	ths)	
C Check	box if filing under:	X Form 5558	automatic extension	П	DFVC pr	0.0ram
		special extension (enter descr			bi vo pi	ogram
Part II	Bacio Blan Infe			_		
		prmation—enter all requested inf	ormation			
1a Name			_	1	b Three	
Livengo	od Alskog PLL	C 401(k) Profit Shari	ng Plan		pian r (PN)	number 001
						ive date of plan 7/1978
2a Plan s	ponsor's name (emplo	oyer, if for a single-employer plan)				yer Identification Number
Mailin	g address (include roo	m, apt., suite no. and street, or P.O	. Box)			91-0527821
City or	r town, state or provinc	ce, country, and ZIP or foreign posta	al code (if foreign, see inst	ructions)		sor's telephone number
Livenge	ood Alskog PL	LC		-		322 - 9281
				2		ess code (see instructions)
Р.О. Во	ox 908			-	54111	
	_					
Kirklar		WA 98083				
3a Plan a	idministrator's name a	nd address 🛛 Same as Plan Spon	sor.	3	b Admin	istrator's EIN
				3	C Admin	istrator's telephone number
4 If the r	name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed for	or this plan, enter the 4	b EIN	
name	, EIN, and the plan nu	mber from the last return/report.		_		
	or's name				C PN	
5a Total r	number of participants	at the beginning of the plan year			5a	17
		at the end of the plan year			5b	12
C Numb	er of participants with	account balances as of the end of t	he plan year (only defined	contribution plans		12
compl	lete this item)	597			5c	12
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	ın year		5d(1)	14
		rticipants at the end of the plan yea			5d(2)	
e Numb	per of participants that	terminated employment during the	plan year with accrued be	nefits that were less		12
than 1	100% vested				5e	0
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable cause	is establ	ished
SD 01 SUIE	completed an	ner penalties set forth in the instruct ad signed by an enrolled actuary, as	well as the electronic ver	examined this return/report	t, including	g, if applicable, a Schedule
belief, it is t	rue, correct, and comp	plete.		of the the return report, a		est of my knowledge and
SIGN	Dunal	Jacut	7-28-17	David Johnston		
HERE	Signature of plan a	aministrator	Date		alar!-	
SIGN		04		Enter name of individual		
SIGN HERE	Dand	Anno	9-28-17	David Jo		
	Signature of emplo	yor/plan sponsor	Date			employer or plan sponsor
reparer's i	name (including firm n	ame, if applicable) and address (ind	clude room or suite numbe			elephone number
For Danamura	ork Roduction Act Notice				_	

Form 5500-SF 2016

Page 2

D	Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions.)					X Yes	No
-	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	ident qualified public	accoun	tant (IC	QPA)		X Yes	
	If you answered "No" to either line 6a or line 6b, the plan canr	1ot use Fo	rm 5500-SF and mus	st inste	ad use	For	n 5500.	д гез	
	If the plan is a defined benefit plan, is it covered under the PBGC in							No Not dete	rmined
_	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r T		(b) End of Year	
а	Total plan assets	7a		,037,					55,78
	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	4	,037,	244			4,6	55,78
3	Income, Expenses, and Transfers for this Plan Year		(a) Amoui	nt				(b) Total	
	Contributions received or receivable from:			100	040				
	(1) Employers	8a(1)		108,	-		_		_
	(2) Participants	8a(2)		170,	264				
	(3) Others (including rollovers)	8a(3)			0	_			
	Other income (loss)	8b		393,	889				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		_				6	73,09
d	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d		32,	309				
	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f		22,	245				
g	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							54,55
	Net income (loss) (subtract line 8h from line 8c)	8i							.8,54
	Fransfers to (from) the plan (see instructions)	8i							
Раг	IV Plan Characteristics								
_	If the plan provides pension benefits, enter the applicable pension	feature coo	les from the List of PI	an Cha	racteri	atic Co	ndes in th	e instructions:	
	2E 2F 2G 2J 2K 2R 2T 3D							e monuono.	
b	If the plan provides welfare benefits, enter the applicable welfare fe								
		eature code	es from the List of Pla	n Chara	acterist	ic Co	des in the	instructions:	
		eature code	es from the List of Pla	n Chara	acterist	ic Co	des in the	instructions:	
Part	V Compliance Questions	eature code	es from the List of Pla	n Chara				instructions:	
Part 0	V Compliance Questions During the plan year:			n Chara	rcterist Yes	ic Coo No	des in the	instructions:	
Part	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribui described in 29 CFR 2510.3-102? (See instructions and DOL's V	tions within ′oluntary Fi	the time period duciary Correction	n Chara					
Part 0 a	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribui described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	tions within ′oluntary Fi ? (Do not ir	the time period duciary Correction	10a	Yes	No			
Part 0 a b	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	tions within ′oluntary Fi ? (Do not ir	the time period duciary Correction nclude transactions	10a 10b	Yes			Amount	
Part 0 a b c	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribuid described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	tions within /oluntary Fi ? (Do not ir	the time period duciary Correction nclude transactions	10a	Yes	No		Amount	
Part 10 a b	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	tions within /oluntary Fi ? (Do not ir fidelity bon	the time period duciary Correction nclude transactions d. that was caused	10a 10b	Yes	No		Amount	00,00
Part 0 a b c d	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribuid described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	tions within 'oluntary Fi ? (Do not ir fidelity bon ner persons e or all of t	the time period duciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d	Yes	No		Amount	
Part 0 a b c d	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were there, agents, or othere	tions within 'oluntary Fi ? (Do not ir fidelity bon fidelity bon ner persons ne or all of ti	the time period duciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d	Yes	No X X		Amount	
Part 0 a b c d e	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribuid described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan	tions within /oluntary Fi ? (Do not ir fidelity bon ner persons ne or all of ti	the time period duciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d 10e 10f	Yes	No X X X		Amount 2	00,00
Part 0 a b c d e f	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.)	tions within 'oluntary Fi ? (Do not ir fidelity bon her persons he or all of ti n? s of year-er 'See instruc	the time period duciary Correction nclude transactions d, that was caused by an insurance he benefits under nd.)	10a 10b 10c 10d	Yes X X	No X X X		Amount 2	

Form 5500-SF 2016

Page	3-	
. ~go	-	

Part	/I Pension Funding Compliance					-
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor (Form 5500) and line 11a below)	mplete Scl	nedule S	В	Ye	s 🗌 N
11a	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 Cod ERISA?	e or section	on 302 o	F	Ye	s X N
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver	nth	d enter t Day		of the letter i Year	uling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13					
b	Enter the minimum required contribution for this plan year		12b			
CE	Inter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	t of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	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?			Yes	s X No	
	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 brought control of the PBGC?	under the			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) to			
	Bc(1) Name of plan(s):	13c(2) EIN(s)	- 1	13c(3)	PN(s)
Part	/III Trust Information					
_				_		
14 d N	ame of trust		140 1	rust's E	IN	
14c №	lame of trustee or custodian				s or custodiar le number	ı's
Part	IX IRS Compliance Questions					
15a 🛙	s the plan a 401(k) plan? If "No," skip b	Yes		[] No	
15b ⊦ 4	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:	⊔ safe i	n-based arbor	Ĺ	"Prior year test	" ADP
		ADP 1	ent year" test] N/A	
16a v	Vhat testing method was used to satisfy the coverage requirements under section 410(b) for the plan rear? Check all that apply:		entage		erage nefit test	N/A
16b [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?	test			No	
17a II	the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op he letter and the serial number	inion letter	or advis	ory lette	er, enter the c	late of
17b (the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	r the date	of the m	ost rece	nt determina	tion
V	efined Benefit Plan or Money Purchase Pension Plan Only: Vere any distributions made during the plan year to an employee who attained age 62 and had not separa ervice?	ted from	Yes] No	

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?.....

No No