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.

0046

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	art I Annual Report	t Identification Information								
For	calendar plan year 2016 or f	fiscal plan year beginning 01/01/2	2016 and ending 12	2/31/2016						
A 7	Γhis return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (list of participating employer information in ac	•	-					
		a one-participant plan	a foreign plan							
Вт	his return/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return/report (less than 12 m	nonths)						
C	Check box if filing under:	Form 5558	automatic extension	X DFVC pi	rogram					
_		special extension (enter descr	· /							
	·	ormation—enter all requested inf	formation	41						
	Name of plan ' & GILES, INC. 401(K) PLA	N		1b Three	e-digit number					
DOTT	& GILES, INC. 401(K) PLA	IN		(PN)		001				
					tive date of					
2a	Plan snonsor's name (emple	oyer, if for a single-employer plan)		2h Emple		cation Number				
	Mailing address (include roo	om, apt., suite no. and street, or P.O		(EIN)		31016				
OTV	City or town, state or province & GILES, INC.	ce, country, and ZIP or foreign post	al code (if foreign, see instructions)	2c Spon	sor's teleph	none number				
JUTY	& GILES, INC.				509-924	7755				
				2d Busin	ess code (s	see instructions)				
	N PINES RD ANE VALLEY, WA 99206				52421	10				
3a	Plan administrator's name a	and address X Same as Plan Spor	nsor.	3b Admir	nistrator's E	IN				
				3c Admir	nietrator'e te	elephone number				
				JC Admin	ilistrator s te	sieprione number				
4		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN						
а	Sponsor's name			4c PN						
5a	Total number of participants	s at the beginning of the plan year		5a		ţ				
b	Total number of participants	s at the end of the plan year		5b		4				
С	•		the plan year (only defined contribution plans	5c		;				
d(1) Total number of active pa	articipants at the beginning of the pl	an year	5d(1)						
d(2) Total number of active pa	articipants at the end of the plan yea	ar	5d(2)						
е	Number of participants that than 100% vested	t terminated employment during the	plan year with accrued benefits that were less	5e						
Cau	tion: A penalty for the late	or incomplete filing of this return	n/report will be assessed unless reasonable ca	use is estab	olished.					

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 true, correct, and complete

	Filed with authorized/valid electronic signature.	10/06/2017	KEN GILES				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE		Enter name of individual signing as employer or plan sponsor					
HEKE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				
	Signature of employer/plan sponsor name (including firm name, if applicable) and address (include						

Form 5500-SF 2016 Page **2**

b Any you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) under 20 FT 250:1044-87 (See instructions on waiver etigibility and correlations. If you answered "No" to either line 6 as of line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. C If the plan is a defined benefit plan, is a covered under the PBGC insurance program (see ERISA acction 42117)		Were all of the plan's assets during the plan year invested in eligib		,						X Yes	No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
7 Plan Assets and Liabilities 7a 341138 201495 a Total plan assets 7b 7a 341138 201495 b Total plan isbellines 7b 7b 201495 c Net plan assets (subtract line 7b from line 7a)	С						_	_		Not determin	ned
a Total plan assets	Pai	t III Financial Information									
a Total plan assets	7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End of `	/ear	
C. Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a							261495	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 1533 (2) Participants. (2) Participants. (3) Others (including rollovers). 8a(2) 1842 (3) Others (including rollovers). 8a(3) 5 Other (including rollovers). 8a(3) 6 Dither income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 21899 6 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 21899 6 Bib 18524 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 21899 6 Bib 101381 6 C Certain deemed and/or corrective distributions (see instructions). 8e 101381 7 Administrative service providers (salaries, fees, commissions). 8f 100 9 Other expenses (add lines 8d, 8e, 8f, and 8g). 8h 100 9 Other expenses (add lines 8d, 8e, 8f, and 8g). 8h 101542 1 Transfers to (from) the plan (see instructions). 8 Bil 7-79643 1 Transfers to (from) the plan (see instructions). 8 Bil 7-79643 1 Transfers to (from) the plan (see instructions). 8 Bil 7-79643 1 Transfers to (from) the plan (see instructions). 8 Bil 7-79643 1 Transfers to (from) the plan (see instructions). 8 Bil 7-79643 1 Transfers to (from) the plan (see instructions). 8 Bil 7-79643 1 Transfers to (from) the plan (see instructions). 8 Bil 7-79643 1 Transfers to (from) the plan (see instructions). 8 Bil 7-79643 1 Transfers to (from) the plan (see instructions). 8 Bil 7-79643 1 Transfers to (from) the plan (see instructions). 8 Bil 7-79643 1 Transfers to (from) the plan (see instructions). 8 Bil 7-79643 1 Transfers to (from) the plan (see instructions). 9 Bil the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2 Extra 2d 2d 2d 3d	b	Total plan liabilities	7b								
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Net plan assets (subtract line 7b from line 7a)	7c		341138	1				261495	
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) Tota	l	
(2) Participants	а		0-(4)		1533						
(a) Others (including rollovers)			1			_					
b Other income (loss)			1		1042						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·			18524						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		. ,								21899	
e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). g Other expenses			oc			-				21000	
f Administrative service providers (salaries, fees, commissions)			8d		101381						
g Other expenses with provided spatialities, recess to minimisonity. g Other expenses (add lines 8d, 8e, 8f, and 8g)	<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		100)					
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		61						
Part IV Plan Characteristics Plan Characteristics Plan Characteristics	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							101542	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: E	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-79643	
9a	j	Transfers to (from) the plan (see instructions)	8j								
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	Par	t IV Plan Characteristics									
Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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 the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 43472 10h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 1 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instruct	ions:	
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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 the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acteris	tic Coc	des in t	he instruction	ons:	
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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 the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Par	t V Compliance Questions									
a 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)						Yes	No	N/A	4	mount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribu		· ·			X				
reported on line 10a.)					10a						
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		· · · · · · · · · · · · · · · · · · ·	•		10b		X				
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X				3	35000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan?	d				10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides son	ne or all of	the benefits under	10e		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the plan	an?		10f		X				
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	X				4:	3472
	h	·	•		10h		X				
	i				10i						

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Page 3-	1	

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)					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	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
	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

1210-0089 2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Revenue Code (the Code).

Hension	General Guaranty Corporation	► Complete all entries in a	ccor	dance w	ith the ir	ıst	ructions to the Form t	5500-8F.		no mapoonon
Part I		Identification Information								
For calen	dar plan year 2016 or fl	scal <u>plan</u> year beginning	017	01/20	16		and ending	12/	31/2016	
		X a single-employer plan					an (not muitiemployer)			
A This r	eturn/report is for:	a one-participant plan	_	ist of par foreign (en	nployer information in e	ccordance	with the for	n Instructions.)
B This re	turn/report is	the first return/report	☐ th	e final re	turn/repo	ort				
		an amended return/report	_ a	short pla	ın year re	tur	n/report (less than 12 n	nonths)		
C Check	c box if filing under:	X Form 5558	□ a	utomatic	oxtensio	n		X DFVC	program	
		special extension (enter descri								
Part II	📗 Basic Plan Info	rmation—enter all requested info	omati	ion						
1a Nam Doty &	e ofpian Giles, Tnc. 4(Ol(k) Plan							number	001
									ctive date o	f plan
2a Plan	tonnenr'e name (ample	yer, if for a single-employer plan)		- · ·			·		01/2005	
Maillr	ng address (include roor	yer, ir for a single-employer plan) π, apt., suite no. and street, or P.O. e. country, and ZIP or foreign posta	Box)	e (if fore)	an, see ir	hstr	uctions)	(EIN)91 <u>-193</u>	
Doty &	Giles, Inc.			,			,	1	nsor's telep - <u>924</u> - 77.	hone number 55
1213 N	Pines Rd							2d B usi 5242		see instructions)
Spokan	e Valley	WA 99206								
		d eddress X Same as Plan Spons	sor.				T. 1-	3b Adm	inistrator's I	FIN
4 If the	name and/or EIN of the	plan sponsor has changed since the	ne lasi	t return/n	eport file		or this plan, enter the	4b EIN		
name	e, EIN, and the plan num sor's name	nber from the last return/report.					ino pari, orias ing	4c PN		
5a Total	number of participants	et the beginning of the plan year								
		et the end of the plan year						5b	,r.	•
C Numb	per of participants with a	account balances as of the end of th	ie plai	n year (o	nly defin	ed	contribution plans	5c		4
		ticipants at the beginning of the plan						5d(1)		
		ticipents at the end of the plan year						5d(2)		<u> </u>
e Num	ber of participants that t	erminated employment during the p	olan ye	ear with a	accrued l	ber	efits that were less	5e		
_Caution: /	A penalty for the late o	r incomplete filing of this return/:	repor	t will be	8550856	d i	Iniess reasonable car	use is estal	blished.	
SB or Sch	alties of perjury and oth edule MB completed an <u>true, correct, and comp</u>	er penalties set forth in the instruction of signed by an enrolled actuary, as lete.	ons, i well a	declare as the ele	that I hav actronic v	/e r	examined this return/re sion of this return/repor	port, includi t, and to the	ng, if applic best of my	able, a Schedule knowledge and
SIGN	145/			10/0	115		Ken Giles			
HERE THE PARTY OF								i-i		
SIGN				Date			Enter name of individual	uai signing i	as pian adm	inistrator
HERE	Signature of employ	er/nlan snonsor		Date		7	Catas name of individu	. حالمعام امر		
Preparer's	name (including firm na	ime, if applicable) and address (inci	iude r	oom or s	uite num	ber	Enter name of individu	Preparer's	telephone	or pian sponsor number
For Paperw	ork Reduction Act Notice	see the instructions for Form 5500-S	F				l	_	·	
- - - -									Fo	rm 5500-SF (2016) v.160205

	Form 5500-SF 2016		Page 2	
_ c	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 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 cannot fit the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi tot use Fo	ndent qualified public accountant (litions.)	QPA)
	art III Financial Information			-
<u>'</u>	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	1111 - 1111	7a	341,138	261,49
_ <u>b</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7b	341,138	261,499
8	Net plan assets (subtract line 7b from line 7a)	7c		
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8e(1)	(a) Amount 1,533	(b) Total
	(2) Participants	8a(2)	1,842	
	(3) Others (including rollovers)	8a(3)		
ь	Other Income (loss)	8b	18,524	
c		8c		21,899
d		8d	101,381	
	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (seleries, fees, commissions)	8f	100	100 M
g	Other expenses	8g	61	VIII data data data data data data data d
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		101,542
j	Net Income (loss) (subtrect line 8h from line 8c)	81		-79,643
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			
9a		feature co	des from the List of Plan Character	istic Codes in the Instructions:
Pa	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature cod	es from the List of Plan Cheracteris	stic Codes in the instructions:

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		
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			35,000
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		
8	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		
1	Has the plan failed to provide any benefit when due under the plan?	10f		×		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	х			43,472
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	10!		"		