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 FLAHERTY & BERNARDI, PLLC 401(K) PROFIT SHARING PLAN plan number 002 (PN) • 1c Effective date of plan 01/01/1994 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) 91-6158442 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number FLAHERTY & BERNARDI, PLLC 206-682-2616 2d Business code (see instructions) 3600 - 15TH AVE. W., SUITE 205 541110 SEATTLE, WA 98119 **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 5a Total number of participants at the beginning of the plan year 5b **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 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 2 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

<u>beliet, it is t</u>	rue, correct, and complete.					
SIGIA	Filed with authorized/valid electronic signature.	10/11/2017	GRIFFITH F. FLAHERTY			
HERE	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	room or suite numbe	r)	Preparer's telephone number		

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62	Were all of the plan's assets during the plan year invested in eligib	le accete?	(See instructions)						XY	es No
	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility)	an indepei	ndent qualified public a	account	ant (IC	PA)			_	es 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 in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not de	etermined
Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
<u>a</u>	Total plan assets	7a		241094	ļ				2582	31
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		241094	ļ.				2582	31
	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) 1	Γotal	
	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b		17137						
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							171	37
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
<u>e</u>	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								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							171	37
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amour	nt
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 V	oluntary F	iduciary Correction			X				
b	Program) Were there any nonexempt transactions with any party-in-interest			10a						
	reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					25000
d 	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	•	10d		X				
e	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		Χ				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10q		X				
h		(See instru	uctions and 29 CFR	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						

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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)					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
	(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	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

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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**

Part I Annual Report	t Identification Information	1		
For calendar plan year 2016 or f	iscal plan year beginning 01/01/20	1 116 and ending 12	2/31/2016	F-111 . 17-1-2 . 17-1-18
	X a single-employer plan	a multiple-employer plan (not multiemployer		this have recent attack a
A This return/report is for:	M a single-citipleyor plan	list of participating employer information in	া) (Filets thetking i r accordance with f	this box must attach a
	a one-participant plan	a foreign plan	accordance with th	ne torm matructions.;
	_	T a loroign plan		
B This return/report is	the first return/report	the final return/report		
— претенентер	an amended return/report	a short plan year return/report (less than 12	·	
	all ullionada rotalistopoli.	a stort high sear returnisebort frees than 12	monuns)	
C Check box if filing under:	X Form 5558	automatic extension	DFVC progra	am
	special extension (enter descr	ription)	L	
Part II Basic Plan Info	prmation—enter all requested inf			
1a Name of plan	minuted one an ingestion	Officialion	1b Three-digi	
FLAHERTY & BERNARDI, PLLC 4	101/k) PROFIT SHARING PLAN		1D Three-digi	
The William Co. Co. Co. Co.	OT(N) FROM TO OTHER STATE OF THE		(PN)	002
			1c Effective d	date of plan
			01/01/199	
2a Plan sponsor's name (employ	yer, if for a single-employer plan)			Identification Number
Mailing address (include roon	n, apt., suite no. and street, or P.O.	. Box)	(EIN) 91-6	
City or town, state or province FLAHERTY & BERNARDI, PLLC	e, country, and ZIP or foreign posta	al code (if foreign, see instructions)		telephone number
FLAMER I I & DERIVANDI, I LLO				(206) 682-2616
			*	code (see instructions)
3600 - 15TH AVE. W., SUITE 205			541110	iode (see mandonoria)
•				
SEATTLE, WA 98119				
3a Plan administrator's name and	d address 🏿 Same as Plan Spons	sor.	3b Administrat	tor's EIN
	 -			
			3c Administrat	tor's telephone number
	<u></u> -			
4 If the name and/or EIN of the	plan sponsor has changed since th	ne last return/report filed for this plan, enter the	4b EIN	
name, EIN, and the plan num	ber from the last return/report.	•		
a Sponsor's name			4c PN	
5a Total number of participants a	t the beginning of the plan year		. 5a	2
				2
C Number of participants with ac	acount balances as of the end of th	ne plan year (only defined contribution plans		4
complete this item)			. 5c	2
		n year	5d(1)	2
		1 your		
A Number of participants that te	inparits at the one of the plan your.	lan year with accrued benefits that were less		2
than 100% vested			5e	0
Caution: A penalty for the late or	incomplete filing of this return/r	report will be assessed unless reasonable car	use is establisher	
Under penalties of perium and other	The state of the s		<u> </u>	V
Officer periaties of perjury and other	r penalties set forth in the instruction	ons. I declare that I have examined this return/ren	port, including, if a	nnlinghla a Sabadula
So of Schedule Mis combleted and	r penalties set forth in the instruction is in the signed by an enrolled actuary, as well as the signed by an enrolled actuary, as well as the signed by an enrolled actuary.	ons, I declare that I have examined this return/rep well as the electronic version of this return/report	port, including, if a t, and to the best o	nnlinghla a Sabadula
belief, it is true, correct, and comple	er penalties set forth in the instruction signed by an enrolled actuary, as vertex	ons, I declare that I have examined this return/rep well as the electronic version of this return/report	rt, and to the best of	d. pplicable, a Schedule of my knowledge and
belief, it is true correct, and comple	er penalties set forth in the instruction signed by an enrolled actuary, as well as the second secon	ons, I declare that I have examined this return/repwell as the electronic version of this return/report	eport, including, if ap rt, and to the best of F. Flahe	d. pplicable, a Schedule of my knowledge and
belief, it is true correct, and comple	er penalties set forth in the instruction signed by an enrolled actuary, as well as the second secon	ons, I declare that I have examined this return/rep well as the electronic version of this return/report	rt, and to the best of	d. pplicable, a Schedule of my knowledge and
belief, it is true correct, and comple SIGN HERE: Signature of plan adm	er penalties set forth in the instruction signed by an enrolled actuary, as well as the second secon	ons, I declare that I have examined this return/report well as the electronic version of this return/report	rt, and to the best of	d. pplicable, a Schedule of my knowledge and
Sign Signature of plan adm	er penalties set forth in the instruction signed by an enrolled actuary, as well as the second secon	ons, I declare that I have examined this return/report well as the electronic version of this return/report Part	rt, and to the best of	d. pplicable, a Schedule of my knowledge and
SIGN SIGN HERE Signature of plan adm SIGN HERE Signature of employers	r penalties set forth in the instruction signed by an enrolled actuary, as well and the set of the	ons, I declare that I have examined this return/report well as the electronic version of this return/report EVEN FOR FOR LANGE PROPERTY OF THE PROPERTY OF TH	rt, and to the best of F. Flane ual signing as plan	pplicable, a Schedule of my knowledge and administrator
SIGN SIGN HERE Signature of plan adm SIGN HERE Signature of employers	r penalties set forth in the instruction signed by an enrolled actuary, as well and the set of the	ons, I declare that I have examined this return/report well as the electronic version of this return/report EVEN FOR FOR LANGE PROPERTY OF THE PROPERTY OF TH	rt, and to the best of	pplicable, a Schedule of my knowledge and administrator
SIGN SIGN HERE Signature of plan adm SIGN HERE Signature of employers	r penalties set forth in the instruction signed by an enrolled actuary, as well and the set of the	ons, I declare that I have examined this return/report well as the electronic version of this return/report EVEN FOR FOR LANGE PROPERTY OF THE PROPERTY OF TH	rt, and to the best of F. Flane ual signing as plan	pplicable, a Schedule of my knowledge and administrator
Sign Signature of plan adm	r penalties set forth in the instruction signed by an enrolled actuary, as well and the set of the	ons, I declare that I have examined this return/report well as the electronic version of this return/report EVEN FOR FOR LANGE PROPERTY OF THE PROPERTY OF TH	rt, and to the best of F. Flane ual signing as plan	pplicable, a Schedule of my knowledge and administrator
SIGN SIGN HERE Signature of plan adm SIGN HERE Signature of employers	r penalties set forth in the instruction signed by an enrolled actuary, as well and the set of the	ons, I declare that I have examined this return/report well as the electronic version of this return/report EVEN FOR FOR LANGE PROPERTY OF THE PROPERTY OF TH	rt, and to the best of F. Flane ual signing as plan ual signing as emple	pplicable, a Schedule of my knowledge and administrator

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ŀ	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 ou answered "No" to either line 6a or line 6b, the plan car of the plan is a defined benefit plan, is it covered under the PBGC	of an indep by and con- not use i	endent qualified publ ditions.) Form 5500-SF and m	ic accou	ıntant (tead u	(IQPA) rm 550		. X Yes	s 📗 No
1110 100	art III Financial Information						. L.J. 10	<u> </u>		CITINICO
7	Plan Assets and Liabilities		(a) Beginnin	n of Va		T		/h) En	d of Year	
a	Total plan assets	7a	, (u) Doganian		094	 		(b) En	2582	31
b						 			2002	
С	Net plan assets (subtract line 7b from line 7a)			241	094				2582	31
8	Income, Expenses, and Transfers for this Plan Year	Soft 1	(a) Amo	unt				/b)	Total	
а	Contributions received or receivable from:	N. C.	(0) 7 1110	diit.			V(1)	(D)	TOTAL	
	(1) Employers									1114
	(2) Participants									
***************************************	(3) Others (including rollovers)			U***/						
	Other income (loss)			17	137					
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							1713	7
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	0-1								
e	Certain deemed and/or corrective distributions (see instructions)						13			
f	Administrative service providers (salaries, fees, commissions)	8e							4,20	
q		8f								
	Other expenses			206.000	1	in di		alleger 1		
-:	Total expenses (add lines 8d, 8e, 8f, and 8g)			Section 1						···
-	Net income (loss) (subtract line 8h from line 8c)					MSS 14 april 1988	Sate Green States	al tables in the	1713	7
J B	201-1100-121	<u>8j</u>	<u>,,, , , , , , , , , , , , , , , , , , </u>							
The wild regulary	t IV Plan Characteristics				·			······································		
Ju	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 2T 3D	reature co	des from the List of P	'lan Cha	ıracteri	stic C	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	an Char	acteris	tic Co	des in t	he instru	ictions:	
Par				····						
10	During the plan year:			,	Yes	No	N/A		Amount	
a	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary F	duciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	•••••		10b		Х				
С	Was the plan covered by a fidelity bond?		•••••	10c	х					25000
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	idelity bon	d, that was caused	10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons	by an insurance	10e		х				
f	Has the plan failed to provide any benefit when due under the plan			10f		Х	Triba.	7.3		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-er	nd.)	10g		Х		* · · · · · · · · · · · · · · · · · · ·		
	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)			10h		х				
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required	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 (Form 5500) and line 11a below)	d comple	ete Sc	hedule S	В		Yes 🗌 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 ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Code or	section	on 302 o		🛮	Yes X N
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	nstructio	ns, an	id enter t		of the let Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.		Day		i cai	
b Enter 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 Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	e left of a		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			<u></u>			
13a Has a resolution to terminate the plan been adopted in any plan year?				Yes	· 🛛	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 broucontrol of the PBGC?	iaht und	er the			Yes	X No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the p	olan(s)	to			
13c(1) Name of plan(s):	-	3c(2)	EIN(s)		13c(3) PN(s)
PUNTANGERINA						
Part VIII Trust Information						
14a Name of trust			14b ⊺r	ust's E	IN	
14c Name of trustee or custodian					or custoc e number	lian's
Part IX IRS Compliance Questions						
15a Is the plan a 401(k) plan? If "No," skip b		Yes			No	
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	LJ s	afe ha			"Prior ye test	ear" ADP
		DP te	nt year" est		N/A	T
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	📗 1	Ratio percer est	ntage		erage efit 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 of the letter and the serial number						
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter	iter the o	late of	the mos	t recen	t determir	nation
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 sepa service?	rated fro	m [Yes		No	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		[Yes		No	