Form 5500-SF		Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury rnal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee I				nt <b>2016</b>			
Employee B	epartment of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		Internal	This Form is Open to Public Inspection			
Pension B	enefit Guaranty Corporation	Complete all entries in a dentification Information	ccordance with the inst	tructions to the Form 5	500-SF.	•			
	lar plan year 2016 or fisca		016	and ending	2/31/2016				
A This re	turn/report is for:	a single-employer plan a one-participant plan				king this box must attach a ith the form instructions.)			
<b>B</b> This ret	urn/report is	the first return/report an amended return/report	the final return/report	ırn/report (less than 12 m	ionths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descri	1 )						
Part II		mation—enter all requested info	ormation						
<b>1a</b> Name CODESMAR	of plan RT RETIREMENT PLAN				(PN)	number			
					IC LINE	01/01/2011			
Mailing	g address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		tructions)	(EIN)				
CODESMAR					2c Spor	nsor's telephone number 360-358-2240			
975 CARPEI LACEY, WA	NTER RD. N.E., SUITE 1 98516	101			2d Busir	ness code (see instructions) 541511			
<b>3a</b> Plan a	administrator's name and	address 🛛 Same as Plan Spon	sor.			nistrator's EIN nistrator's telephone number			
		plan sponsor has changed since to be from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN				
<b>a</b> Spons	or's name				<b>4c</b> PN				
5a Total	number of participants at	t the beginning of the plan year			5a	35			
		t the end of the plan year			5b	34			
		count balances as of the end of t		•	5c	26			
<b>d(1)</b> Tot	al number of active partic	cipants at the beginning of the pla	an year		5d(1)	26			
		cipants at the end of the plan yea rminated employment during the			5d(2) 5e	22			
		in complete filing of this return				-			
Under pen SB or Sche	alties of perjury and othe	incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, a ete.	tions, I declare that I have	e examined this return/re	port, includi	ng, if applicable, a Schedule			
SIGN	Filed with authorized/va	lid electronic signature.	10/11/2017	MARK MEYER					
HERE	Signature of plan adr	ministrator	Date	Enter name of individ	ual signing	as plan administrator			
SIGN					0 0				
HERE	Signature of employe	nployer/plan sponsor Date Enter name of individ				as employer or plan sponsor			
Preparer's		ne, if applicable) and address (in	clude room or suite numb			s telephone number			
	rail: Daduation: Ant Matter	see the Instructions for Form 5500	9E			Form 5500-SE (2016)			

6a b	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 a 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	an independ and conditio	lent qualified public accountant (IQPA ns.)	A)
С	If the plan is a defined benefit plan, is it covered under the PBGC in			
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	977474	1176204
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	977474	1176204
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	71506	
	(2) Participants	8a(2)	138884	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	92588	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		302978
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	102623	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g	1625	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		104248
i	Net income (loss) (subtract line 8h from line 8c)	8i		198730
j	Transfers to (from) the plan (see instructions)	8j		
Pa 9a	Plan Characteristics           If the plan provides pension benefits, enter the applicable pension           2E         2G         2J         2K         2T         3D	feature cod	es from the List of Plan Characteristic	c 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	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			117620
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			640
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)						Yes	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 Con						Yes 🗙	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	uctior	ns, and	l enter t	he date	of the lette	er 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 13	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 ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	۱
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	5 X N	lo	
		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 th assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):		13c(2)	EIN(s)		13c(3	<b>B)</b> PN(s)	)
	. ,			. ,	. /			, ()	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Frust's E	EIN		
14c	Name	e of trustee or custodian					s or custoc 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:		Desig safe h	n-basec arbor	1	Prior y test	ear" AD	Ρ
				"Curre ADP t	ent 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	entage		verage enefit test		N/A
16b		he 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		-			-			of
	letter		ter the	e date	of the m	ost rece	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 separ ce?		from	Ye	s [	No		

Form 5500-SF	Short Form Annu		of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan	1005 of the Employee D		2016					
Department of Labor Employee Benefits Security Administration	This form is required to be file Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code	57(b) and 6058(a) of the	) of the Internal This Form is						
Pension Benefit Guaranty Corporation	Complete all entries in a		•	Public Inspection						
	dentification Information									
For calendar plan year 2016 or fisc	_	16	and ending 12/3	1/2016						
A This return/report is for:	X a single-employer plan				ing this box must attach a the form instructions.)					
<b>B</b> This return/report is	the first return/report	the final return/report								
[	an amended return/report	🗍 a short plan year retur	n/report (less than 12 mo	onths)						
C Check box if filing under:	K Form 5558	automatic extension	[	DFVC pr	ogram					
	special extension (enter descr									
	mation-enter all requested inf	formation	,							
<b>1a</b> Name of plan CODESMART RETIREMENT PLAN				, (PN)	oumber 001					
					ive date of plan /2011					
	er, if for a single-employer plan) apt., suite no. and street, or P.C country, and ZIP or foreign posta			2b Emplo	byer Identification Number 68-0509355					
CODESMART, INC.	uctions)	2c Sponsor's telephone number (360) 358-2240								
975 CARPENTER RD. N.E., SUITE	101			2d Busin 54151	ess code (see instructions) 1					
LACEY, WA 98516										
3a Plan administrator's name and	address K Same as Plan Spor	ISOC		3b Admir	nistrator's EIN					
			r	3c Admir	nistrator's telephone number					
4 If the name and/or FIN of the n	lan sponsor has changed since t			<b>4</b> 1						
name, EIN, and the plan numb	per from the last return/report.	the last returnineport filed it	or this plan, enter the	4b EIN						
5a Total number of participants at	the beginning of the plan year			4c PN 5a	35					
<b>b</b> Total number of participants at			r	5b	33					
<ul> <li>C Number of participants with ac</li> </ul>	count balances as of the end of t	he plan year (only defined	contribution plans	5c	26					
d(1) Total number of active partic			h h	5d(1)	26					
d(2) Total number of active partic			ľ	5d(2)	22					
<ul> <li>e Number of participants that ter</li> </ul>		plan year with accrued ber	nefits that were less	5e	0					
Caution: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and comple	incomplete filing of this return r penalties set forth in the instruc signed by an enrolled actuary, a	five port will be assessed to the second second to the second sec	unless reasonable cau examined this return/rec	ort, includin	g, if applicable, a Schedule					
SIGN Myluh		October 11, 2017	× Mark Meyer							
HERE Signature of plan adn	ninistrator	Date			o plop administrator					
SIGN			Enter name of individu	iai sigining a	s plan administrator					
HERE Signature of employe		Date	Enter name of individu		s employer or plan sponsor					
Preparer's name (including firm nam	ne, if applicable) and address (in	clude room or suite numbe	r)	Preparer's	telephone number					
For Pananyork Paduction Act Notice	see the instructions for Form 5500	.cc			Form 5500-SF (2016)					

	Form 5500-SF 2016		Page <b>2</b>								
6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condi	ndent qualified public tions.)	account	ant (IC	QPA)			X Yo	es 🗌 No	
c	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								🗍 Not de	etermined	
	rt III   Financial Information			ection 4	021)	····· [	100			stermineu	
7	Plan Assets and Liabilities		(a) Beginning	of Voa	.			(b) End	of Year		
а	Total plan assets	7a	(a) beginning	9774					1176	204	
b	Total plan liabilities										
С	Net plan assets (subtract line 7b from line 7a)	1		9774	74				1176	204	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoui					(h) "	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	(u) Aniou	7150	06	1					
	(2) Participants	8a(2)		1388	84		les e				
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		9258	88	1.1					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				302978					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		10262	23						
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f				entre e	a tagén A			· · · ·	
<u> </u>	Other expenses	8g		162	25	an de la	ele tra		· · · · · ·		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							104248		
<u>    i    </u>	Net income (loss) (subtract line 8h from line 8c)	8i							198730		
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 2E 2G 2J 2K 2T 3D	feature co	ides from the List of Pl	lan Cha	racteri	stic Co	odes in	the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Co	des in f	the instr	uctions:		
Раг	t V Compliance Questions		**************************************								
10	During the plan year:				Yes	No	N/A	[	Amoun	t	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x					
b		? (Do not	include transactions	10b		х				••••••••	
c	Was the plan covered by a fidelity bond?			10c	х					117620	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		х					
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.)	ner person ne or all of	s by an insurance the benefits under	10e		x					
f	Has the plan failed to provide any benefit when due under the plan			10f		х	<u> </u>				

х

х

10g

10h

10i

640

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

 ${f h}$  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

exceptions to providing the notice applied under 29 CFR 2520.101-3 .....

Ĭ

2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

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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 c (Form 5500) and line 11a below)	complete Sc	hedule S	8		Yes	No
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 CERISA?	ode or secti	on 302 o	f		Yes	X No
<ul> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.</li> </ul>	tructions, ar	nd enter i Dav		of the let Year		ng
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line						
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 I negative amount)	eft of a	. 12đ				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No No		I/A
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?			Ye	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 broug control of the PBGC?	, , , , , , , , , , , , , , , , , , , ,			Yes	X No	>
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	ify 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 I	EIN		
14c Name of trustee or custodian		1		's or custo ne numbe		
Part IX IRS Compliance Questions		1				
<b>15a</b> is the plan a 401(k) plan? If "No," skip b	Yes			0 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:	4	gn-based harbor rent year	1	Prior	year" /	ADP
				N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Rati Dero test	o entage		verage enefit test		N/A
<b>16b</b> 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?	Yes			No No		
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	opinion lette	er or advi	sory let	ter, enter t	the dat	e of
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, er letter	nter the date	of the m	nost rec	ent detern	ninatio	n
18 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?	arated from	Ye:	s [	] No		
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		. 🗌 Ye	s [	] No		