## 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).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

 Complete all entries in accordance with the instructions to the Form 5500-SF. 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 PAINTERS UNLIMITED INC. 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 07/01/2009 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) 41-2042191 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number PAINTERS UNLIMITED INC. 425-392-4495 2d Business code (see instructions) 465 RAINIER BLVD. N. 238300 ISSAQUAH, WA 98027-2826 **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 74 5a Total number of participants at the beginning of the plan year ...... 5b 56 **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)..... 70 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 51 d(2) Total number of active participants at the end of the plan year.....

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

Number of participants that terminated employment during the plan year with accrued benefits that were less

than 100% vested .....

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>belief, it is t</u>	rue, correct, and complete.						
01014	Filed with authorized/valid electronic signature.	10/13/2017	KIM SHAFFER				
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				
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r )	Preparer's telephone number			

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	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		,						X Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either line 6a or line 6b, the plan canr	and condi	tions.)						X Yes	No
С	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	ermined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End o	f Year	
а	Total plan assets	7a		156001					182207	,
b	Total plan liabilities	7b		6350	l				9121	
С	Net plan assets (subtract line 7b from line 7a)	7c		149651					173086	5
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) To	tal	
	Contributions received or receivable from:	0-(4)		9080						
	(1) Employers	8a(1)		10000	_					
	(2) Participants	8a(2)		0	-					
	(3) Others (including rollovers)  Other income (loss)	8a(3)		4355						
	· ,	8b							23435	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c			_				20100	
	to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		O	1					
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							C	)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							23435	5
j	Transfers to (from) the plan (see instructions)	8j		C						
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 3D 2K 2E 2T	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature co	des from the List of Pla	n Chara	acteris	tic Coc	des in t	he instrud	ctions:	
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 contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary l	Fiduciary Correction			X				
b	Program)  Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10a 10b		X				
	Was the plan covered by a fidelity bond?				X					10000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	ond, that was caused	10c		X				
	by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot			10d						
е	carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e	X					350
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as 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 t 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 constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				Y	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	ΠY	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 i		of the letter Year _	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 No	)
	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				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(	<b>2)</b> EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia 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 [	Test	ar" 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	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 determir	ation
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?			s	No	

## Form 5500-SF

Department of the Treasury Internal Revolue 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 8057(b) and 6058(a) of the Internal Revenue Code (the Code).

Revenue Code (the Code)

OMB Nos 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

			accordance with the matri	actions to the Form 5	300-SF.	
Part I		rt Identification Information				
For calend	lar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/201	
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pla list of participating em	in (not multiemployer) ( ployer information in ac	_	
		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	
		special extension (enter des				
Part II		formation—enter all requested l	nformation		174	
1a Name					1b Three-digit	0.03
Painter	s Unlimited	Inc. 401(K) Plan			plan number	001
					1c Effective date	of plan
					07/01/200	•
		oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.			2b Employer Ider (EIN) 41-20	
		nce, country, and ZIP or foreign pos	stal code (If foreign, see instr	uclions)	2c Sponsor's tele	
PAINTE	RS UNLIMITED	INC.			425-392-4	,
16E DA	INIER BLVD.	NI			2d Business code	e (see instructions)
STE C	INIER BUVD.	N .			238300	
ISSAOU	λU	WA 98027-28	26			
		and address X Same as Plan Sp			3b Administrator	e FIN
					- Administrator	s telephone number
		the plan aponsor has changed sinc number from the last return/report.	e the last return/report filed for	or this plan, enter the	4b EIN	
	sor's name	diliber from the lest returns eport.			4c PN	
5a Total	number of participal	nts at the beginning of the plan year	40114444444444		5a	74
b Total	number of participal	nts at the end of the plan year			5b	56
C Numl	per of participants wi	th account balances as of the end of	of the plan year (only defined	contribution plans	5c	
		participants at the beginning of the			5d(1)	70
d(2) To	tal number of active	participants at the end of the plan y	ear		5d(2)	51
e Num		nat terminated employment during th	ne plan year with accrued be	nefits that were less	5e	0
Caution:	A penalty for the la	te or incomplete filing of this retu	rn/report will be assessed	unless reasonable ca	use is established.	
SB or Sch	naities of perjury and redule MB completed frue, correct, and ed	other penalties set forth in the instr I and signed by an enrolled actuary projecte	uctions, I declare that I have, as well as the electronic ve	examined this return/re rsion of this return/repo	aport, including, if app rt, and to the best of	plicable, a Schodule my knowledge and
SIGN	1/	5/2/01	10/12/12	KIM SHAFFER		
HERE	Olensanus ad ala	n administration	5/13/17			
SIGN	Signature of plan	n administrator	Date	Enter name of individ	oual signing as plan a	idministrator
HERE	Signature of emi	nlover/nless energes	Data	Enter name of indivis	dunt dinaine da annele	
Preparer's		ployer/plan sponsor in name, if applicable) and address	Date   Date	Enter name of individed to	Preparer's telepho	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,		/	, report o totophio	no named

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b 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 a under 29 CFR 2520_104-46? (See instructions on waiver eligibility at the your 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	n independ and condition ot use Forr	dent qualified public accountains.) n 5500-SF and must instea	nt (IQ d use	PA) Form 5	5500.	
Pa	rt III   Financial Information					Seet	
7	Plan Assets and Liabilities		(a) Beginning of Year	201		(b	) End of Year
a	Total plan assets	7a	156,0	_			182,207
	Total plan liabilities	7b	6,3	_			9,121
	Net plan assets (subtract line 7b from line 7a)	7c	149,6	22T			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-	. 1 2 .		(b) Total
a	Contributions received or receivable from:  (1) Employers	8a(1)	9,0	080			
	(2) Participants	8a(2)	10,0	000			
	(3) Others (including rollovers)	8a(3)		0	3_1111		
b	Other income (loss)	8b	4,3	355			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					23,435
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0		, F	
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	343	. ALL	
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0	21 1	v š	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
i	Net income (loss) (subtract line 8h from line 8c)	8i	TI SEE THE STATE OF THE SERVICE	4.7			23,435
j	Transfers to (from) the plan (see instructions)	8j		0	7 34	111	
Pa	rt IV Plan Characteristics						
9a b	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 3D 2K 2E 2T  If the plan provides welfare benefits, enter the applicable welfare fe						
Pai	t V Compliance Questions						
10	During the plan year:			Yes	No	N/A	Amount

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		
С	Was the plan covered by a fidelity bond?	10c	Х			10,000
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	2	
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			350
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				KIND OF

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Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and come 5500) and line 11a below)					Y	es No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12	ERIS	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod SA?					Y	es 🛛 No
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					-f the lette	
d		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ting the waiver		s, and	enter tr		Year	rruling
lf y		ompleted 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			
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 lef			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?				Ye	s X N	0
	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 brough rol of the PBGC?					Yes X	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	the pl	an(s)	to			
1	3c(1)	Name of plan(s):	13	3c(2)	EIN(s)		13c(3	PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⊺	Trust's l	EIN	
14c	Name	e of trustee or custodian					's or custod ne number	ian's
Pari	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:	.  ∐ s  ⊓ "	safe h	nt year'	l	"Prior ye test	ear" ADP
16a		t 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		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) to plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			☐ No	
17a	If the	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of etter and the serial number	pinion	letter	or advi	sory let	ter, enter th	e date of
17b	If the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, ent	ter the	date o	of the m	ost 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 separ ce?		om	Yes	S	No No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		*******	Yes	s	No	