Form 5500-SF Short Form Annual Return/Report of Small Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury rnal Revenue Service	This form is required to be file			etirement	2016
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		This Form is Open to Public Inspection
	enefit Guaranty Corporation	Complete all entries in a	accordance with the in	structions to the Form 55	500-SF.	
For calend	Annual Report Ic ar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/2	016	and ending 12	2/31/2016	
	turn/report is for:	a single-employer plan a one-participant plan	a multiple-employer	plan (not multiemployer) (l employer information in ac	Filers check	
B This ret	urn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extensio	n	DFVC p	rogram
Part II	Basic Plan Infor	mation—enter all requested inf	ormation			
1a Name CAMERON					(PN)	number
Mailin	g address (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.O			2b Empl (EIN)	oyer Identification Number
	r town, state or province, WEALTH MANAGEMEN	country, and ZIP or foreign posta	al code (if foreign, see ir	nstructions)	2c Spor	sor's telephone number 360-528-8153
612 WOODL SUITE 320 LACEY, WA	AND SQUARE LOOP S 98503	.E.			2d Busir	ess code (see instructions) 524210
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
		blan sponsor has changed since to be from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN	
	or's name				4c PN	
5a Total	number of participants a	t the beginning of the plan year			5a	2
		t the end of the plan year			5b	2
		ccount balances as of the end of t			5c	2
d(1) Tot	al number of active parti	cipants at the beginning of the pla	an year		5d(1)	2
• •		cipants at the end of the plan yea			5d(2)	2
than	100% vested	erminated employment during the	•		5e	C
Under pen SB or Sche	alties of perjury and othe	 incomplete filing of this return er penalties set forth in the instruct l signed by an enrolled actuary, a ete. 	ctions, I declare that I ha	ve examined this return/rep	port, includi	ng, if applicable, a Schedule
SIGN		alid electronic signature.	10/13/2017	SHARLA CAMERON		
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing	as plan administrator
SIGN						
HERE Preparer's	Signature of employed	er/plan sponsor me, if applicable) and address (in	Date clude room or suite nun			as employer or plan sponsor stelephone number
		., .,,				
	and Deduction Act Nation	see the Instructions for Form 5500				Form 5500-SF (2016)

	Were all of the plan's assets during the plan year invested in eligib			
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			
	If you answered "No" to either line 6a or line 6b, the plan cann		,	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA section 4021)?	Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	0	33948
-	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	0	33948
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:	a (1)	15255	
	(1) Employers	8a(1)	18000	
	(2) Participants	8a(2)	18000	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	693	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		33948
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	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		
i	Net income (loss) (subtract line 8h from line 8c)	8i		33948
j	Transfers to (from) the plan (see instructions)	8j		
Pa	t IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension $2A$ 2E 2G 2J 2R 3B 3D 3H	feature co	des from the List of Plan Characteristic	c Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es 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		X		
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		×		
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				

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	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						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	d enter t	he date	of the lett	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 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		tract 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
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No
		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	X No
c	lf, d	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.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
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	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
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	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		-			-		
	letter		ter the	e date	of the m	nost 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 separce?		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	

Form 5500-SF	Short Form Annu	al Return/Report of Small Emp Benefit Plan	loyee	OM8:Nos, 9210-0118 1210-0089
-Opparing the Treasury Unsmell Review Barview Department of Labor Emaloyee Remarks Security Australian ton	This form is required to be it income Security Act of 1974	d onder sections (D24and 4966 of the Employee (GRISA): and Sections (057(b) and 8668(a) of th Revenue Cude (the Code):	Rallisment: 16. Internal	2016 Thils Form is Open to
Pension Benesi Gustaniy Corporation	k Complete all entries in centification information	accordance with the instructions to the Porte	5600-9F.	Public Inspection
For calendar that year 2016 of ha	cal plan, yo an exer multic collocity of	15. protonting 12	/81/2016	
A This return report is for:	X asingle-employer plan	la mulliple-employer plan (not inuttiemployer (a) of periodpating employer information in) a foreign plan:	i (Fileis checi accordance y	sing this box must allach a. All fine form instructions;)
B This relumine point is	8. the first tellina/tepoli 	(tià, filia) return/report. la sticit plan year ratum/report (less loan 12	monifisj	
	X) Form 5658 II special extension (enter desc		🗍 DFVC p	rogram.
Partill Basic Plan Infol 13 Name of plan:	mation-enter all requested in	formation		
CAMERON REFIREMENT PLAN			10 Effe	number) 001 Nive Balle of pilan tronie
23 Plan sponsor's name (employ Melling activess (include room	apt:: suite no::and sheet: or P.F		2b Enp	loyer Identification Number 28-2674777
Olly of lown, state of province CAMERON WEALTH MANAGEME	COUNTY, and ZIP or foreign post	al code (ff foreign; see instructions)		1907's telephone number (360) 528-8153
612 WOODLAND SQUARE LOOP	ËiÆ.		2d Bus 5242	ness code (see instructions)
SUITE 320 LACEY: WA 98503	177777771711-1875		1011	
3a Plan administrator's name an			36 Adm	nistrator's EIN
			3c Adm	inistrators telephone number
		· .		
hame. EIN: and the plan num	plan sponsor has changed since ber from the last return/report.	the last return report filed for this plan, enter the	4b Ein	
5a. Total number of participants a	it the beginning of the plan year.		4C PN	
b Total number of participants a	at the end of the plan year works	anim 2011 - 2011 - 2012	5b	2
C Number of participants with a complete this item)	ccount balances as of the end of	line plan yaar (only dafinad sontdbuillon plans	5C	2
d(1) Total number of active part	icipants at the peginning of the p	antydatteenergennon-arrenteenergenergener	5d(1)	2
d(2) Total number of active part	Icipants at the end of the plan ye	ër i i në servit accued benefits thet were less:	<u>.</u> 5d(2)	2
	**************************************	Fran you will no assessed timese forecrieblo.	50	0
Under Deneilles of Denuty and oth	er panaliles set forth in the losing	Control of the electronic version of the return of the return of the return of the electronic version of the return of the retur		MAN STREET STREET STREET
BKON HERE	h	10/13/17 Sha	Ja Ce	miron
Billing of the second se	Infinatrator	Date Date Enternance Enternance of India	idual signing	at plan déministrator
SIGN G HERE, Signature of employ	onplan sponsor	Date Entername of Indiv	dualeinning	as employed of plan sponsor
Preparers name (including firm na				s telephone number
				ter hanne terimin biridi tarih dana biridi di sama
Ter Paperenk Reduction Act Notice 2017-0019 Turbusture Star	âun nie hindredeus iol noith 500	UNDER-		FQIM 6400-05 (2016) V.180205

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	No
b	Are you claiming a waiver of the annual examination and report of a								X Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann									NO
С	If the plan is a defined benefit plan, is it covered under the PBGC ir						_		Not determine	ed
Pa	rt III Financial Information								<u> </u>	
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a			0				33948	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c			0				33948	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				otal			
а	Contributions received or receivable from:	8a(1)		1525	55					
	 (1) Employers (2) Participants 	8a(2)		1800	_					
	(2) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		93						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							33948	
-	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d			_					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f			-					
	Other expenses	8g			_					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							00040	
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i							33948	
J	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2R 3B 3D 3H	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the insti	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Pla	n Chara	acterist	tic Coo	des in t	he instru	ictions:	
r										
Par					1					
10	During the plan year:				Yes	No	N/A		Amount	
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		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				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			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.)	ne or all of	the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 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 2520.10	•		10i						

Page **3-** 1

Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)	•					Yes	X 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 A?						Yes	X No
		λΑ? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						J	
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ting the waiverN		ns, and	enter t Day		of the le Yea		ing
lf y	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line <i>'</i>	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 l tive amount)			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	
	lf "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 broug rol of the PBGC?					Yes	ХN	0
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	ify the	plan(s)	to				
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13	c(3) PN	l(s)
Devit									
		Truet Information							
Part		Trust Information			446 7		-151		
		of trust			14b 1	Frust's E	EIN		
14a I	Name				14d 1	Trustee'	EIN s or cus ne numb		5
14a I	Name Name	of trust			14d 1	Trustee'	s or cus		3
14a 14c Part	Name Name	of trust e of trustee or custodian		Yes	14d	Trustee'	s or cus ne numb	ber	
14a 14c Part 15a 15b	Name Name : IX Is the How o	of trust of trustee or custodian IRS Compliance Questions		Desigi safe h	14d 1 1 n-based arbor	Frustee' telephor	s or cus ne numb		
14a 14c Part 15a 15b	Name Name : IX Is the How o	of trust e of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Desigi safe h	14d 1 n-basec arbor nt year	Frustee' telephor	s or cus ne numb	ber	
14a 14c Part 15a 15b	Name Name : IX Is the How (401(k) What	of trust e of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Design safe h "Curre ADP to Ratio	14d T t n-based arbor nt year' est	Frustee's telephor	s or cus ne numb	r year"	
14a 14c Part 15a 15b 16a	Name Name Is the How of 401(k) What year? Did th	of trust of trust of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Design safe h "Curre ADP to Ratio perce	14d 1 n-based arbor nt year est	Frustee's telephor	s or cus ne numb No "Prio test N/A verage	r year"	ADP
14a 14c Part 15a 15b 16a 16b	Name Name Is the How of 401(k) What Year? Did th for the	of trust of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: the 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? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		Design safe h "Curre ADP to Ratio perce test Yes	14d T n-basec arbor nt year est ntage	Frustee' telephor [1 [2 A be	s or cus ne numb No "Prio test N/A verage enefit te	r year"	adp] N/A
14a 14c 14c 15a 15b 16a 16b 17a 17b	Name Name Is the How of 401(k) What Year? Did th for the If the letter	of trust of trust of trust of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te 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? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS tter		Design safe h "Curre ADP to Ratio perce test Yes	14d The second s	Frustee's telephor [] [] [] A be sory lett	s or cus ne numb No "Prio test N/A verage enefit te: no verage enefit te:	r year"	ADP N/A ate of
14a 14c 14c 15a 15b 16a 16b 17a 17b 18	Name Name Is the How of 401(k) What Year? Did th for the letter Define Were	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		Design safe h "Curre ADP to Ratio perce test Yes n letter	14d The second s	Frustee's telephor	s or cus ne numb No "Prio test N/A verage enefit te: no verage enefit te:	r year"	ADP N/A ate of