Form 5500-SF		Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089					
	t of the Treasury evenue Service	This form is required to be file		2016					
Employee Benefits	nent of Labor s Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		Internal	This Form is Open to Public Inspection			
	Guaranty Corporation	Complete all entries in a		structions to the Form 5	500-SF.	•			
		dentification Information al plan year beginning 09/30/2	016	and ending	2/31/2016				
		a single-employer plan	a multiple-employer	0	Filers check	king this box must attach a			
A This return/	report is for:	a one-participant plan	list of participating a foreign plan	employer information in ac	cordance w	ith the form instructions.)			
<b>B</b> This return/r	eport is	the first return/report an amended return/report	☐ the final return/repo X a short plan year re	rt turn/report (less than 12 m	onths)				
C Check box	if filing under:	Form 5558	automatic extensio	n	DFVC p	rogram			
		special extension (enter descr	1 ,						
		mation—enter all requested int	formation		41				
<b>1a</b> Name of p NORTHWEST P	lan AIN RELIEF CENTE	ER'S 401(K) PLAN			<b>1b</b> Thre plan (PN)	number			
					1c Effect	tive date of plan 09/01/2016			
Mailing ad	dress (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.C		otructions)	2b Empl (EIN)	oyer Identification Number 47-3498677			
	AIN RELIEF CENTE	country, and ZIP or foreign post	al code (il foreign, see il	istructions)	2c Sponsor's telephone number 206-409-0020				
900 LENORA ST SEATTLE, WA 9					2d Busir	ness code (see instructions) 621111			
<b>3a</b> Plan admir	nistrator's name and	address X Same as Plan Spor	nsor.		<b>3b</b> Admi	nistrator's EIN			
					<b>3c</b> Admi	nistrator's telephone number			
		blan sponsor has changed since per from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN				
a Sponsor's					<b>4c</b> PN				
5a Total num	ber of participants a	t the beginning of the plan year			5a	23			
<b>b</b> Total num	ber of participants a	t the end of the plan year			5b	64			
	• •	count balances as of the end of			5c	27			
<b>d(1)</b> Total nu	umber of active parti	cipants at the beginning of the pl	an year		5d(1)	23			
<b>d(2)</b> Total nu	umber of active parti	cipants at the end of the plan yea	ar		5d(2)	63			
than 100°	% vested	rminated employment during the			5e	С			
		incomplete filing of this return							
SB or Schedule		er penalties set forth in the instruct signed by an enrolled actuary, a ete.							
	ed with authorized/va	lid electronic signature.	09/22/2017	LARRY MIGGINS					
HERE	gnature of plan adı	nistrator Date Enter name of indi		Enter name of individ	ual signing	as plan administrator			
SIGN									
HERE	Signature of employer/plan sponsor Date Enter nam		Enter name of individ	ndividual signing as employer or plan sponso					
		ne, if applicable) and address (ir				s telephone number			
		see the Instructions for Form 5500				Form 5500-SE (2016)			

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6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								No	
b	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not deter									
	rt III Financial Information				021).	····· _	100		iiiiou	
<u>га</u> 7		<u> </u>								
	Plan Assets and Liabilities	_	(a) Beginning (	of Year 0				(b) End of Year 109612		
<u>a</u>	Total plan assets	7a		0				103012		
<u>b</u>	Total plan liabilities	7b		0				109612		
	Net plan assets (subtract line 7b from line 7a)	7c		-				109012		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)		108728						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		884						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						109612		
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									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)									
i	Net income (loss) (subtract line 8h from line 8c)	8i						109612		
j	Transfers to (from) the plan (see instructions)	8i								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in	the instructions:		
b	2A 2E 2F 2G 2J 2K 2T 3D		les from the List of Dis	n Chara	otoriot		loo in t	ha inatructiona.		
D	If the plan provides welfare benefits, enter the applicable welfare f	eature coc		II Ghara	acterist		ies in t			
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amount		
a		itions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's \	/oluntary F	iduciary Correction			Х				
Ie	Program)			10a						
L.	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
c	C Was the plan covered by a fidelity bond?								250000	
c	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused			Х				
	by fraud or dishonesty?			10d		^				
e	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under			х				
	the plan? (See instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 1					Х				

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

2520.101-3.) .....

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.....

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)		<b>13c(3)</b> 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		

Fo	Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan					CMB Nos. 1210-011 1210-008				
	artment of the Treasury email Revenue Service	This form is required to be	e filed under sections 104 a	nd 4065 of the Employee	2016					
	Department of Labor Benefits Security Administration	Retirement Income Security	Act of 1974 (ERISA), and s itemal Revenue Code (the	ection 6057(b) and 6058(	a) of	This Form is Open to Public Inspection				
Pension	Benefit Guaranty Corporation	Complete all entries in ac		ctions to the Form 5500	-SF.					
Part I		dentification Information								
For calen	dar plan year 2016 or fisc	al plan year beginning	09/30/2016	and ending		1/2016				
	eturn/report is for: eturn/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating e a foreign plan the final return/report	lan (not multiemployer) (F employer information in ac m/report (less than 12 mo	cordance	king this box with the form	( must attach n instructions.)			
C Chec	k box if filing under:	Form 5558 special extension (enter desc	automatic extension			FVC progra	m			
	ne of plan	mation enter all requested			(PN 1c Effe	number ) ► ctive date o				
						/01/2016				
Mai	ling Address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P. e, country, and ZIP or foreign pos	O. Box) tal code (if foreign, see inst	ructions)		oloyer Identi N) 47-34	fication Number 98677			
	thwest Pain Relie				2c Sponsor's telephone number (206) 409-0020					
900	) Lenora St. Ste.	, 103				iness code	(see instructions)			
	Seattle WA 98121	d address X Same as Plan Sp			21	ninistrator's				
					20.44	-i-i-ttd-	telephone number			
4 If th	o como and/or Elbi of the	plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN					
nan	ne, EIN, and the plan num	ber from the last return/report.	the last return report lieu i	or this plan, enter the	4c PN					
	insor's name	the beginning of the plan upor			5a		23			
		t the beginning of the plan year t the end of the plan year			5b		64			
c Nur	nber of participants with a	ccount balances as of the end of			5c		27			
	, ,	cipants at the beginning of the pl	an year		5d(1)		23			
d(2) T	otal number of active parti	cipants at the end of the plan yea	ar		5d(2)		63			
		rminated employment during the		nefits that were	5e		0			
Under p	enalties of periury and oth	or incomplete filing of this return the penalties set forth in the instru- d signed by an enrolled actuary,	uctions, I declare that I have	e examined this return/rep	ort, includi	ing, if applic	able, a Schedule knowledge and			
	is true, correct, and comp		9/99/12							
SIGN		ere )	1 CATION		U66		nietrator			
HERE	Signature of plan admi	nistrator	Date	Enter name of individua			matratol			
SIGN	2	2019	- 1111	CARTY	Mil	~ ~ ~ ~	)			
	r's name (including firm na	plan sponsor ame, if applicable) and address (	Date include room or suite numb	Enter name of indivídua er)	Preparer's	s employer s telephone his quest	number			
экір т	his question				onp u	10 44636				
		lation and the instructions for	F			F	orm 5500-SF (2016			

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

Form 5500-SF (2016) v.160205

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)	•••••				•••••	X Yes	]No
b	Are you claiming a waiver of the annual examination and report of an	n independ	lent qualified public accou	Intant	(IQP/	۹)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and							•••••	X Yes	]No
	If you answered "No" to either line 6a or line 6b, the plan cannot					_		_	_	
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA sectior	า 402	1)?		_ Yes	i 🗌 No	Not deter	mined
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End o	of Year	
а	Total plan assets	7a			0				109,61	2
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c			0				109,61	2
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) To	otal	
а	Contributions received or receivable from:	0-(4)								
	(1) Employers	8a(1)	10	0 7						
	(2) Participants	8a(2)	10	)8 <b>,</b> 7	28					
-	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		8	84					
<u>_</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_			109,61	2
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								
ï	Net income (loss) (subtract line 8h from line 8c)	8i							109,61	2
÷	Transfers to (from) the plan (see instructions)	8j								
р:	art IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension fe	aturo codo	e from the List of Plan Ch	aract	orietio	Codo	e in th			
Ju	2A 2E 2F 2G 2J 2K 2T 3D			aracı	CHOLIC	Coue	5 11 11			
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	aracte	ristic	Jodes	in the	Instruction	IS:	
	art V Compliance Questions									
	art V Compliance Questions				V				• • •	
<u>10</u>	During the plan year:		the time neried		Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vo									
			,	10a		x				
ľ	<ul> <li>Program)</li></ul>			104						
_	reported on line 10a.)		10b		x					
	Was the plan covered by a fidelity bond?	•••••••••••••••••••••••••••••••••••••••		10c	х				250	,000
C	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	•		10d		x				
C	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of t	he benefits under	10e		x				

10e

10f

10g

10h

10i

\*

х

х

х

the plan? (See instructions.)

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

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

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

Has the plan failed to provide any benefit when due under the plan? .....

2520.101-3.)

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Page 2

Form 5500-SF 2016

Form 5500-SF 2016

Page **3 -**

Part	VI	Pension Funding Compliance							
11		edefined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (					Yes	X No	
_11a	Enter th	e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a					
12		a defined contribution plan subject to the minimum funding requirements of section 412 of the C					Yes [	X No	
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		ver of the minimum funding standard for a prior year is being amortized in this plan year, see ins g the waiver			er the da Day		eletter ru ear	uling	
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.						
b	Enter th	e minimum required contribution for this plan year.							
C	Enter th	e amount contributed by the employer to the plan for the plan year		. 12c					
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the e amount)		. 12d					
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	••••••	.   [	Yes	Nc		N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a r	esolution to terminate the plan been adopted in any plan year?		.	🗌 Ye	es 🗴	No		
	If "Yes,	' enter the amount of any plan assets that reverted to the employer this year		. 13a					
b		I the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	-			] Yes	X N	lo	
С	lf, durin	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ssets or liabilities were transferred. (See instructions.)							
13		me of plan(s):	13c(2)	EIN(s)		1	<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information - Skip These Questions							
14a	Name o	of trust		14	<b>b</b> Trust's	EIN			
14c	Name o	f trustee or custodian		14			or custodian's e number		
Part	IX	IRS Compliance Questions - Skip These Questions							
15a	Is the p	lan a 401(k) plan? If "No," skip b.		Yes			No		
15b		t the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design- safe ha			"Prior test	year" ADP	
	- ( )(			"Curren			N/A		
162	What te	sting method was used to satisfy the coverage requirements under section 410(b) for the plan		Ratio					
		check all that apply:		percent test	age [	☐ Aver bene	age fit test	□ N/A	
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a	If the pl	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS	opinion I	etter or a	advisory	letter, er	nter the	date of	
17b		an is an individually-designed plan that received a favorable determination letter from the IRS, e	enter the c	late of th	e most r	ecent de	termina	tion	
18	Defined Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sep ?		om	🗌 Ye	es 🗌	No		
19		y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	•••••••••		☐ Ye	es 🗌	No		