_	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	O	MB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be filed	d under sections 104 and 4			2	2016		
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974 ((ERISA), and sections 605 Revenue Code (the Code		Internal		rm is Open to Inspection		
	nefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.	T UDIN	mapeenen		
Part I For calenda	Annual Report Id ar plan year 2016 or fisc	dentification Information cal plan year beginning 01/01/20	016	and ending 12	/31/2016				
		X a single-employer plan	a multiple-employer pla	en recentranting		king this box	must attach a		
A This ret	urn/report is for:	a one-participant plan	list of participating em	ployer information in ac	cordance w	ith the form	instructions.)		
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mc	onths)				
C Check b	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram			
Part II	Basic Plan Infor	special extension (enter descri mation—enter all requested info	,						
1a Name		mation —enter all requested into	ormation		1b Three	e-diait			
	ROUP 401(K) RETIREM	IENT PLAN				number	001		
				-		tive date of			
	(, , ,	er, if for a single-employer plan) , apt., suite no. and street, or P.O.	. Box)		2b Empl (EIN)		cation Number		
City or		, country, and ZIP or foreign posta		uctions)	2c Sponsor's telephone number				
				-	2d Busin	235-250-	ee instructions)		
4179 70TH A FIFE, WA 984	VENUE EAST 424					48851	0		
3a Plan ad	dministrator's name and	l address 🛛 Same as Plan Spon	sor.		3b Admi	nistrator's E	N		
				-	3c Admi	nistrator's te	lephone number		
4 If the r	ame and/or FIN of the	plan sponsor has changed since t	he last return/report filed fr	or this plan enter the	4b EIN				
	EIN, and the plan num	ber from the last return/report.			40 PN				
·		t the beginning of the plan year			5a		49		
_		t the end of the plan year			5b		52		
C Numbe	er of participants with ac	ccount balances as of the end of t	he plan year (only defined	contribution plans	5c		44		
	,	cipants at the beginning of the pla			5d(1)		27		
• •		icipants at the end of the plan yea			5d(2)		34		
than '	100% vested	erminated employment during the			5e		C		
		r incomplete filing of this return er penalties set forth in the instruc					bla a Cabadula		
SB or Sche		d signed by an enrolled actuary, as							
SIGN	Filed with authorized/va	alid electronic signature.	10/16/2017	JOE BARABAS					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing a	as plan adm	inistrator		
SIGN HERE									
Preparer's	Signature of employ name (including firm na	er/plan sponsor me, if applicable) and address (ind	Date clude room or suite numbe	Enter name of individuer)		as employer telephone r			

	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			
	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			
c	If the plan is a defined benefit plan, is it covered under the PBGC in			
	rt III Financial Information	r r	r	
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	748309	907939
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	748309	907939
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:		37601	
	(1) Employers	8a(1)		
	(2) Participants	8a(2)	114911	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	38885	
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		191397
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	30717	
е	Certain deemed and/or corrective distributions (see instructions).	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	1050	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		31767
i	Net income (loss) (subtract line 8h from line 8c)	8i		159630
j	Transfers to (from) the plan (see instructions)	8j	0	
Pa	t IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension $2A$ 2E 2F 2G 2J 2K 3D	feature coo	des from the List of Plan Characteristi	c Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Characteristic	Codes in the instructions:
Par	t 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			20000
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		x		
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			15048
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)					י 🗌 א	′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					. П Y	′es 🗙	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	uction	is, and	enter t	he date	of the lette	r 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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive 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 XN	0	
		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 h assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an'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:		Desigi safe h	n-basec arbor	[Prior ye test	ar" ADP	
				"Curre ADP t	nt 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	ntage		verage enefit test	N/	A
16b		ne 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		-			-			ł
17b	10 11	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [No		

	rm 5500-SF	Short Form Anni	ual Return/Repo Benefit Plar	rt of Small Employee)	OMB Nos. 1210-0 1210-0
	artment of the Treasury rnal Revenue Service		ed under sections 104 an	d 4065 of the Employee Retireme		2016
Employee B	epartment of Labor Benefits Security Administratio	<u>n</u>	e Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).			
	enefit Guaranty Corporatior	 Complete all entries in 		structions to the Form 5500-SF.		lic Inspection
Part I		rt Identification Information				
or calend	ar plan year 2016 or	fiscal plan year beginning 01/01/20		and ending 12/31/2016		
A This ref	turn/report is for:	X a single-employer plan		plan (not multiemployer) (Filers c employer information in accordan		
3 This retu	urn/report is	the first return/report	the final return/repor	t		
		an amended return/report	🗌 a short plan year ret	urn/report (less than 12 months)		
Check I	box if filing under:	X Form 5558	automatic extensior		/C program	
		special extension (enter desc	cription)			
Part II	Basic Plan Inf	ormation—enter all requested ir	nformation			
a Name ERCER GI				q ()	Three-digit lan number PN) ▶	001
					ffective date o	f plan
Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.(2b E		fication Number
	bution Services LLC	ice, country, and ZIP or foreign pos	tal code (if foreign, see ins	structions) 2c S	ponsor's telep	hone number
						250-0872
	VENUE EAST				usiness code (38510	see instructions
E, WA 98		and address 🕅 Same as Plan Spo			dministrator's E	
				3c Ad	dministrator's t	elephone numb
If the n	ame and/or EIN of th	e plan sponsor has changed since	the last return/report filed	х		
name,	EIN, and the plan nu	e plan sponsor has changed since imber from the last return/report.	the last return/report filed	х		
name, a Sponso	EIN, and the plan nu pr's name	Imber from the last return/report.		for this plan, enter the 4b E	IN	
name, a Sponso a Total n	EIN, and the plan nu or's name umber of participants	umber from the last return/report. s at the beginning of the plan year		for this plan, enter the 4b E 4c Pl 5a	IN	
name, a Sponso a Total n D Total n C Numbe	EIN, and the plan nu or's name umber of participants umber of participants er of participants with	Imber from the last return/report. s at the beginning of the plan year s at the end of the plan year account balances as of the end of	the plan year (only define	for this plan, enter the 4b E 4c P 5a 5b d contribution plans	IN	elephone numb
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1050

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0

31767 159630

6a b c	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 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 If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accountant (ions.) rm 5500-SF and must instead us	IQPA) X Yes No Se Form 5500.
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	748309	907939
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	748309	907939
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	37601	
	(2) Participants	8a(2)	114911	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	38885	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		191397
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	30717	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	

8f

8g

8h

8i

8j

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

Part IV | Plan Characteristics

g Other expenses

2A 2E 2F 2G 2J 2K 3D

Administrative service providers (salaries, fees, commissions)

h Total expenses (add lines 8d, 8e, 8f, and 8g)

Net income (loss) (subtract line 8h from line 8c)

Transfers to (from) the plan (see instructions).....

f

i

j

b

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		x		
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			20000
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			15048
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				

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	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						Yes	X No
		GA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						1	
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		ng
lfy	<u> </u>	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 4							
	Enter	the minimum required contribution for this plan year			12b				
		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 l tive amount)	eft of a	1	12d				
е		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 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	D
С		uring 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)
Part	1/111	Trust Information							
Part									
					14h -		-111		
		of trust			14b ⊺	Frust's I	EIN		
14a I	Name				14d 1	Trustee'	EIN s or cus ne numb		3
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' telepho	s or cus ne numb	ber	
14a 14c Part 15a 15b	Name Name : IX Is the How o	of trust e of trustee or custodian IRS Compliance Questions		Desigi safe h	14d	Frustee' telepho	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 The second	Frustee' telepho	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 The second arbor of	Frustee' 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 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)(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 The second arbor arbor arbor est	Frustee' 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 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 The second	Trustee' telephor d [m [bo	s or cus ne numb No "Prio test N/A verage enefit te	r year"	ADP
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 etter and the serial number		Design safe h "Curre ADP to Ratio perce test Yes	14d n-based arbor nt year est ntage or advi	Frustee' telephor d [" [but sory lett	s or cus ne numb No "Prio test N/A verage enefit te: no verage enefit te:	r year"	ADP N/A te 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 n-based arbor nt year est ntage or advi	Frustee' telephor d [" [sory lett	s or cus ne numb No "Prio test N/A verage enefit te: no verage enefit te:	r year"	ADP N/A te of