## 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

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I		<b>Identification Information</b>								
For calenda	For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016									
Δ This rot	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 THISTEL	um/report is ior.	a one-participant plan	a foreign plan							
<b>B</b> This retu	urn/report is	the first return/report	the final return/report							
an amended return/report a short plan year return/report (less than 12 months)										
C Check	oox if filing under:	X Form 5558	automatic extension	extension DFVC program						
Part II	Basic Blan Info	special extension (enter descr	· · ·							
1a Name		ormation—enter all requested inf	formation		1b Three-digi	+				
		OFIT SHARING PLAN TRUST			plan numb					
					1c Effective date of plan 01/01/2016					
	, ·	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	) Box)			dentification Number 26-4075878				
	town, state or provinc	ce, country, and ZIP or foreign post		tructions)	<b>2c</b> Sponsor's telephone number 206-795-5058					
400 NIM 00T	LOTDEET OUUTE 400				2d Business code (see instructions)					
SEATTLE, W	H STREET SUITE 120 /A 98107	J				624410				
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spor	nsor.		<b>3b</b> Administrator's EIN					
					3c Administrator's telephone number					
						·				
4 If the r	name and/or FIN of th	e nlan snonsor has changed since	the last return/report filed	for this plan, enter the	<b>4b</b> EIN					
name, EIN, and the plan number from the last return/report.										
a Sponsor's name				<b>4c</b> PN <b>5a</b>	11					
<b>5a</b> Total number of participants at the beginning of the plan year					5b	43				
<ul> <li>Total number of participants at the end of the plan year</li> <li>Number of participants with account balances as of the end of the plan year (only defined contribution plans</li> </ul>						7				
complete this item)					5c					
		articipants at the beginning of the pl	-		5d(1)	11				
<ul> <li>d(2) Total number of active participants at the end of the plan year</li> <li>e Number of participants that terminated employment during the plan year with accrued benefits that were less</li> </ul>				5d(2)	43					
than 100% vested					5e	0				
		or incomplete filing of this return ther penalties set forth in the instruc-								
SB or Sche		nd signed by an enrolled actuary, a								
SIGN	Filed with authorized	/valid electronic signature.	10/24/2017	PAULA JONES						
HERE	Signature of plan a	administrator	Date	Enter name of individ	dual signing as plan administrator					
SIGN										
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or p Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number										
Preparer's	name (including firm r	name, if applicable) and address (in	iclude room or suite numb	er)	Preparer's telep	none number				

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	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> </ul>						X Yes No				
•	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined										
		nsurance p	orogram (see ERISA se	ection 4	021)?		res	No Not determined			
7	rt III Financial Information Plan Assets and Liabilities		(a) Paginning	of Voor				(b) End of Your			
_ <u>'</u>	Total plan assets	7a	(a) Beginning (	<u>01 1ear</u>		(b) End of Year 5151					
	Total plan liabilities	7b		0	ı	0					
	Net plan assets (subtract line 7b from line 7a)	7c		0			5151				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount			(b) Total				
а	Contributions received or receivable from:		, ,								
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		5085	_						
	(3) Others (including rollovers)	8a(3)		66							
	Other income (loss)	8b		00				E4.E4			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					5151				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions).	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
h	h Total expenses (add lines 8d, 8e, 8f, and 8g)			0							
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					5151				
j	Transfers to (from) the plan (see instructions)	8j		0							
Par	Part IV Plan Characteristics										
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he 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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X					
С	C Was the plan covered by a fidelity bond?			10c	X			2000			
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		X					
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	<b>f</b> Has the plan failed to provide any benefit when due under the plan?			10f		X					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		X					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X					
i				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 con 5500) and line 11a below)						Yes X No	
	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect ERISA?						<b>│</b>	Yes X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		T			
<u>b</u>	Enter	the minimum required contribution for this plan year			12b				
С	Enter	he amount contributed by the employer to the plan for this plan year			12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l ive amount)			12d				
		ne 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 N	lo	
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi n assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>3)</b> PN(s)	
Part	VIII	Trust Information							
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN		
14c Name of trustee or custodian				14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
				ign-based "Prior year" ADP test			ear" ADP		
"Curry ADP				rrent year" N/A P test					
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:			— Average —			□ 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?				No No					
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter/ and the serial number									
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter/									
18	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 separated from service?					Yes 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		