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).

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

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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 J & S HOLDING COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST plan number 001 (PN) • 1c Effective date of plan 01/01/1986 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) 91-1973617 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number J & S HOLDING COMPANY, INC. 360-786-8078 2d Business code (see instructions) P.O. BOX 11249 236200 OLYMPIA, WA 98508 **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 47 5a Total number of participants at the beginning of the plan year 5b 45 **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 20 5c complete this item)..... 42 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 37 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 belief, it is true, correct, and complete.

<u>beliet, it is t</u>	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	11/15/2017	RON MCFARLAND				
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 si			r)	Preparer's telephone number			

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62	Were all of the plan's assets during the plan year invested in eligib	le accete?	(See instructions)						XY	es No
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					PA)			_	es No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and mus	t inste	ad use	Form	5500.	_	_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not d	etermined
Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year	.			(b) End	of Year	
<u>a</u>	Total plan assets	7a	2	274180)				22752	298
<u>b</u>	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	2	274180)				22752	298
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)		53973	3					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		244500)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2984	173
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		283836	5					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		13519)					
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2973	355
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							11	18
j	Transfers to (from) the plan (see instructions)	8j								
Par	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2G$ $2J$ $2K$ $2T$ $3D$	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Char	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nt
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	,	t? (Do not i	nclude transactions	10a		X				
С	Was the plan covered by a fidelity bond?			10c	X					300000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	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	X					11958
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-e	end.)	10g	X					52236
h	2520.101-3.)	· ••••••		10h		X				
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						

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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)				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
lf	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(2) 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 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 Betieves

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).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part	Annual Repor	t Identification Information							
For cale	endar plan year 2016 or	fiscal plan year beginning 07/01/201	6	and ending 0	6/30/2017				
		X a single-employer plan		plan (not multiemploye		this how must attach a			
A This	return/report is for:	— — — — — — — — — — — — — — — — — — —	list of participating	employer information in	accordance with t	he form instructions.)			
		a one-participant plan	a foreign plan			,			
B This	return/report is	the first return/report	the final return/repo	rt					
		an amended return/report	=	turn/report (less than 12	months)				
C Che	ck box if filing under:	Form 5558	_		_				
	•	special extension (enter descri	automatic extension	П	DFVC progra	am			
Part I	Basic Plan Info	rmation—enter all requested info							
	ne of plan	ener an requested fine	mation		1h Three die				
		401(k) PROFIT SHARING PLAN A	ND TRUST		1b Three-dig				
					(PN) ▶	001			
· · · · · · · · · · · · · · · · · · ·						date of plan 36			
2a Plan	sponsor's name (emplo	yer, if for a single-employer plan)				Identification Number			
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				(EIN) 91-1					
J & S HOL	DING COMPANY, INC.	o, southry, and zir or loreign postal	code (ii loreign, see in	structions)	2c Sponsor's	telephone number			
		74				(360) 786-8078			
P.O. BOX	11240					code (see instructions)			
F.O. BOX	11249				236200				
	WA 98508								
3a Pian	administrator's name an	d address 🛭 Same as Plan Spons	or.		3b Administrator's EIN				
					3c Administrator's telephone number				
					1				
4 If the	name and/or EIN of the	plan sponsor has changed since the	a last return/report filed	for this plan, antar the	41				
name	e, EIN, and the plan num	ber from the last return/report.	e last returnieport meu	for this plan, enter the	4b EIN				
a Spon	sor's name				4c PN				
5a Total	number of participants a	at the beginning of the plan year			. 5a	47			
b Total	number of participants a	it the end of the plan year		***************************************		45			
C Numl	ber of participants with a	ccount balances as of the end of the	e plan vear (only defined	d contribution plans	5c				
		pinopte at the beginning of the				20			
d(2) To	tal number of active parti	cipants at the beginning of the plan	year		5d(1)	42			
e Numi	tal number of active part her of particinants that to	cipants at the end of the plan year . rminated employment during the pla			5d(2)	37			
than	100% vested				5e	0			
Caution: A	a penalty for the late of	'Incomplete tiling of this return/re	hassasse ad Iliw tranc	unioce resconship on	use is establishe	d.			
02 0. 00	atties of perjury and other edule MB completed and true, correct/ and comple	r penalties set forth in the instructio signed by an enrolled actuary, as w	ns, I declare that I have vell as the electronic ve	examined this return/re rsion of this return/repor	port, including, if a t, and to the best o	pplicable, a Schedule of my knowledge and			
SIGN	had. An		11/8/17	x for Ma	Calland				
HERE	Signature of plan adr	ministrator	Date	, , , ,	TIVN VO				
SIGN	julius of plant us.		Date	Enter name of individ	uai signing as plar	administrator			
HERE	Dimentions of a second		- 						
Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number)			ual signing as emp	loyer or plan sponsor					
	,	,FFvasio, and addices (IIICIU	ao room or suite numbe	· <i>)</i>	Preparer's teleph	ione number			
	3								
	27								
				İ					
				i	A THE RESERVE				

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 Were all of the plan's assets during the plan year invested in eli Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil if you answered "No" to either line 6a or line 6b, the plan ca If the plan is a defined benefit plan, is it covered under the PBGG 	of an independ ity and condition Innot use Forr	ient qualified public ns.) n 5500-SF and mu	accou	intant (IQPA)	 rm 5500.	X Yes No		
Part III Financial Information				-					
7 Plan Assets and Liabilities	11.07(0+XXII)	(a) Beginning	of Ye	ar			o) End of Year		
a Total plan assets	7a		2274				2275298		
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		2274	180			2275298		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total		
Contributions received or receivable from: (1) Employers	8a(1)						(b) rotal		
(2) Participants			53973						
(3) Others (including rollovers)					All gold	V			
b Other income (loss)			244	500					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							298473		
Benefits paid (including direct rollovers and insurance premiums to provide benefits)			283836				2904/3		
e Certain deemed and/or corrective distributions (see instructions).			13519						
f Administrative service providers (salaries, fees, commissions)									
g Other expenses									
h Total expenses (add lines 8d, 8e, 8f, and 8g)				383Y			207255		
i Net income (loss) (subtract line 8h from line 8c)						297355			
j Transfers to (from) the plan (see instructions)				7		70 (100)	1118		
Part IV Plan Characteristics	1 0 1						CONTACT CONTACT CONT		
If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare.	_								
Part V Compliance Questions					_				
10 During the plan year:				Yes	No	N/A	Amount		
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	Voluntary Fiduo	ciary Correction	10a		х		Amount		
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not inclu	de transactions	10b		х				
C Was the plan covered by a fidelity bond?			10c	Х			200000		
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond, t	hat was caused	10d		х		300000		
e Were any fees or commissions paid to any brokers, agents, or oth				-					

Χ

Х

Х

Х

10e

10f

10g

10h

11958

52236

carrier, insurance service, or other organization that provides some or all of the benefits under

the plan? (See instructions.)

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

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

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.....

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Part VI Pension Funding Compliance		·				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	l complet	e Schedule	SB		/es [No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.		11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	section 302	of	Т-п,			
ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	*************	•••••••	•••••	⊔ '	es X	No
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	nstruction Month	s, and enter Da		e of the lette Year	r ruling	
If you completed 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				
c Enter the amount contributed by the employer to the plan for this plan year		12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a					
e 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 No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?	aht unde	r the		Yes 🛛	No	
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the pl	an(s) to	 _			
13c(1) Name of plan(s):	1:	3c(2) EIN(s)		13c(3)	PN(s)	
Part VIII Trust Information						
14a Name of trust		14b 1	rust's E	in		
14c Name of trustee or custodian		14d 7	nistee's	or custodia	n'e	
a 2				e number	113	
Part IX IRS Compliance Questions	-	l				
15a is the plan a 401(k) plan? If "No," skip b	Y	'es		No		
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	∐ sa	esign-based afe harbor		"Prior yea test	r" ADP	
]U "C	Current year" DP test		N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	📗 p	tatio ercentage est		erage nefit test		Δ
16b 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?	Y	es] No		
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	opinion le					
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, er letter	iter the d	ate of the mo	st recer	nt determina	tion	
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 sepa service?	rated from	m Yes		No	_	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		No	-	