## 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		Identification Information							
For calenda	ar plan year 2016 or f	scal plan year beginning 01/01/2	<u>017</u>	and ending 04	4/30/2017				
<b>A</b> This ret	urn/report is for:	a single-employer plan  a one-participant plan		plan (not multiemployer) (Filers checking this box must attach a employer information in accordance with the form instructions.)					
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report						
_		an amended return/report	a short plan year retuin	meport (less than 12 m	Ontris)				
C Check b	oox if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC program				
Part II	Basic Plan Info	prmation—enter all requested inf	. ,						
1a Name		ormation—enter an requested in	omation		<b>1b</b> Three-digit				
OLYMPIC PF	RINTERS, INC. 401(k	() PROFIT SHARING PLAN			plan number (PN)	001			
					1c Effective date o	f plan 1/2000			
Mailing	address (include roc	oyer, if for a single-employer plan) im, apt., suite no. and street, or P.O			<b>2b</b> Employer Identi (EIN) 91-0	fication Number 793858			
•	RINTERS, INC.	ce, country, and ZIP or foreign post	al code (il foreign, see instr	uctions)	2c Sponsor's telep				
310 E. 1ST ST. PORT ANGELES, WA 98362					<b>2d</b> Business code (see instructions) 541920				
3a Plan administrator's name and address X Same as Plan Sponsor.					<b>3b</b> Administrator's	EIN			
		e plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN				
<b>a</b> Sponso	•	mber from the last return/report.			4c PN				
		s at the beginning of the plan year			5a				
_		s at the end of the plan year			5b	0			
<b>C</b> Number		account balances as of the end of			5c	0			
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pla	an vear		5d(1)	8			
		articipants at the end of the plan year			5d(2)	0			
<b>e</b> Numb	er of participants that	terminated employment during the	plan year with accrued bei	nefits that were less	5e	0			
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable car					
SB or Sche		ther penalties set forth in the instruc and signed by an enrolled actuary, a plete.							
SIGN HERE		/valid electronic signature.	11/20/2017	KELLY GABRIEL					
	Signature of plan a	administrator	Date	Enter name of individ	ual signing as plan adı	ministrator			
SIGN HERE									
	Signature of emplo	oyer/plan sponsor name, if applicable) and address (in	Date		ual signing as employe Preparer's telephone				
Preparer s i	name (including ilim i	rame, ii applicable) and address (iii	iclude room of suite numbe	a )	Preparer's teleprione	number			

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	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	an indepe and condi	ndent qualified public a	account	ant (IQ	PA)		□	/es No
c	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					_	-		letermined
	rt III   Financial Information	isurarioo p	orogram (see ENIOA se	oction 4	021):	······ L	103		icterrillinea
7	Plan Assets and Liabilities		(a) Beginning	of Year				b) End of Year	
a	Total plan assets	7a		738929				<i>b)</i> 2114 01 1 041	0
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7с		738929	)				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) Total	
а	Contributions received or receivable from:		, ,	0				, ,	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		40669					
	Other income (loss)	8b		40009				40	200
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						40	669
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		779598					
е	Certain deemed and/or corrective distributions (see instructions).	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
q	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						779	598
ī	Net income (loss) (subtract line 8h from line 8c)	8i						-738	929
j	Transfers to (from) the plan (see instructions)	8i							
Par	t IV Plan Characteristics	, oj							
9a	If the plan provides pension benefits, enter the applicable pension 2E 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	des 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	Amou	nt
а	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)	oluntary F	Fiduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X				15000
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 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 pla	ın?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? 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	he require	d notice or one of the	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 c n 5500) and line 11a below)						Yes No
		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
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	Nonth _	s, and	d enter t Day		of the lett Year	er ruling 
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
<u>b</u>	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 live amount)			12d			
		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?				X Yes	S [] I	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		<b>13c(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			<b>14d</b> Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions		<u> </u>				
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:			n-based arbor	d [	] "Prior y test	ear" ADP
				"Curre	ent year est	<u>"</u>	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	entage		verage enefit test	□ 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		
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	nost rece	ent determ	nination
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 e?		rom	Ye	s [	No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	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 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.

1210-0089

OMB Nos. 1210-0110

2016

This Form is Open to **Public Inspection** 

Part I	Annual Report	Identification Information		ion donorio to tite i Offi	3300-	эг.				
For cale	ndar plan year 2016 or fi	scal plan year beginning 01/01/201	7	and ending 04	4/30/20	117	<del></del>			
_	return/report is for:	x a single-employer plan a one-participant plan	a multiple-employer	employer plan (not multiemployer) (Filers checking this box must attach a ticipating employer information in accordance with the form instructions.)						
<b>B</b> This re	eturn/report is	the first return/report an amended return/report	X the final return/repo	rt turn/report (less than 12	n 12 months)					
	k box if filing under:	Form 5558 special extension (enter descrip	automatic extension		DFVC program					
Part II	Basic Plan Info	rmation—enter all requested info	rmation							
<b>1a</b> Name Olympic Pr	e of plan inters, Inc. 401(k) Profit	Sharing Plan				Three-digit plan number (PN) • Effective date or	001 f plan			
Mailin	ig address (include room	rer, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Box)		2b	01/01/2000 Employer Identif (EIN) 91-079385	fication Number			
OLYMPIC F	PRINTERS, INC.	, country, and ZIP or foreign postal	code (if foreign, see in:	structions)	2c	Sponsor's telepi				
310 E. 1ST	ST.					Business code (s 541920				
PORT ANG	ELES, WA 98362									
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponso	or,		L	Administrator's E	EIN elephone number			
<ul> <li>If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.</li> <li>Sponsor's name</li> </ul>				for this plan, enter the						
5a Total r	number of participants at	the beginning of the plan year			<b>4c</b> PN <b>5a</b>					
<b>b</b> Total n	umber of participants at	the end of the plan year			5b		11 0			
comple	er of participants with accete this item)	count balances as of the end of the	plan year (only defined	d contribution plans	5c 0					
d(1) Tota	I number of active partic	ipants at the beginning of the plan	year		5d(1	1)	8			
d(2) Tota	I number of active partic	ipants at the end of the plan year			5d(2	2)	0			
man i	uu% vestea	minated employment during the pla			5e		0			
SB or Sched	ries of periors arro offici	penalties set form in the instruction signed by an enrolled actuary, as w	se I doglaro that I have	mara maila a al Alaila a a 1 1 1			ble, a Schedule nowledge and			
SIGN	Sul	Yeld	v 11/14/17	XY KELLY	SAB	MEL				
HERE	Signature of plan adm	inistrator	Date	Enter name of individu			nintroto -			
SIGN HERE	Signature of employer									
Preparer's na	Signature of employer. ame (including firm name	<b>/pian sponsor</b> e, if applicable) and address (includ	Date	Enter name of individu	al signi	ng as employer o	or plan sponsor			
	,	-, approache, and address (INCIDE	ae room of suite numbe	- I	Prepar	rer's telephone nu	ımber			

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6	<ul> <li>Were all of the plan's assets during the plan year invested in eligible.</li> <li>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 can</li> </ul>	of an indepe ov and condi	endent qualified publi- itions.)	c accor	ıntant	(IQPA	)		X Yes 1
( 	If the plan is a defined benefit plan, is it covered under the PBGC	insurance	program (see ERISA	section	4021)	se ro  ?	rm 550 Ye:	0. s ∏No	Not determine
	art III Financial Information								
_7	Plan Assets and Liabilities	W. Italy	(a) Beginning	g of Ye	ar			(b) End o	of Year
				738	929			(-)	0
k									
	Net plan assets (subtract line 7b from line 7a)	. 7c		738	929		_		0
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) To	
а	To the second of receivable (10)(1),					70.2		(2) 10	18 P 1 P 1 P 1
	(1) Employers	. 8a(1)			0		4.2		
	(2) Participants	7			0		800		A E
b	(3) Others (including rollovers)		<u> </u>						
<u>c</u>		8b		406	369				
d	(222 x 22), Ca(2), Ca(3), and Ob)	8c			1='3				40669
	to provide benefits)	8d		7795	598				TO SECTION
e	Certain deemed and/or corrective distributions (see instructions)	8e					10 g	1 3 2 7 7	
f	Administrative service providers (salaries, fees, commissions)	8f				-10	1	100000	
g	Other expenses	8g			_				
<u>h</u>				F1150	158			N N	779598
_ i	Net income (loss) (subtract line 8h from line 8c)	8i				-738929			
j	Transfers to (from) the plan (see instructions)	8i				War et		faka tal	-738929
Pa	rt IV Plan Characteristics	<u> </u>							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature coo	es from the List of P	lan Cha	racteri	stic C	odes in	the instruc	ctions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Pla	n Char	acteris	tic Co	des in t	he instructi	ons:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A		
а	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fig	luciary Correction		1.55	X	INA		Amount
b	Program)  Were there any nonexempt transactions with any party-in-interest?	(Do not in	clude transactions	10a		X		<del></del>	
С	reported on line 10a.)			10b	×				15000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi	idelity bond	that was caused	10d		Х			13000
е	by fraud or dishonesty?  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.)			10a		×			
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			10g	$\dashv$	X	2 %		
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instruct	ons and 29 CFR	10g		X		<del></del> ,-	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required n	otice or one of the	10ii					

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i ago 🕶		

Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes." as instruction	omplete S	Schedule S	SB		Van F	
(Form 5500) and line 11a below)					Yes	
is this a defined contribution plan subject to the minimum funding requirements of agation 440 of the O.			f T			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below as applicable.)	••••••	•••••			Yes X	_
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see just	ructions,	and enter	the date of	f the lett	er ruline	
granting the waiver	Λητη	Da	y	Year	er rulling	<i>,</i>
b Enter the minimum required contribution for this plan year		12b	T			
C Enter the amount contributed by the employer to the plan for this plan year						
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le	# 06 0			8		
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?			X Yes	Пи	lo	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?	nt under th	ne .	×	Yes [	<del></del>	
<ul> <li>ii, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)</li> </ul>	the plane	(s) to				
13c(1) Name of plan(s):	13c(	<b>2)</b> EIN(s)		13c(3	) PN(s)	
				·		
			1			
Part VIII Trust Information						
14a Name of trust		14b T	rust's EIN			<del></del>
14c Name of trustee or custodian		14d Tr	ustee's or	custodia	an's	
		te	lephone n	umber		
Part IX IRS Compliance Questions		<u></u>				
<b>15a</b> Is the plan a 401(k) plan? If "No," skip b	☐ Yes			<del></del>		
					·	
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:	Designation Designation	n-based harbor		Prior yea	ar" ADP	
	Curr	ent year"	Пи	/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan	LJ ADP					
year? Check all that apply:	perc	entage	Average benefit		□ N/A	A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)	test				<del></del>	
ior the plan year by combining this plan with any other plan under the nemissive aggregation rules?	Yes		N	o		
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opi						
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter letter	the date	of the mos	t recent de	termina	ition	
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 separat service?	ed from	Yes	☐ No			—
9 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes	☐ No			