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 fi	scal plan year beginning 01/01/2	017 	and ending 1	1/30/2017				
X a single-employer plan									
	·	a one-participant plan	a foreign plan						
B This retu	ırn/report is	the first return/report	the final return/report						
		an amended return/report	X a short plan year retur	n/report (less than 12 m	nonths)				
C Check b	pox if filing under:	Form 5558	automatic extension		DFVC program	1			
Dort II	Dania Dian Info	special extension (enter descr	• •						
Part II 1a Name		ormation—enter all requested inf	ormation		1b Three-digit				
	VIES, P.S. 401(K) SA	VINGS PLAN			plan number	er 001			
					1c Effective da	L ate of plan 07/01/1994			
	, ·	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O). Box)		2b Employer Id	dentification Number			
	town, state or provinc	ce, country, and ZIP or foreign post		ructions)	2c Sponsor's t	telephone number 0-943-8320			
						ode (see instructions)			
1115 WEST I OLYMPIA, W	BAY DR., SUITE 302 /A 98502				541110				
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrator's EIN				
					3c Administrator's telephone number				
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN				
a Sponso	•	•			4c PN				
5a Total r	number of participants	at the beginning of the plan year			5a	5			
_		at the end of the plan year			5b	0			
C Numb	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	0			
		articipants at the beginning of the plant			5d(1)	3			
	•	articipants at the end of the plan yea	•		5d(2)	0			
e Numb	er of participants that	terminated employment during the	plan year with accrued be	nefits that were less	5e	0			
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable ca					
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete							
SIGN		/valid electronic signature.	12/11/2017	KIRK M. VEIS					
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plar	n administrator			
SIGN									
HERE	Signature of emplo		Date			ployer or plan sponsor			
Preparer's	name (including firm r	name, if applicable) and address (in	iclude room or suite numbe	er)	Preparer's telepi	none number			

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)						X Yes	s No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Yes	s 📗 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 ir					_	-		Not det	ermined
	rt III Financial Information	ioururioo j	orogram (see Errie/rec		021).	····· L	1.00	∐ [
7	Plan Assets and Liabilities		(a) Beginning	of Voor	.			(b) End o	of Voor	
<u>.</u>	Total plan assets	7a		223251				(b) Liiu c		0
_	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	1	223251						0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
	Contributions received or receivable from:		(2) 1 2					(3) 13		
	(1) Employers	8a(1)		5200						
	(2) Participants	8a(2)		39000)					
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b		86791						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13099	1
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	317792						
	Certain deemed and/or corrective distributions (see instructions).	8e		36269						
f	Administrative service providers (salaries, fees, commissions)	8f		181						
a	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				135424	2
<u>;;</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-122325		
÷	Transfers to (from) the plan (see instructions)									
Da	, , , , ,	8j								
9a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co	ndes from the List of Pl	an Cha	racteri	stic Co	ndes in	the inetri	ictions:	
Ja	2E 2G 2J 2K 2T 3D	icature of	des from the List of the	an Ona	ractori	one oc	Juca III	uic iiisu	actions.	
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 instrud	ctions:	
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary I	Fiduciary Correction	10a		X				
b	,	t? (Do not	include transactions	10b		X				
	Was the plan covered by a fidelity bond?			10c	X					150000
d				10d		X				
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.)			10e	Х					3663
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g		-		10g	X					0
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 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
	(lf "\	es," 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)		13c(3) PN(s)	
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian			14d 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:			sign-based "Prior year" Al e harbor test			
				"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
	for the	ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			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	

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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).

1210-0089

OMB Nos. 1210-0110

2016

This Form is Open to Public Inspection

Part	I Annual Report	Identification Information	accordance with the in	structions to the Form	5500-SF.	<u> </u>
		iscal plan year beginning	01/01/2017	and ending	11/20/00	
		X a single-employer plan		plan (not multiemployer	11/30/20	17
A This	return/report is for:	a one-participant plan	list of participating	employer information in	accordance with the f	om instructions.)
D						
B This	return/report is	the first return/report	X the final return/repor			
0		an amended return/report	🗓 a short plan year ret	urn/report (less than 12)	months)	
C Chec	ck box if filing under:	Form 5558	automatic extension	ı	DFVC program	
D-41		special extension (enter desc				
Part II	Basic Plan Info	rmation—enter all requested in	formation			
	ne of plan				1b Three-digit	
OWENS	DAVIES, P.S. 40)1(K) SAVINGS PLAN			plan number	001
					(PN)	
					1c Effective date	
2a Plan	sponsor's name (employ	/er, if for a single-employer plan)			07/01/199	
Maili	ing address (include roon	n, apt., suite no, and street, or P.O.	. Box)		2b Employer Ider	
City	or town, state or province	e, country, and ZIP or foreign post	al code (if foreign, see ins	tructions)	(EIN)91-09	
OMENS	DAVIES, P.S.				2c Sponsor's tele 360-943-8	
1115 5	AEIOE DAN DD G				2d Business code	
1112 A	WEST BAY DR., S	UITE 302			541110	s (see instructions)
OLYMPI	- n				711110	
		WA 98502				
Ja Plan	auministrators name and	d address 🛛 Same as Plan Spon	sor.		3b Administrator's	s EIN
					3c Administrator's	
4 If the	name and/or EIN of the ea, EIN, and the plan num	plan sponsor has changed since the ber from the last return/report.	ne last return/report filed	for this plan, enter the	4b EIN	
	sor's name				4c PN	
5a Total	number of participants a	t the beginning of the plan year			5a	
b Total	number of participants a	t the end of the plan year			5b	
C Numb	per of participants with ac	count balances as of the end of th	e plan vear (only defined	Contribution plans	5c	
		cipants at the beginning of the plan			5d(1)	
d(2) Tot	tal number of active partic	cipants at the end of the plan year	•		5d(2)	
e Numi	ber of participants that te	rminated employment during the p	lan vear with accrued be	nefits that were less		
เกลก	100% vested				5e	
Onuel peni	aities of perjury and other	incomplete filing of this return/r r penalties set forth in the instruction	one I declare that I have	avaminad this return how		
	radio in bompicioa ana	Signed by an embled actually, as	well as the electronic ver	sion of this return/report	t, and to the best of m	cable, a Schedule v knowledge and
	true, correct, and comple	10.			a 1/ 	
SIGN HERE	x 1/n 1	· Vei	10/11/17	v Kirle 1	1. Veis	
	Signature of plan adm	ninistrator	Date	Enter name of individu	ual signing as plan ad	ministrator
SIGN						
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	iol aigning as	
Preparer's	name (including firm nam	ne, if applicable) and address (incl	ude room or suite numbe	Enter name of individu	Preparer's telephone	or plan sponsor
		·		<i>'</i>	sparar a telephone	Hallibel
				Ĺ		
				1		

For	m	55	nn.	-SI	= 2	Λ1	A

P	age	2

	Were all of the plan's assets during the plan year invested in eligical 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 be to be plan is a defined benefit plan is it covered under the PRCC.	f an indepe y and cond i not use F e	endent qualified public itions.) orm 5500-SF and mu	accou	ntant (i ead us	IQPA) e For	550	 D.		s 🗍 No
	If the plan is a defined benefit plan, is it covered under the PBGC art III Financial Information	Insurance	program (see ERISA	section	4021)	?	∐ Yes	∐ No	∐ Not def	ermined
7	Plan Assets and Liabilities	1	(a) Beginning	of Vo				<i>(</i>) = .		
a	Total plan assets	. 7a		, 223				(b) End	of Year	0
	Total plan liabilities	. 7b			,					
C	Net plan assets (subtract line 7b from line 7a)		1	,223	,251				 	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou					(b) To	otal	
а	Contributions received or receivable from:							(1) 11	Jiai	
	(1) Employers	. 8a(1)			200			= 14		
	(2) Participants			39,	000	2 11	100		U. IIII	
	(3) Others (including rollovers)									
	Other income (loss)			86,	791					
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			[1.	30,991
	to provide benefits)	8d	1	,317,	792					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		36,	269					
f	Administrative service providers (salaries, fees, commissions)	8f			181					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		V					1,35	54,242
	Net income (loss) (subtract line 8h from line 8c)	8i								23,251
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature cod	des from the List of Pl	an Cha	racteri	stic C	odes in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Char	acteris	tic Co	des in t	he instruc	tions:	
Pari	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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vi Program)	oluntary Fig	duciary Correction	10a		х			Amount	
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not in	clude transactions	10a 10b		х				
C	Was the plan covered by a fidelity bond?			10c	х				7 -	50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	idelity bon	d, that was caused	10d		х				70,000
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					3,663
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-en	d.)	10g	Х					
	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h		х	- 1			3
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	e required i	notice or one of the	10i						

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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 an (Form 5500) and line 11a below)	id complet	e Sche	edule	SB		Yes	□ N	
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40)		112			_		
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or s	eaction	202	of		Yes	X N	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year see	inetruction	s and	ontor	the det				
greating the Huller.	Month	13, EIIU	Da		e or the le		ng	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin				,				
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)	e left of a		12d					
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		No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	Ϊ				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro control of the PBGC?	ught unde	r the			X Yes	☐ No	`	
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred. (See instructions.)	ntify the pla	an(s) t	0	L				
13c(1) Name of plan(s):	13	3c(2) E	IN(s)		13c	(3) PN/s		
						13c(3) PN(s)		
				1				
				ŀ				
Part VIII Trust Information		_						
14a Name of trust	· · · · · · · · · · · · · · · · · · ·	1	4b 1	rust's E	IN			
14c Name of trustee or custodian			4 -1 -					
		1			or custo e numbe			
					o mambo			
Part IX IRS Compliance Questions								
15a is the plan a 401(k) plan? If "No," skip b		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:		Design-based "Prior year" a safe harbor test				ear" AD	P	
		urrent OP 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:] ре	atio ercenta	age		erage lefit test			
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?	Ye	CS			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

Yes

☐ No

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

and the serial number

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

Defined Benefit Plan or Money Purchase Pension Plan Only: