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.

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		t Identification Information					
For calend	lar plan year 2017 or	fiscal plan year beginning 01/01/201	7	and ending 1	2/31/2017		
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) (aployer information in ac			
B This ret	urn/report is	a one-participant plan	a foreign plan				
2 11110 101	an moper is		the final return/report	o/roport (logo than 12 m	ontho)		
C at t			a short plan year retur	n/report (less than 12 m	_		
C Check	box if filing under:	Form 5558 special extension (enter descript	automatic extension		DFVC program		
Part II	Racio Blan Inf	ormation—enter all requested information	<u>, </u>				
1a Name		officiation—enter all requested infor	nation		1b Three-digit		
	•	AMLICH, P.S. PROFIT- SHARING PLA	ΔNI		plan number		
OATTIO, OL	AITH, OOWAH & KIT	AMEION, 1.0.1 NOTH SHAKING 1 E	114		(PN) ▶	001	
					1c Effective date 06/3	of plan 80/1978	
Mailin	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. E			2b Employer Iden		
-	r town, state or provir EWART & ASSOCIA	nce, country, and ZIP or foreign postal of TES P.S.	code (if foreign, see instr	ructions)	2c Sponsor's tele	phone number 8-3480	
	2d Business code (see instructions)						
	H 107TH STREET VA 98133-9009				541211		
3a Plan a	administrator's name	and address X Same as Plan Sponso	or.		3b Administrator's	EIN	
					3c Administrator's	telephone number	
		he plan sponsor or the plan name has consor's name, EIN, the plan name and			4b EIN		
•	sor's name	onsor s name, Ent, the plan name and	the plan namber from t	io last retam/report.	4d PN		
C Plan N	Name						
5a Total	number of participan	ts at the beginning of the plan year			5a	4	
b Total	number of participan	ts at the end of the plan year			5b	6	
		h account balances as of the end of the			5c	6	
d(1) Tot	tal number of active p	participants at the beginning of the plan	year		5d(1)	4	
		participants at the end of the plan year.			5d(2)	4	
		no terminated employment during the p			5e	0	
		e or incomplete filing of this return/r					
SB or Scho		other penalties set forth in the instruction and signed by an enrolled actuary, as a molete.					
SIGN		d/valid electronic signature.	01/26/2018	STEPHEN GATTIS			
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan ac	Iministrator	
SIGN				_			

Date

Signature of employer/plan sponsor

HERE

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public a	ccount	ant (IQ	PA)		X Yes [No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cannot		,					X Yes	No
c	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	Not determ	mined
	If "Yes" is checked, enter the My PAA confirmation number from the		-					. (See instruct	
Pa	rt III Financial Information	•							•
7	Plan Assets and Liabilities		(a) Reginning	of Voor			(b) End	of Voor	
<u>'</u> a	Total plan assets	7a	(a) Beginning (33410			(b) End	of Year 5852557	
<u>u</u>	Total plan liabilities	7b						000200.	
С	Net plan assets (subtract line 7b from line 7a)	7c	558	33410				5852557	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) ⁻	Γotal	
а	Contributions received or receivable from: (1) Employers	8a(1)	.,				, ,		
	(2) Participants	8a(2)		9970					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	4	54177					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						464147	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	19	95000					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						195000	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						269147	
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2J	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		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 V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	Χ			50000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Χ			
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.)	ner person ne or all of	s by an insurance the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ			
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			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 and complete Schedule SB (Form 5500) and line 11a below)								
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 Code or section ERISA?	n 302 of			es X No			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter Year	ruling			
lf y	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						
С	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 left of a negative 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	X No)			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to						
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)			

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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information					
For calenda	ar plan year 2017 or f	iscal plan year beginning	01/01/2017	and ending	12/31/2	017	
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer) nployer information in a			
		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	a short plan year return	n/report (less than 12 n	nonths)		
C Check I	oox if filing under:	Form 5558	automatic extension		DFVC program	n	
		special extension (enter descr	iption)				
Part II	Basic Plan Info	ormation—enter all requested inf	formation		-		
1a Name	of plan				1b Three-digit		
GATTIS,	CLARK, COWAN	& KRAMLICH, P.S. PRO	FIT- SHARING PLA	AN	plan numbe (PN) ▶		
	,				1c Effective da 06/30/19		
		oyer, if for a single-employer plan)				dentification Number	
Mailing City or	g address (include roc town, state or province	om, apt., suite no. and street, or P.C). Box) al code (if foreign, see insti	ructions)	(EIN) 91-		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Gattis Stewart & Associates P.S.			2c Sponsor's telephone number				
				206-448-3480 2d Business code (see instructions)			
2150 North 107th Street				541211			
Seattle		WA 98133-900					
a Plan a	dministrator's name a	and address $\overline{f X}$ Same as Plan Spor	nsor.		3b Administrat	or's EIN	
					3c Administrator's telephone number		
					- Turning and	or o totophono name	
4 If the r	name and/or EIN of th	e plan sponsor or the plan name ha	as changed since the last raind the plan number from the	eturn/report filed for he last return/report.	4b EIN		
	or's name				4d PN		
C Plan N	lame						
				,	-	<u>.</u>	
		s at the beginning of the plan year				4	
		s at the end of the plan year			. 5b	6	
		account balances as of the end of			. 5c	6	
d(1) Tota	al number of active pa	articipants at the beginning of the pl	an year			4	
		articipants at the end of the plan yea			5d(2)	4	
than	100% vested	o terminated employment during the			5e	0	
Caution: A	penalty for the late	or incomplete filing of this return ther penalties set forth in the instruc	n/report will be assessed	examined this return/r	enort including if	annlicable a Schedule	
SB or Sche	alties of perjury and o edule MB completed/a true, correct/and com	and signed by an enrolled actuary, a	as well as the electronic ve	rsion of this return/repo	ort, and to the best	of my knowledge and	
SIGN	1/1/	ANT	1/26/18	Stephen Gatti	.s		
HERE	Signature of plan	administrator	Date/	Enter name of indivi		n administrator	
alot:	Signature of plan	Mac	1/26/18	Stephen Gatti			
SIGN HERE	641	<u> </u>	Deta			ployer or plan sponsor	
720 STATE OF THE	Signature of empl	øyer/plan sponsor	Date	☐ ⊏nter name of indivi	uuai signing as em	picyel of plan sponsor	

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 Were all of the plan's assets during the plan year invested in Are you claiming a waiver of the annual examination and repunder 29 CFR 2520.104-46? (See instructions on waiver eligible to eligible the plan of the plan of	ort of an independ	ent qualified public ans.)	account	ant (IC	QPA)	
If you answered "No" to either line 6a or line 6b, the plan C If the plan is a defined benefit plan, is it covered under the PB If "Yes" is checked, enter the My PAA confirmation number fr	GC insurance pro	gram (see ERISA se	ection 4	021)?	Y	es No Not determined
Part III Financial Information				T		
7 Plan Assets and Liabilities	_	(a) Beginning				(b) End of Year 5,852,55
a Total plan assets		٥,	583,	410		5,852,55
b Total plan liabilities		5	583,	410		5,852,55
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year.	7с			410		
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amour	10			(b) Total
(1) Employers	8a(1)					
(2) Participants	8a(2)		9,	970		
(3) Others (including rollovers)	8a(3)					
b Other income (loss)	8b		454,	177		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					464,14
Benefits paid (including direct rollovers and insurance premiur to provide benefits)			195,	000		
e Certain deemed and/or corrective distributions (see instruction	ns) 8e					
f Administrative service providers (salaries, fees, commissions)	8f					
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					195,000
Net income (loss) (subtract line 8h from line 8c)	8i					269,14
j Transfers to (from) the plan (see instructions)	8j	20				
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable per 3D 2E 2J	nsion feature code	s from the List of Pl	an Chai	racteri	stic Codes	s in the instructions:
b If the plan provides welfare benefits, enter the applicable well	fare feature codes	from the List of Pla	n Chara	cteris	tic Codes	in the instructions:
Part V Compliance Questions						***************************************
10 During the plan year:				Yes	No	Amount
Was there a failure to transmit to the plan any participant condescribed in 29 CFR 2510.3-102? (See instructions and DC Program)	L's Voluntary Fid	uciary Correction	10a		х	
b Were there any nonexempt transactions with any party-in-ing reported on line 10a.)	terest? (Do not inc	clude transactions	10b		х	
C Was the plan covered by a fidelity bond?			10c	Х		500,000
d Did the plan have a loss, whether or not reimbursed by the r			. 30		<u> </u>	

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

g 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

 10d

10e

10f

10g

10h

X

Х

Х

Х

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_						
t	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)			SB 		Yes 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 0 ERISA?	Code or section	1 302 c	of 		Yes X No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	structions, and Month	l enter Da	the date	of the let Year	ter ruling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
-	Enter the minimum required contribution for this plan year	1	12b			
	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	12d		П	П
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	∐ No	∐ N/A
Part						
	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		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brocontrol of the PBGC?	ught under the			Yes	X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	ntify the plan(s)) to			
	13c(1) Name of plan(s):	13c(2)	EIN(s)	130	(3) PN(s)
_						