-	rm 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089							
D	rnal Revenue Service Pepartment of Labor Benefits Security Administration	This form is required to be file Income Security Act of 1974		057(b) and 6058(a) of the		2017 This Form is Open to					
	enefit Guaranty Corporation	 Complete all entries in a 	Υ.	,	500-SF.	Public Inspection					
Part I		Complete all entries in accordance with the instructions to the Form 5500-SF. entification Information									
For calend	lar plan year 2017 or fis				2/31/2017						
A This re	turn/report is for:	X a single-employer plan	list of participating e			king this box must attach a ith the form instructions.)					
B This ret	urn/report is	the first return/report	a one-participant plan a foreign plan the first return/report The final return/report								
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)						
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram					
		special extension (enter descr									
Part II		mation—enter all requested inf	ormation			- 11 - 11					
1a Name ARMOUR V	of plan (ICKERMAN, PLLC 401	(K) PLAN			1b Three plan	e-digit number					
	,				(PN)						
						tive date of plan 01/01/2014					
Mailin	g address (include room	rer, if for a single-employer plan) n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		structions)	2b Empl (EIN)	oyer Identification Number 26-1195933					
	ICKERMAN, PLLC		al code (il loreign, see ins		2c Spor	nsor's telephone number 360-570-9933					
6945 LITTLE	EROCK ROAD SW				2d Busir	ness code (see instructions)					
	R, WA 98512-7246					541211					
3a Plan a	administrator's name and	d address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN					
					3c Admi	nistrator's telephone number					
		plan sponsor or the plan name ha	5	•	4b EIN						
a Spons	sor's name	sor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN						
C Plan N	Name										
5a Total	number of participants a	at the beginning of the plan year			5a	9					
_		at the end of the plan year			5b	11					
		ccount balances as of the end of		•	5c	11					
d(1) Tot	tal number of active part	ticipants at the beginning of the pla	an year		5d(1)	9					
• •		ticipants at the end of the plan yea			5d(2)	10					
than	100% vested	terminated employment during the			5e	2					
		or incomplete filing of this return or penalties set forth in the instruct									
SB or Sch		d signed by an enrolled actuary, a									
SIGN	Filed with authorized/	valid electronic signature.	02/06/2018	SUE VICKERMAN							
HERE	Signature of plan ac	Iministrator	Date	Enter name of individ	ual signing a	as plan administrator					
SIGN											
HERE	Signature of employ		Date	Enter name of individ	ual signing a	as employer or plan sponsor					
For Paperw	vork Reduction Act Notice	e, see the Instructions for Form 5500	-51.			Form 5500-SF (2017) v.170203					

f Administrative service providers (salaries, fees, commissions)

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

2E 2J 2K 2F 2G 3D 2T

g Other expenses.....

Part IV Plan Characteristics

i

j

9a

b

2A

100

0

288

219230

	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 a 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 cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	an indeper and condit ot use Fo nsurance p	ndent qualified public accountant (l ions.) rm 5500-SF and must instead us program (see ERISA section 4021)	IQPA) [X] Yes [] No Se Form 5500. ? [] Yes [] No [] Not determined
<u>Ра</u> 7	rt III Financial Information Plan Assets and Liabilities		(a) Paginning of Vaar	(b) End of Year
<u>′</u> а	Total plan assets	7a	(a) Beginning of Year 605012	(b) End of Year 823490
	Total plan liabilities	7b	752	0
С	Net plan assets (subtract line 7b from line 7a)	7c	604260	823490
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	27499	
	(2) Participants	8a(2)	93509	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	98510	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		219518
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	188	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	

8f

8g

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	0a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	0b		Х	
C	Was the plan covered by a fidelity bond?	0c	Х		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	0d		Х	
e	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.)	0e	x		794
f	Has the plan failed to provide any benefit when due under the plan?	0f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	0g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	0h		Х	
i	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	0i			

Page 3- 1

Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," 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 brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

For	m 5500-SF	Short Form Annua		turn/Rep enefit Pla		of Small Empl	oyee	(DMB Nos. 1210-0110 1210-0089
	ment of the Treasury al Revenue Service	This form is required to be filed)65 of the Employee R	etirement		2017
	partment of Labor nefits Security Administration	Income Security Act of 1974	(ERISA		6057	(b) and 6058(a) of the	This Form Is		orm Is Open to
Pension Ber	nefit Guaranty Corporation	 Complete all entries in a 	accorda	ance with the l	instru	ctions to the Form 5	500-SF.	Public Inspection	
Part I	Annual Report I	dentification Information							
and the second se		cal plan year beginning	01/0	1/2017		and ending	12/3	31/2017	
A This retu	urn/report is for:	X a single-employer plan	lis	t of participatin		n (not multiemployer) (ployer information in ac			
Den		a one-participant plan	∐af	oreign plan					
B This retu	rn/report is	the first return/report	the [final return/rep	port				
		an amended return/report	asi	hort plan year i	return	/report (less than 12 m	onths)		
C Check b	oox if filing under:	Form 5558	au	tomatic extensi	ion			orogram	
		special extension (enter descr	ription)						
Part II	Basic Plan Infor	rmation—enter all requested inf	formatio	'n					
1a Name	of plan						1b Thre	e-digit	
Armour V	Vickerman, PLL	LC 401(k) Plan					plan (PN)	number	001
								ctive date o	f plan
							01/0	01/2014	
		/er, if for a single-employer plan) n, apt., suite no. and street, or P.O), Box)					loyer Identi) 26-119	fication Number
City or	town, state or province	e, country, and ZIP or foreign post		(if foreign, see	instru	uctions)		,	bhone number
Armour	Vickerman, PL	TC						-570-99	
6945 Li	ttlerock Road	SW					2d Busi 5412		(see instructions)
Tumwate	x	WA 98512-724	6						
		d address 🛛 Same as Plan Spor					3b Adm	inistrator's	FIN
ou mana			1001						
							3C Adm	inistrator's	telephone number
		plan sponsor or the plan name hans or the plan sponsor or the plan name a					4b EIN		
a Sponso c Plan N							4d PN		
5a Total n	number of participants	at the beginning of the plan year					5a		9
		at the end of the plan year					5b		11
		account balances as of the end of					5c		11
d(1) Tota	al number of active par	ticipants at the beginning of the pl	lan year	•			5d(1)		9
d(2) Tota	al number of active par	ticipants at the end of the plan yea	ar	••••••			5d(2)		10
		terminated employment during the					5e		2
Caution: A	penalty for the late of	or incomplete filing of this return	n/repor	t will be asses	ssed u	unless reasonable ca			
SB or Sche		ner penalties set forth in the instruc ad signed by an enrolled actuary, a dete							
SIGN	Dive 1	Λ		26/18	-	SUE VICKERMAN			
HERE	Signature of plan a	dministrator		Date		Enter name of individ	lual signing	as plan ad	ministrator
SIGN				30.0			ear aigining	as plan au	
HERE	Signature of employ	ver/plan sponsor		Date		Enter name of individ	iual signing	as employ	er or plan sponsor
For Paperwo		e, see the Instructions for Form 5500	0-SE	Dato	_		iuai siyriiriy		Form 5500-SE (2017)

ο,	(2011)	
٧.	170203	

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
b	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.)	X Yes No
c	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
Pa	rt III Financial Information	

Pa									
7	Plan Assets and Liabilities	the letter	(a) Beginning o				(b) End c	of Year	
a	Total plan assets	7a		605,	012			8	23,490
b	Total plan liabilities	7b			752				C
С	Net plan assets (subtract line 7b from line 7a)	7c		604,3	260			8	23,490
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) To	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)		27,4	199		11		
	(2) Participants	8a(2)		93,9	509			11, 12, 21	
	(3) Others (including rollovers)	8a(3)			0		S = 4.	124 111	0.200
b	Other income (loss)	8b		98,5	510	57 G X	1.12		144316
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1994 (r	15			2	19,518
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			188				× -2
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	- site ou		AND AND AND	
f	Administrative service providers (salaries, fees, commissions)	8f			L00	350 -		N 14 /	
g	Other expenses	8g			0		10000	2412631	1.5
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	요즘 소설 (소설)	10	2.94				288
i	Net income (loss) (subtract line 8h from line 8c)	8i	Sector States	1	1.1			2	19,230
					_	1-1-1-1	1001001/2-0		Sale and the
j	Transfers to (from) the plan (see instructions)	8i I			3				
9a	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T								
9a b	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T If the plan provides welfare benefits, enter the applicable welfare feature 16 16 16 16	feature cod							
9a b Pai	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature t V Compliance Questions	feature cod			cterist	ic Codes i	in the instruc	ctions:	
9a b Pai 10	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions During the plan year:	feature code	s from the List of Plar				in the instruc		
9a b Pai	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T If the plan provides welfare benefits, enter the applicable welfare feet t V Compliance Questions During the plan year: During the plan year: During the plan year:	feature code eature code tions within oluntary Fic	s from the List of Plar the time period uciary Correction		cterist	ic Codes i	in the instruc	ctions:	
9a b Pai 10 a	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions During the plan year: 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	feature code eature code tions within 'oluntary Fic	s from the List of Plar the time period luciary Correction clude transactions	n Chara	cterist	ic Codes i	in the instruc	ctions:	
9a b Pai 10 a	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest	feature code eature code tions within oluntary Fic	s from the List of Plar the time period uclary Correction clude transactions	10a	cterist	ic Codes i	in the instruc	ctions: mount	50,000
9a b Pai 10 a	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T If the plan provides welfare benefits, enter the applicable welfare ference t V Compliance Questions During the plan year: 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) • Were there any nonexempt transactions with any party-in-interest reported on line 10a.) • Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	feature code eature code tions within oluntary Fic	the time period luciary Correction clude transactions	10a	Yes	ic Codes i	in the instruc	ctions: mount	50,000
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9a b Par 10 a c c c c c c c c c c c c c c c c c c	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T If the plan provides welfare benefits, enter the applicable welfare ference t V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan	feature code eature code tions within oluntary Fic ? (Do not in fidelity bond fidelity bond er persons e or all of th n? s of year-en (See instruc	the time period luciary Correction clude transactions d, that was caused by an insurance le benefits under d.)	10a 10b 10c 10d 10e	Yes	Ic Codes i No X X X X	in the instruc	ctions: mount	

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Page	3-	

Yes No
Yes X No
ə letter ruling /ear
11-12-1
No N/A
M
X No
es 🕅 No
13c(3) PN(s)