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

Parti	Allilual Nepol	t identification information				
For calenda	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 12	/31/2017	
A This ret	curn/report is for:	x a single-employer plan		olan (not multiemployer) (F mployer information in acc	_	
5		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	
C Check b	oox if filing under:	Form 5558	automatic extension	[DFVC program	m
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name	of plan	•			1b Three-digir	t
		I(K) PROFIT SHARING PLAN			plan numb	er
					(PN) ▶	001
					1c Effective d	·
30 Discour					01	01/01/1994
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0) Box)			dentification Number
		nce, country, and ZIP or foreign pos		tructions)	(EIN)	91-1250690
-	NDERSON, INC.		, , ,	,		telephone number 3-627-6401
					2d Business of	code (see instructions)
	H, SUITE 202					541190
TACOMA, W	'A 98403					011100
0		🖂			Ob Allin	
3a Plan a	dministrator's name	and address X Same as Plan Spo	nsor.		3b Administra	tor's EIN
					3c Administra	tor's telephone number
						·
		he plan sponsor or the plan name h			4b EIN	
this pl		oonsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN	
C Plan N					40 110	
• Harri	idillo					
5a Total r	number of participan	ts at the beginning of the plan year.			5a	5
		ts at the end of the plan year			5b	2
		h account balances as of the end of			5c	2
	,	participants at the beginning of the p		F	5d(1)	3
d(2) Tota	al number of active p	participants at the end of the plan ye	ar		5d(2)	0
		no terminated employment during th			5e	0
Caution: A	100% vested	e or incomplete filing of this retur	n/renort will be assessed	tuniose rossonable cau		ad
		other penalties set forth in the instru				
		and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/report	, and to the best	of my knowledge and
	true, correct, and cor		00/45/0040	JENNIEED : OUVE	01.4	
SIGN HERE	Filed with authorize	ed/valid electronic signature.	03/15/2018	JENNIFER L. GUADNO	JLA	
TILILE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	n administrator
SIGN						
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ıal signing as em	ployer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligib		•					X Yes	No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann							_	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	an yea	r			(See instru	ctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	l of Year	
а	Total plan assets	. 7a	149	97026				1510985	
b	Total plan liabilities	7b		2196				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	149	94830				1510985	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from:	90(4)	,	25706					
	(1) Employers	8a(1)		35796 28150	\dashv				
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3) 8b	11	39934					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	T.	30004				203880	
	Benefits paid (including direct rollovers and insurance premiums	00						203000	
	to provide benefits)	8d	17	76424					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	1	11301					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						187725	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						16155	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0					
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the insti	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 contribu	itions withi	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	-	,	40-		X			
b	Program)			10a		^			
	reported on line 10a.)			10b		Χ			
С	Was the plan covered by a fidelity bond?			10c	X			1494	83
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	ner person	s by an insurance						
	the plan? (See instructions.)			10e		Χ			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g			•	10g		Χ			
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			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 (Form 5500) and line 11a below)	chedule	SB	\	res 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 Code or set ERISA?	ion 302	of		res X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver		r the date ay	of the lette Year _	r 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	120	:		
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?		X Ye	s N	0
	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 control of the PBGC?	ne		Yes	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	(s) to			
1	3c(1) Name of plan(s):	(2) EIN(s)	13c(3) PN(s)

Form 5500-SF

Tacarment of the Treusury Transa Revenue Service

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

OMB Nos 1210-5110 1210-0389

2017

Parsian Passel Comment of	manus 17	Revenue Code (Ihe Co	ode)		This Form is Open to		
Public Inspection Public Inspection Public Inspection							
Part I Annual Repo	rt Identification Informatio	n	The state of the s	,-31,			
f or calendar plan year 2017 o	fiscal plan year beginning	01/01/2017	and ending	11:/3	1/2017		
A This return/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemplayer) (File employer information in acco	ers checki	no this how must attach a		
B This return/report is	a one-participant plan	a foreign plan	employer information in acco	гоалсе wi	n the form instructions.)		
D This return/report is	the first return/report	the final return/repo	rl				
	an amended return/report	4777	urn/report (less than 12 mont	he)			
C Check box If filing under:	☐ Form 5558						
	special extension (enter desc	automatic extension	i)	DFVC pro	gram		
Part II Basic Plan In	formation—enter all requested in						
1a Name of plan	ormation—enter all requested in	nformation	· · · · · · · · · · · · · · · · · · ·				
			1	b Three-			
BYERS & ANDERSON, II	NC. 401(K) PROFIT SHA	RING PLAN	1	plan ni (PN)			
			1	amenda mercan	ve date of plan		
				01/01	/1994		
2a Plan sponsor's name (emp	loyer, if for a single-employer plan)	· · · · · · · · · · · · · · · · · · ·	21		ver 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) BYERS & ANDERSON, INC. 2208 N. 30TH, SUITE 202				(EIN) 91-1250690			
				2c Sponsor's telephone number			
				253-627-6401			
				2d Business code (see instructions)			
				54119			
TACOMA	WA 98403						
3a Plan administrator's name a	and address X Same as Plan Spo	nsor	21	A debiate	strator's EIN		
				y Monning	Strator S ETN		
			30	Adminis	trator's telephone number		
			İ				
		- version - 4 disconniction					
4 If the name and/or EIN of the	e plan sponsor or the plan name harnsor's name, EIN, the plan name a	es changed since the last	return/report filed for 4b	EIN	replaced that he resemble house in measure		
a Sponsor's name	ine prair riante a	itio trie pian number from		C DV			
C Plan Name			40	PN			
- : //							
5a Total number of participants	at the beginning of the plan year		***************************************	5a			
b Total number of participants	at the end of the plan year	ESS ES SENSE I PORTO DE LA TRESE	1	5b			
 Number of participants with 	account balances as of the end of	the plan year (only define	d contribution plans		2		
complete this item).		2 22 2 2 9 0 9	THE SHOWN ON AND	5c	2		
d(1) Total number of active pa	rticipants at the beginning of the pla	an year	50	1(1)	this at the speciments of the second second		
d(2) Total number of active pa	inticipants at the end of the plan year	iči, a s sam se se	50	1(2)	Comment management i		
e intumber of participants who	terminated employment during the	plan year with accrued b	enefits that were lose	With In	1 17 10 mm (4 0 1 mm) (4 mm) (4 mm) (4 mm)		
than 100% vested	or Incomplete filing of this return			5e	0		
Under penalties of periury and of	her penalties set loth in the instruc-	freport will be assessed	unless reasonable cause i	s establis	hed.		
SB or Schedule MB completed a netice it is true correct, and com		s well as the electronic ve	examined this return/report, and resion of this return/report, and	including, I to the be	if applicable, a Schedule st of my knowledge and		
SIGN	1600	3/15/13	Jennifer L. Guadu	in la			
HERE Signature of plan a	dministrator	3113					
	anning to the second	Date	Enter name of individual si	quinq as p	ian administrator		
SIGN HERE							
Signature of emplo	yer/plan sponsor o, see the Instructions for Form 5500	Date	Enter name of individual si	gning as e	mployer or plan sponsor		
approver reduction Act NOIC	e, see the instructions for Form 5500.	SF.			Form 5500 SE (2042)		

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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	an independ	ent qualified public a	account	ant (IC	(PA)		_	es No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Y	es No
_	If you answered "No" to either line 6a or line 6b, the plan cann						_	п.	
С	If the plan is a defined benefit plan, is it covered under the PBGC in							-	etermined
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC pre	mium filing for this p	ian yea	<u> </u>			(See ins	tructions.)
Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
а	Total plan assets	7a	1,	497,	026			1,	510,98
b	Total plan liabilities	7b		2,	196				
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	494,	830			1,	510,98
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	it			(b) T	otal	
a 	Contributions received or receivable from: (1) Employers	8a(1)		35,	796	300			Y new
	(2) Participants	8a(2)		28,	150				n e
	(3) Others (including rollovers)	8a(3)			0			H	
b	Other income (loss)	8b		139,	934				- X- X-
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							203,88
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		176,	424				N.
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		T	-5	
f	Administrative service providers (salaries, fees, commissions)	8f		11,	301				1
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		W.	181				187,72
i	Net income (loss) (subtract line 8h from line 8c)	8i							16,15
j	Transfers to (from) the plan (see instructions)	8i			0				
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D	feature code	es from the List of Pl	an Cha	racteri	stic Code	es in the instr	uctions	
b	If the plan provides welfare benefits, enter the applicable welfare t	eature code	s from the List of Pla	n Char	acteris	tic Code:	s in the instru	ctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	A	mount	
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	√oluntary Fid	luciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not in	clude transactions	10b		х			
С	Was the plan covered by a fidelity bond?		*******************************	10c	Х				149,48
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of th	ne benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-er	nd.)	10g		Х			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	tions and 29 CFR	10g		Х			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i					

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Page	3-		

Part \	Pension Funding Compliance		
11	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scher Form 5500) and line 11a below)		
11a	1 THE STATE OF THE	11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	302 o	of Yes X No
а	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter Da	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		
b i	nter the minimum required contribution for this plan year	12b	
C I	nter the amount contributed by the employer to the plan for this plan year	12c	
	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 \	II 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	
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	c(1) Name of plan(s): 13c(2) E	EIN(s)) 13c(3) PN(s)