Form 5500-SF	Short Form Annu	of Small Emplo	oyee	3 Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be file		it Plan ns 104 and 40	065 of the Employee R	etirement	20	017	
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and Revenue Coo			Internal	This Form is Open to		
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance w	ith the instru	uctions to the Form 55	500-SF.	Public I	nspection	
	dentification Information							
For calendar plan year 2017 or fisc					1/31/2018	ring this have m	wat attach a	
A This return/report is for:								
B . This return (report is	a one-participant plan	a foreign	pian					
B This return/report is	the first return/report	\times the final re	turn/report					
	an amended return/report	X a short pla	in year return	/report (less than 12 m	onths)			
C Check box if filing under:	Form 5558	automatic	extension		DFVC p	rogram		
	special extension (enter descr	ription)						
Part II Basic Plan Inform	mation—enter all requested int	formation						
1a Name of plan					1b Thre			
BYERS & ANDERSON, INC. 401(K)	PROFIT SHARING PLAN				pian (PN)	number	001	
						tive date of pla	an	
0						01/01/19		
2a Plan sponsor's name (employe Mailing address (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.C	D. Box)			2b Empl (EIN)	b Employer Identification Number (EIN) 91-1250690		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BYERS & ANDERSON, INC.				uctions)	2c Sponsor's telephone number			
					253-627-6401 2d Business code (see instructions)			
2208 N 30TH STREET, SUITE 202					541190			
TACOMA, WA 98403								
3a Plan administrator's name and	address X Same as Plan Spor	insor.			3b Administrator's EIN			
					3c Administrator's telephone number			
	plan sponsor or the plan name has or's name, EIN, the plan name a				4b EIN			
a Sponsor's name	sor s name, Ein, the plan name a	and the plan nu		e last return/report.	4d PN			
C Plan Name								
					Fa		-	
5a Total number of participants a					5a 5b		2	
 b Total number of participants a c Number of participants with ac 	t the end of the plan year ccount balances as of the end of				5b		0	
complete this item)					5c			
d(1) Total number of active parti		-			5d(1)		2	
d(2) Total number of active parti					5d(2)		0	
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e		0	
Caution: A penalty for the late or Under penalties of perjury and other							le a Schedule	
SB or Schedule MB completed and belief, it is true, correct, and completed	signed by an enrolled actuary, a							
	alid electronic signature.	03/15/2	2018	JENNIFER L. GUADN	OLA			
HERE Signature of plan add	ministrator	Date		Enter name of individ	ual signing	as plan admini	istrator	
SIGN								
HERE Signature of employe	er/plan sponsor	Date		Enter name of individ	ual signing		r plan sponsor	

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

	Were all of the plan's assets during the plan year invested in eligib		, ,						
b	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								
с	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
-	If "Yes" is checked, enter the My PAA confirmation number from th								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
a	Total plan assets	7a	1510985	0					
b	Total plan liabilities	7b	0	0					
C	Net plan assets (subtract line 7b from line 7a)	7c	1510985	0					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	0						
	(2) Participants	8a(2)	0						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	8249						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		8249					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1519234						
е	Certain deemed and/or corrective distributions (see instructions)	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f	0						
g	Other expenses	8g	0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1519234					
i	Net income (loss) (subtract line 8h from line 8c)	8i		-1510985					
j	Transfers to (from) the plan (see instructions)	8j	0						
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D	feature co	des from the List of Plan Characteri	stic Codes in the instructions:					
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								

Part	t V	Compliance Questions				
10	Du	ring the plan year:		Yes	No	Amount
а	de	as there a failure to transmit to the plan any participant contributions within the time period escribed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction rogram)	10a		Х	
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions ported on line 10a.)	10b		Х	
С	W	as the plan covered by a fidelity bond?	10c	Х		151099
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused fraud or dishonesty?	10d		X	
е	car	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance rrier, insurance service, or other organization that provides some or all of the benefits under a plan? (See instructions.)	10e		x	
f	На	is the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		х	
i		0h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

r

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Part	VI Pension Fu	iding Compliance				
11		fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 11a below)	dule S	В	Y	es 🗌 No
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	ribution plan subject to the minimum funding requirements of section 412 of the Code or section me 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 of	f 	Υ	es X No
a		mum funding standard for a prior year is being amortized in this plan year, see instructions, and			f the letter Year _	ruling
lf y	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum re	uired contribution for this plan year	12b			
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c			
d		n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			_
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Termir	ations and Transfers of Assets				
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	C
	If "Yes," enter the an	ount of any plan assets that reverted to the employer this year	13a			0
b		ets distributed to participants or beneficiaries, transferred to another plan, or brought under the		×	Yes	No
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s	13c(2)	EIN(s)		13c(3)	PN(s)

Fo	orm 5500-SF	Short Form Annu	al Return/Repo	ort of Small Emp	loyee	OMB Nos 1210-0110			
1 e 10	Candient of the Treasury tem & Retvenue Service	This form is convised to be file	Benefit Plar			1210-0089			
Simployae	Department of Labor Bonnits Security Astronograph	This form is required to be file Income Security Act of 1974	(ERISA), and sections (Revenue Code (the Co	3057(b) and 6058(a) of th	Retirement e Internal	2017 This Form is Open to			
Passion	Berist ¹ Guaranty Curporol or	Complete all entries in				Public Inspection			
Part I	Annual Report	rt identification information	accurtance with the In	structions to the Form s	5500-SF.				
For caler	idar plan year 2017 or	fiscal plan year beginning	01/01/2018	and ending	01/3	1/2018			
A This r	eturn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer) employer information in a	(Filers check)	ing this box must attach a			
Deriv		🔲 a one-participant plan	a foreign plan			ar me tom manachona)			
Di i his re	lum/report is	the first return/report	X the final return/repo	rt					
		an amended return/report		turn/report (less than 12 n	nonths)				
C Check	box if filing under:	Form 5558	automatic extension		DEVC pr	601.000			
		special extension (enter descr				ogram			
Part II	Basic Plan Inf	ormation—enter all requested inf				· · · · · · · · · · · · · · · · · · ·			
1a Name	e of plan		OTTIBLIOT		th There	and the second s			
		nc. 401(k) Profit Shar			1b Three plan n	umber 001			
Dycto 0	, Miderson, 1	ic, 401(k) profit Shar	ing Plan		(PN)				
						ve date of plan			
2a Plan	sponsor's name (empl	over, if for a single-employer plan)			and the second s	/3994			
Mailin	ig address (include roo	om apl., suite no, and street or P O	. Box)		2b Employer Identification Number (EIN) 91 - 1250690				
Byers	City or lown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Byers & Anderson, Inc.				2c Sponsor's lelephone number				
11 13 15 13 and	2208 N 30th Surger, Suite 202					27-6401			
NYOR N	.39th Sureen,	Suite 202			20 Busine 54119	oss code (see instructions)			
Tacoma		WA 98403							
3a Plan a	administrator's name a	ind address Z Same as Plan Spon			21				
		and booless informe as han spon	501		3D Admini	strator's EIN			
					3c Admini	strator's telephone number			
4 if the	name and/or EIN of th	e plan sponsor or the plan name ha	s changed since the last	rolum/const filed for	Ab cur				
inis p	ian, enter the plan spo	onsor's name. EIN, the plan name ar	id the plan number from	the last return/report.	4b EIN				
a Spons C Plant	or's name Jame				4d PN				
a round									
5a Tolat	number of participarits	al the beginning of the plan year		- Martin St. and American -	5a	3			
b Total	number of participants	at the end of the plan year		CONTRACTOR DOCTOR	5b	0			
C Numb	er of participants with lefe this item)	account balances as of the end of the	ne plan year (only define	d contribution plans	5c				
		iticipants at the beginning of the pla			5d(1)				
d(2) Tot	al number of active pa	rticipants at the end of the plan year		10 1 10 1 1 10 10 10 10 10 10 10 10 10 1	5d(2)				
e Numt	per of participants who	terminated employment during the	plan year with accrued h	enefits that were lace	sa a serie i sta aport	0			
Ihan Cautleou A	100% vested	or incomplete filing of this return/		and the second states of the second states of the	5e	0			
SB or Sche	anies of Derioty and Dr	nd signed by an enrolled actuary as	this I declare that them	avaminood this solute las-		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
SIGN		11/and	3/5/0	Jennifer L. Gu					
HERE	Signature of plan a	dministrator	Date			ning a during the second second			
SIGN	- Cr		L'AU	Enter name of individu	as signing as	plan administrator			
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	al signing as	employer or plan sponsor			
For Paperwo	ork Reduction Act Notic	e, see the Instructions for Form 5500-5	SF.		an signific as	Form \$500-SF (2017)			

v.170203

6a	Were all of the plan's assets during the plan year invested in eligible		X Yes 🗌 No					
b	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.)							
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined							
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year			
а	Total plan accosts	70	1 510 985					

		-ii-	17 5	
а	Total plan assets	7a	1,510,985	0
b		7b	0	0
с	Net plan assets (subtract line 7b from line 7a)	7c	1,510,985	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	0	which light former and
	(3) Others (including rollovers)	8a(3)	0	
b		8b	8,249	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		8,249
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,519,234	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	And the rest for the second
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1,519,234
i	Net income (loss) (subtract line 8h from line 8c)	8i		-1,510,985
j	Transfers to (from) the plan (see instructions)	8j	0	and a second second
Pa	rt IV Plan Characteristics			
9a		feature coo	les from the List of Plan Characteristic (Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Characteristic C	odes 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)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
с	Was the plan covered by a fidelity bond?	10c	Х		151,099
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		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.)	10e		х	
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-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	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 Sci (Form 5500) and line 11a below)	nedule S	ŝВ	Yes	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		f	Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver	d enter Da		f the letter ru Year	ling
If	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			
	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	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	No No	
	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 brought under the control of the PBGC?		X	Yes 🗌 N	0
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	3		
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PM	√(s)