	rm 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan					OMB Nos. 1210-0110 1210-0089	
	nal Revenue Service	This form is required to be file			the Internal This Form is Open to			
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod					
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 55	00-SF.	Public Inspect	ion	
Part I		dentification Information						
For calenda	ar plan year 2017 or fisc	al plan year beginning 01/01/2			/31/2017		<u> </u>	
A This ret	urn/report is for:	X a single-employer plan	list of participating e	blan (not multiemployer) (F mployer information in acc		-		
B This retu	urn/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/report					
	l	an amended return/report	a short plan year retu	rn/report (less than 12 mc	onths)			
C Check b	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram		
		special extension (enter descr	,					
Part II	Basic Plan Infor	mation—enter all requested inf	ormation					
1a Name	•				1b Three	e-digit number		
MCCORMA	SK INTELLECTUAL PR	OPERTY LAW BUSINESS LAW,	P.S. 401(K) PLAN		(PN)		1	
					1c Effect	tive date of plan		
2a Plan st	oonsor's name (employe	er, if for a single-employer plan)			2b Empl	01/01/2012 oyer Identification Nu	mber	
Mailing	address (include room	, apt., suite no. and street, or P.O, country, and ZIP or foreign posta		tructions)	(EIN)			
		OPERTY LAW BUSINESS LAW			2c Sponsor's telephone number 206-381-8888			
					2d Business code (see instructions)			
	ANNE AVE. N, STE. 40 /A 98109-4512	00			541110			
, .								
3a Plan a	dministrator's name and	l address X Same as Plan Spor	isor.		3b Admi	nistrator's EIN		
				-	3c Administrator's telephone number			
4 If the r	name and/or FIN of the	plan sponsor or the plan name ha	is changed since the last	return/report filed for	4b EIN			
this pl	an, enter the plan spons	sor's name, EIN, the plan name a						
a Spons C Plan N	or's name Iame				4d PN			
	lanc							
5a Total r	number of participants a	t the beginning of the plan year			5a		6	
		t the end of the plan year			5b		0	
		ccount balances as of the end of t			5c		0	
d(1) Tota	al number of active parti	icipants at the beginning of the pla	an year		5d(1)		3	
• •		icipants at the end of the plan yea			5d(2)		0	
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested							0	
Caution: A	penalty for the late or	r incomplete filing of this return	/report will be assessed	d unless reasonable cau				
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a ete						
SIGN		alid electronic signature.	04/15/2018	TIMOTHY MCCORMA	СК			
HERE	Signature of plan ad		Date	Enter name of individu		as plan administrator		
SIGN								
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	al signing	as emplover or plan s	ponsor	
		· · · · · · · · · · · · · · · · · · ·			<u> </u>			

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 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 cann	and condition	ons.)	Yes No
с	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 th			
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	283569	0
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	283569	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	41999	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		41999
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	310729	
e	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	14839	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		325568
i	Net income (loss) (subtract line 8h from line 8c)	8i		-283569
j	Transfers to (from) the plan (see instructions)	8j	0	
	t IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 2R 3D 2T 2A	feature cod	les from the List of Plan Characteristic	c Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Characteristic	Codes in the instructions:
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 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		60000
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		X	
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		X	
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 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 	[] Y	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)

Chart Course A					
Short Form A		n/Report offit Plan	of Small Empl	oyee	QM5 Nos. 1210-0110 1210-0088
This form is required to			65 of the Employee R	letirement	2017
Income Security Act o	of 1974 (ERISA), an	d sections 6057	(b) and 6058(a) of the		This Form is Open to
h 🔰 🖡 Complete all entr	las in accordance	with the instru	ctions to the Form 5	500-SF.	Public Inspection
rt Identification Informa					
fiscal plan year beginning	01/01/2	017	and ending	12/3	1/2017
a single-employer plan	list of p	articipating emp			
	<u> </u>	-			
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an amended return/repo	ont ∐eisnontn	ian year return/	report (less than 12 m	onths)	
Form 5558		k extension		DFVC pi	ogram
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ual Property Law B	usiness Law	, P.S. 40:	(k) Plan	pian (number 001
				1c Effec	live date of plan
				<u> </u>	1/2012
om, apt., suite no, and street,	or P.O. Box)	taa aaa faatau	atlanas		oyer Identification Number 68-0599960
			2001(3)		sor's telephone number 381–8888
N, Ste. 400				2d Busin	ess code (see instructions)
WA GRING.	4512	1			
				3b Admi	nistrator's EIN
				UC AUGA	fistrator's telephone number
				4b EIN	
visor e name, Env, me pan n	anie siju nie plant)			4d PN	
p of the healpoine of the plan			·····	52	
					0
eccount balances as of the e	nd of the plan year	(only defined c	ontribution plans	5c	
				5d(1)	3
o terminated employment duri	ng the plan year w	h accrued bena	efits that were less		
					0
thar penalties set forth in the t and signed by an enrolled actu	instructions, i decla	re that I have ex	carnined this returnire	port, Includii	ng, if applicable, a Schedule
		Terton	imothy McCorr	nack	*
	<u> </u>	~ / * 0////*			
	Date		Enter name of individ	uai stooloo a	as plan administrator
administrator	Date		Enter name of individ	ual signing r	as plan administrator
		Testis	imothy McCorr	nack	
	Ecomplete all entr rt Identification Inform liscal plan year beginning a single-employer plan a one-participant plan the first return/report an amended return/report an amended return/report form 5558 genetial extension (enter formationenter all request ial Property Law B loyer, if for a single-employer om, apt, suite no, and street, ice, country, and ZIP or forsig- rual Property Law N, Ste. 400 WA 98109- and address SS Same as Plan pe plan sponsor or the plan na onsor's name, EIN, the plan na onsor's name, EIN, the plan na as at the beginning of the plan as at the end of the plan year account balances as of the e- articipants at the end of the plan p terminated employment during a terminated employment during a terminated employment during the plan the set of the plan a terminated employment during the terminated employment during the plan sponsor of the plan the set of the plan and address as of the eleminant of the plan the set of the pla	* Complete all entries in secontance rt identification information Tiscal plan year beginning 01/01/2 X a single-employer plan a multip list of p a one-participant plan a foreig the first return/report the first state form a short p an amended return/report a short p Form 5558 automa special extension (enter description) formationenter all requested information tall Property Law Business Law koyer, if for a single-employer plan) om, apt, suite no, and street, or P.O. Box) the country, and ZIP or foreign postal code (If formulation Property Law Business Law N, Ste. 400 WA 98109-4512 and address Sistem as Plan Sponsor. e plan sponsor or the plan name has changed somsor's name, EIN, the plan name and the plan responsor. as at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year acticipants at the end of the plan year acticipants at the end of the plan year	Image: second and only the plan interval of the plan interval only defined of the plan interval of the plan interval of the plan interval of the plan interval only defined of the plan interval only defined of the plan interval of the plan interval only defined on the pl	A Complete all entries in accordance with the instructions to the Form 5 t Identification information Iscal plan year beginning 01/01/2017 and ending Iscal plan year beginning 01/01/2017 and ending Iscal plan year beginning 01/01/2017 and ending Ist of participant plan a foreign participant plan an arrended return/report Ist of participant plan a foreign plan a foreign plan Ithe first return/report Is the final seturn/report (less than 12 m Porm 5558 automake extension Ispecial extension (enter description) formation ice, country, and ZIP or foreign postal code (If foreign, see instructions) rule Property Law Business Law PS N, Ste. 400 WA 98109-4512 and address Same as Plan Sponsor. Pe plan sponsor or the plan name has changed shoe the last return/report filed for onsor's name, EIN, the plan name and the plan number from the fast return/report. a t the beginning of the plan year as the end of the plan year a to be dof the plan year as at the end of the plan year account balances as of the end of the plan year articipants at the end of the plan year <td< td=""><td>* Complete all entries in accordance with the instructions to the Form 5500-SF. rt Identification Information fiscal plan year beginning 01/01/2017 and ending 12/2 X a single-employer plan Is a multiple-employer plan (not multiemployer) (Filers check list of participaling amployer information in accordance w a one-participant plan Is of oreign plan Is of open plan In the first return/report Is a foreign plan Ib of plan In the first return/report Is a born plan generation (enter description) Ib Three plan In a mended return/report Is a born plan generation (enter description) Ib Three plan In a mended return/report Is a born plan Ib Three plan Is a single-employer plan) In the first neturn/report (less than 12 months) Ib Three plan Is a anon-ded return/report Is a short plan have be short plan have be short plan have be short plan have be benefits het wave be plan have be benefits have be benefits have be benefits have benefits haver benefits have benefits have benef</td></td<>	* Complete all entries in accordance with the instructions to the Form 5500-SF. rt Identification Information fiscal plan year beginning 01/01/2017 and ending 12/2 X a single-employer plan Is a multiple-employer plan (not multiemployer) (Filers check list of participaling amployer information in accordance w a one-participant plan Is of oreign plan Is of open plan In the first return/report Is a foreign plan Ib of plan In the first return/report Is a born plan generation (enter description) Ib Three plan In a mended return/report Is a born plan generation (enter description) Ib Three plan In a mended return/report Is a born plan Ib Three plan Is a single-employer plan) In the first neturn/report (less than 12 months) Ib Three plan Is a anon-ded return/report Is a short plan have be short plan have be short plan have be short plan have be benefits het wave be plan have be benefits have be benefits have be benefits have benefits haver benefits have benefits have benef

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6a b	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) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. X Yes No								
с	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	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 pian assets	7a	283,569	0					
b		7b	0	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	283,569	0					
8	Income, Expenses, and Transfers for this Plan Year	S COMP OF	(a) Amount	(b) Total					
a	Contributions received or receivable from: (1) Employers	8a(1)	0						
	(2) Participants	1	0						
	(3) Others (including rollovers)	E	0						
b		8b	41,999						
		1							

b	Other income (loss)	8b	41,999	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		41,999
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	310,729	
e	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	14,839	
g	Other expenses	8g	0	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		325,568
i	Net income (loss) (subtract line 8h from line 8c)	8i		-283,569
j	Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2F 2G 2R 3D 2T 2A

b 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)	10a		х	
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		60,000
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		x	
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			

Form 5500-SF 2017

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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 Sch (Form 5500) and line 11a below)	edule S	B	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?	n 302 o	f	🗌 Yes 🔀 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	dontori	the date of	the letter ruling
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver. Month	Day		Year
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		
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 left of a negative amount)	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		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 🗌 No
C 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.)			
13c(1) Name of plan(s): 13c(2) EIN(s)		1 3c(3) PN(s)
		I	