Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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	Annual Report	identification information							
For calendar	r plan year 2017 or fi	scal plan year beginning 01/01/2	2017	and ending 12	2/31/2017				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)									
D This makes	or loon and the	a one-participant plan	a foreign plan						
B This retur	n/report is	the first return/report	X the final return/report						
		n/report (less than 12 mo	months)						
C Check bo	ox if filing under:	Form 5558	automatic extension]	DFVC progra	m			
		special extension (enter desc	ription)						
Part II	Basic Plan Info	rmation—enter all requested in	formation						
1a Name o	f plan				1b Three-digi	t			
	INSURANCE 401(K) PLAN			plan numb				
	`	,			(PN) •	001			
					1c Effective of	late of plan			
						01/01/1997			
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C) Box)			Identification Number			
		e, country, and ZIP or foreign post		ructions)	(EIN)	91-1160628			
	INSURANCE AGEN		, ,	,	2c Sponsor's telephone number 425-672-4242				
						code (see instructions)			
	AVE. W., SUITE C				524210				
LYNNWOOD,	WA 98036								
22 Dian ad	ministrator's name o	od oddroos V Come, oo Dien Coe	200		3b Administra	tor's EIN			
3a Plan administrator's name and address ⊠ Same as Plan Sponsor.						IIOI S EIIV			
						3c Administrator's telephone number			
A 16 db a as				atuma /mana ant file al fam	4 b = 10.1				
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN				
a Sponso	r's name			·	4d PN				
C Plan Na	ime								
5a Total nu	umber of participants	at the beginning of the plan year			5a	5			
		at the end of the plan year			5b	0			
C Numbe	r of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	0			
•	,	rticipants at the beginning of the pl		T T T T T T T T T T T T T T T T T T T	5d(1)	0			
d(1) Total number of active participants at the beginning of the plan year					5d(2)	0			
e Number of participants who terminated employment during the plan year with accrued benefits that were less					5e	0			
Caution: A	00% vested	or incomplete filing of this return	n/report will be assessed	unless reasonable cau		ad .			
		her penalties set forth in the instru							
SB or Sched		nd signed by an enrolled actuary, a							
	•	/valid electronic signature.	05/14/2018	LARRY JANOWICZ					
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as pla	an administrator			
SIGN	<u> </u>								
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	vidual signing as employer or plan spons				

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6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								No 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.									
С	If the plan is a defined benefit plan, is it covered under the PBGC in		-			-		Not dete		
	If "Yes" is checked, enter the My PAA confirmation number from th	ie PBGC p	remium filing for this p	lan yea	r			(See instru	ictions.)	
Pa	rt III Financial Information	•								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year		
a	Total plan assets	. 7a	2	44910				0		
b	Total plan liabilities	. 7b								
c	Net plan assets (subtract line 7b from line 7a)	7c	24	44910				0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total		
a	Contributions received or receivable from: (1) Employers	. 8a(1)								
	(2) Participants	. 8a(2)								
	(3) Others (including rollovers)	. 8a(3)								
b	Other income (loss)	. 8b	;	39035						
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						39035		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	20	82161						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f		1784						
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	al expenses (add lines 8d, 8e, 8f, and 8g)				283945				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						-244910		
j	Transfers to (from) the plan (see instructions)	· 8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ins	structions:		
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 inst	ructions:		
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 described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	4.0		V				
b	Program) Were there any nonexempt transactions with any party-in-interest			10a		X				
	reported on line 10a.)			10b		X				
				10c	X			200)00	
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		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			15	584	
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			_	
9		-	•	10g		X				
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 Scho (Form 5500) and line 11a below)	edule S	В	Y	es 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 section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
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			of the letter Year	ruling				
lf y	rou 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 \	/II Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	s 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?			X Yes	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)				

Filing Authorization for the 2017 Form 5500-SF

Name of Plan:

Soundview Insurance 401(k) Plan

EIN / PN:

91-1160628/001

Plan Year Ending: December 31, 2017

Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors, Inc. (PPA) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual signing below as plan administrator/employer about any
 inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this
 annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included
 with the return/report posted by the Department of Labor on the Internet for public
 disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator: Date: 5/14/8

Larry Janowicz

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).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection**

Pension Benefit Guaranty Corporation	Complete all entries !				Public Inspection		
Part I Annual Repo	Complete all entries in the interior in the in	n accordance with the i	nstructions to the Form	5500-SF.	Fublic inspection		
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017					
	X a single-employer plan		and ending	12/	31/2017		
A This return/report is for:	a single-employer plan	list of participating	er plan (not multiemploye	r) (Filers chec	king this box must attach a		
B This return/report is	a one-participant plan	a foreign plan	with the form instructions.)				
The state of the s	the first return/report	X the final return/repo	ort				
	an amended return/report		eturn/report (less than 12				
C Check box if filing under:		_		months)			
and or	Form 5558	automatic extension		DFVC program			
5	special extension (enter desc	cription)			rogram		
Part II Basic Plan Inf	ormation—enter all requested in	nformation					
1a Name of plan				1h Thro	- 41-11		
SOUNDVIEW INSURANCE	401(k) PLAN			1b Three	Company of the Compan		
	(11)			(PN)			
					tive date of plan		
2a Plan sponsor's name (omple				01/0	1/1997		
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		en reuli sa.		oyer Identification Number		
oity of town, state of proving	ce, country and ZIP or foreign pool	J. Box) tal code (if foreign, see in	of musting a	(EIN)	91-1160628		
SOUNDVIEW INSURANCE	AGENCY, INC.	tai code (ii foreign, see ir	istructions)		sor's telephone number		
				425-6	572-4242		
18927 - 33RD AVE. W., SUITE C					ess code (see instructions)		
				52421	.0		
LYNNWOOD	WA 98036						
3a Plan administrator's name ar	nd address X Same as Plan Spor	2001					
	En danie de l'ian apoi	1801.		3b Admin	istrator's EIN		
				20 11 1			
				3C Admini	istrator's telephone number		
4 If the name and/or EIN of the	e plan sponsor or the plan name ha	s changed since the last	roturn/ropert file d.f.				
, , , , , , , , , , , , , , , , , , , ,	nsor's name, EIN, the plan name a	nd the plan number from	the last return/report	4b EIN			
Politorio Hallio			and the control of th	4d PN			
C Plan Name							
			12007111				
5a Total number of participants	at the beginning of the plan year			5a			
b Total number of participants a	at the end of the plan year			5b	5		
o marribor of participants with a	ICCOUNT Dalances as of the end of the	no plan year (aply define	Contribution plans	ac	0		
,,,				5c	2		
d(1) Total number of active part	licipants at the beginning of the pla	n vear		5d(1)			
d(2) Total number of active part	ticipants at the end of the plan year	,			0		
transcript participants will t	elillillated employment during the	nian waar with a a a I l		5d(2)	0		
than 100% vested	r incomplete filing of this return/		enerits that were less	5e			
Index penalties of positive and att	r incomplete filing of this return/	report will be assessed	unless reasonable cau		0		
SB or Schedule MB completed and	er penalties set forth in the instruction is in the instruction is signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	ort, including	if applicable a Schodule		
pelief, it is true, correct, and comple	signed by an enrolled actuary, as etc.	weil as the electronic ve	rsion of this return/report	and to the be	est of my knowledge and		
SIGN (10.	1 10					
Signature of plan ad	Human	5/18/18	Larry Janowicz				
CARLEAVE IN TO	ninistrator	Date	Enter name of individu	al signing as r	olan administrator		
SIGN /			Mary Control of				
Signature of employe	er/plan sponsor	Date	Enter name of individual	ol eleni	employer or plan sponsor		
or Paperwork Reduction Act Notice.	see the Instructions for Fam. 2500 5		UDIVIDITE OF ITICIVIQU	ai signing as e	mplover or plan sponsor		

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6. I	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)	ran indep	endent qualified publ	ic acco	ıntant	(IQPA)	_	Yes No
	the ball can	noi use i	'Orm 5500-SE and m	illet ine	taad		. FFAA	res No
•	If the plan is a defined benefit plan, is it covered under the PBGC if "Yes" is checked, enter the My PAA confirmation number from the	insurance	program (see ERISA	section	1021	12 F]Yes []No []No	t determined
Р	art III Financial Information		The state of the s	o plairy			(See	instructions.)
7	Plan Assets and Liabilities							
a		 	(a) Beginnin	g of Ye	ar	<u> </u>	(b) End of Yea	
b		. 7a	-	244	,910	<u> </u>		
		7b	<u> </u>					
8	Net plan assets (subtract line 7b from line 7a)	7c		244	,910			
	Income, Expenses, and Transfers for this Plan Year		(a) Amoi	unt_			(b) Total	
a	Contributions received or receivable from: (1) Employers							 .
	(2) Participants	8a(1)	 		<u> </u>	<u> </u>		
		8a(2)	<u> </u>	······				• .
b	(3) Others (including rollovers)	8a(3)	 					
	· · · · · · · · · · · · · · · · · · ·	8b		39	,035			
$-\frac{d}{d}$	(all ob)	8c	·					39,035
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	•]	200	1.64			
е	Certain deemed and/or corrective distributions (see instructions)	<u>8d</u>	<u> </u>	282	161			
_		8e						
- q	Administrative service providers (salaries, fees, commissions)	8f		1,	784			
<u> </u>	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		:				283,945
-	Net income (loss) (subtract line 8h from line 8c)	18 <u></u>		·			·	-244,910
	Transfers to (from) the plan (see instructions)	8j	-					
	rt IV Plan Characteristics		· · · · · · · · · · · · · · · · · · ·					
	2E 2G 2J 2K 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Pla	an Char	acteris	tic Code	s in the instructions:	
Par	t V Compliance Questions	···						 -
10	During the plan year:	•			Yes	No		
а	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary F	duciary Correction		163	X	Amount	 -
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not i	nclude transactions	10a 10b		х		
C	Was the plan covered by a fidelity bond?							
d	Did the plan have a loss, whether or not reimbursed by the plan's fi	delity bor	d that was caused	10c	Х	x		20,000
е	by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	r persons	by an insurance	10d	х			1 504
f	Has the plan failed to provide any benefit when due under the plan?)				-;├-		1,584
g	Did the plan have any participant loans? (If "Yes," enter amount as			10f 10g	_	X		
	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instruc	tions and 29 CFR	10g		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required	notice or one of the	10i				

	Form 5500-SF 2017 Page 3-						
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an (Form 5500) and line 11a below).	d complete Sc	hedule	SB		Yes [7 N
11a 12	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 ls this a defined contribution plan subject to the minimum for all years from Schedule SB (Form 5500) line 40		······	·····			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12a bolow on applicable.	••••••				Yes [
— If v	granting the waiver granting standard for a prior year is being amortized in this plan year, see in	nstructions, an Month	d enter Da	the date	of the let		g
b	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line. Inter the minimum required contribution for this plan year	9 13.	12b	1			
	inter the amount contributed by the employer to the plan for this plan year		12c	-		·	
	negative amount)	eleft of a	12d		-		
e Part V	while thinknum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N//	4
	Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?						
	res, enter the amount of any plan assets that reverted to the employer this year		13a	X Yes		Vo.	
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou-	ght under the			 K] Yes [7	0
U I	f, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	lify the plan(s)	to	E	K Yes [No	
13	c(1) Name of plan(s):	13c(2)	EIN(s)		120/3	DAI/a)	
		- (-)			130() PN(s)	<u> </u>