	rm 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Employee OMB Nos. Benefit Plan					
Inte D	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 I	This Form is Open t				
	enefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	Revenue Code (the Cod	,	00-SF.	Public Inspection		
Part I		dentification Information						
For calend	lar plan year 2017 or fis			and ending 10/ plan (not multiemployer) (F	<u>31/2017</u>	ring this box must attach a		
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box list of participating employer information in accordance with the form a foreign plan								
<b>B</b> This ret	urn/report is	the first return/report						
		an amended return/report	the final return/report	urn/report (less than 12 mo	nths)			
C. Check	box if filing under:				-			
• oneck	box in hinning under.	Form 5558	automatic extension	L	DFVC p	rogram		
Part II	Basic Plan Infor	mation—enter all requested inf						
1a Name					1b Three			
NOW INVES	STMENTS CORPORAT	ION 401(K) PROFIT SHARING P	LAN		plan (PN)	number 001		
				-	( )	tive date of plan		
		rer, if for a single-employer plan) n, apt., suite no. and street, or P.C				01/01/2002 oyer Identification Number		
City of		e, country, and ZIP or foreign post		structions)	(EIN) 91-1029689 2c Sponsor's telephone number			
					509-783-2112 2d Business code (see instructions)			
	BLVD, SUITE B K, WA 99336					523900		
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		
4 If the	name and/or EIN of the	plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN			
•	lan, enter the plan spon sor's name	sor's name, EIN, the plan name a	ind the plan number from	· · · · ·	<b>4d</b> PN			
C Plan N								
5a Total	number of participants a	at the beginning of the plan year			5a	5		
		at the end of the plan year			5b	0		
		ccount balances as of the end of			5c	0		
<b>d(1)</b> Tot	tal number of active part	ticipants at the beginning of the pl	an year		5d(1)	5		
• • •		ticipants 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					5e	0		
Under pen SB or Sche	alties of perjury and oth	r incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/rep	ort, includi	ng, if applicable, a Schedule		
SIGN		valid electronic signature.	05/14/2018	PAUL PRESBY				
HERE	Signature of plan ac	Iministrator	Date	Enter name of individu	al signing a	as plan administrator		
SIGN								
HERE	Signature of employ		Date	Enter name of individu	al signing a	as employer or plan sponsor		
For Paperw	vork Reduction Act Notice	e, see the Instructions for Form 5500	J-SF.			Form 5500-SF (2017) v.170203		

	Were all of the plan's assets during the plan year invested in eligib							X Yes 🗌 No	
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				``	,		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 in						_	Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from th							(See instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	d of Year	
а	Total plan assets	7a		52358			(47 =	0	
b	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	25	52358				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)		959					
	(2) Participants	8a(2)		893					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	2	25947					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						27799	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	27	275334					
е	Certain deemed and/or corrective distributions (see instructions)	8e 0							
f	Administrative service providers (salaries, fees, commissions)	8f		4823					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						280157	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-252358	
j	Transfers to (from) the plan (see instructions)	8j							
Ра	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E $2F$ 2G 2J 2K 2T 3B 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Coc	les 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 Program)	/oluntary F	iduciary Correction	10a		x			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х			30000	
Ċ	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
					I Contraction of the second se	1			

C	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	
ç	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х	
ł	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	x	
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 Pen	sion Funding Compliance				
11		fined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche D) and line 11a below)	edule S	ŝВ	י 🗌	res 🗙 No
11a	Enter the	Inpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	efined contribution plan subject to the minimum funding requirements of section 412 of the Code or section complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 o	f	י []	∕es Ⅹ No
a		of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e waiver			f the lette _ Year _	r ruling
lf y	ou comple	ted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the m	inimum required contribution for this plan year	12b			
С	Enter the a	nount contributed by the employer to the plan for this plan year	12c			
d		e amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a mount)	12d			
е	Will the mi	nimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plar	Terminations and Transfers of Assets				
13a	Has a reso	ution to terminate the plan been adopted in any plan year?		X Yes	N	0
	lf "Yes," ei	ter the amount of any plan assets that reverted to the employer this year	13a			C
b		e plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the he PBGC?			Yes	No
С	, 0	his plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ats or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name	e of plan(s): 13c(2)	EIN(s)		13c(3	<b>)</b> PN(s)

Department of the Treasury		ual Return/Repor Benefit Plan	t of Small Employ	vee		DMB Nos. 1210-011 1210-008	
Internal Revenue Service	This form is required to be fil	led under sections 104 and	4065 of the Employee Retire	e Retirement 201			
Department of Labor Employee Benefits Security Administration	Income Security Act of 197	4 (ERISA), and sections 6 Revenue Code (the Co	057(b) and 6058(a) of the Inte de).	This Form			
Pension Benefit Guaranty Corporatio	Complete all entries in	accordance with the ins	tructions to the Form 5500	-SF.	Publ	ic Inspection	
Part I Annual Repo	ort Identification Information	n					
For calendar plan year 2017 or	r fiscal plan year beginning 01/01/20	017	and ending 10/31/2	017			
A This return/report is for:	X a single-employer plan		olan (not multiemployer) (File mployer information in accor		0		
	a one-participant plan	a foreign plan					
<b>B</b> This return/report is	the first return/report	X the final return/report					
	an amended return/report	🗙 a short plan year retu	irn/report (less than 12 montl	hs)			
C Check box if filing under:	Form 5558	automatic extension		DFVC pro	ogram		
	special extension (enter desc	cription)			-		
Part II Basic Plan In	formation-enter all requested in	nformation					
<b>1a</b> Name of plan			1	b Three-	-		
OW INVESTMENTS CORPOR	RATION 401(K) PROFIT SHARING	PLAN		plan ni (PN)		001	
			10	C Effecti		í plan	
20 Dian area in the	and the second sec			01/01/	/2002		
	bloyer, if for a single-employer plan) bom, apt., suite no. and street, or P.	O. Box)	2		-	ication Number	
	ince, country, and ZIP or foreign pos		tructions) 20	(EIN) 91-1029689 2c Sponsor's telephone number			
					(509)	783-2112	
			20			see instructions)	
500 GAGE BLVD, SUITE B				523900	0		
ENNEWICK, WA 99336							
<b>3a</b> Plan administrator's name	and address 🛛 Same as Plan Spo	onsor.	31	<b>b</b> Admini	istrator's E	EIN	
Ja Plan administrator's name	and address 🗙 Same as Plan Spo	onsor.					
Sa Plan administrator's name	and address 🗙 Same as Plan Spo	onsor.					
4 If the name and/or EIN of t	the plan sponsor or the plan name h	as changed since the last	3c				
4 If the name and/or EIN of t		as changed since the last	return/report filed for the last return/report.	C Admini			
If the name and/or EIN of t this plan, enter the plan sp	the plan sponsor or the plan name h	as changed since the last	return/report filed for the last return/report.	C Admini			
<ul> <li>If the name and/or EIN of t this plan, enter the plan sp</li> <li>a Sponsor's name</li> <li>c Plan Name</li> </ul>	the plan sponsor or the plan name h ponsor's name, EIN, the plan name a	as changed since the last and the plan number from	return/report filed for the last return/report.	C Admini		elephone numbe	
<ul> <li>4 If the name and/or EIN of t this plan, enter the plan sp</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participan</li> </ul>	the plan sponsor or the plan name h ponsor's name, EIN, the plan name a tts at the beginning of the plan year.	as changed since the last and the plan number from	return/report filed for the last return/report.	C Admini D EIN D PN 5a		elephone numbe	
<ul> <li>4 If the name and/or EIN of t this plan, enter the plan sp</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participan</li> <li>b Total number of participants with</li> </ul>	the plan sponsor or the plan name h bonsor's name, EIN, the plan name a ts at the beginning of the plan year . ts at the end of the plan year h account balances as of the end of	as changed since the last and the plan number from the plan year (only define	return/report filed for the last return/report.  4k 4c	C Admini		elephone numbe	
<ul> <li>4 If the name and/or EIN of t this plan, enter the plan span, enter the plan spansor's name</li> <li>c Plan Name</li> <li>5a Total number of participan</li> <li>b Total number of participants with complete this item)</li> </ul>	the plan sponsor or the plan name h ponsor's name, EIN, the plan name a ts at the beginning of the plan year . ts at the end of the plan year h account balances as of the end of	as changed since the last and the plan number from the plan year (only define	return/report filed for the last return/report. 4k 4c	C Admini D EIN D PN 5a 5b 5c		elephone numbe	
<ul> <li>4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participan</li> <li>b Total number of participants with complete this item)</li></ul>	the plan sponsor or the plan name h bonsor's name, EIN, the plan name a its at the beginning of the plan year . ts at the end of the plan year h account balances as of the end of participants at the beginning of the p	as changed since the last and the plan number from the plan year (only define lan year	return/report filed for the last return/report. 4c d contribution plans 5c	C Admini D EIN D EIN D PN 5a 5b 5c d(1)		elephone numbe	
<ul> <li>4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participan</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active p</li> <li>d(2) Total number of participants where of the participant of the partic</li></ul>	the plan sponsor or the plan name h ponsor's name, EIN, the plan name a its at the beginning of the plan year. ts at the end of the plan year h account balances as of the end of coarticipants at the beginning of the plan ye poarticipants at the end of the plan ye to terminated employment during the	as changed since the last and the plan number from the plan year (only define lan year e plan year with accrued b	return/report filed for the last return/report. d contribution plans 50 50 enefits that were less	C Admini D EIN D PN 5a 5b 5c d(1) d(2)		elephone numbe	
<ul> <li>4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participan</li> <li>b Total number of participants with complete this item)</li></ul>	the plan sponsor or the plan name h bonsor's name, EIN, the plan name a its at the beginning of the plan year. ts at the end of the plan year h account balances as of the end of participants at the beginning of the plan ye poarticipants at the end of the plan ye to terminated employment during the	as changed since the last and the plan number from the plan year (only define lan year e plan year with accrued b	return/report filed for the last return/report. 4 d contribution plans 5 enefits that were less	C Admini D EIN D EIN D PN 5a 5b 5c d(1) d(2) 5e	istrator's to	elephone numbe	
<ul> <li>4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participan</li> <li>b Total number of participants with complete this item)</li></ul>	the plan sponsor or the plan name h bonsor's name, EIN, the plan name a tts at the beginning of the plan year h account balances as of the end of barticipants at the beginning of the plan ye postricipants at the end of the plan ye to terminated employment during the conterminated employment during the moterminated employment during the conterminated employment during the set forth in the instru- and signed by an enrolled actuary.	as changed since the last and the plan number from the plan year (only define lan year ar e plan year with accrued b <u>n/report will be assessed</u> ctions. I declare that I have	return/report filed for the last return/report. 4 d contribution plans 5 enefits that were less unless reasonable cause t examined this return/report	C Admini	istrator's to	elephone numbe	
<ul> <li>4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participant</li> <li>b Total number of participants with complete this item)</li></ul>	the plan sponsor or the plan name h bonsor's name, EIN, the plan name a tts at the beginning of the plan year h account balances as of the end of barticipants at the beginning of the plan ye postricipants at the end of the plan ye to terminated employment during the conterminated employment during the moterminated employment during the conterminated employment during the set forth in the instru- and signed by an enrolled actuary.	as changed since the last and the plan number from the plan year (only define lan year e plan year with accrued b n/report will be assessed ctions, I declare that I have as well as the electronic ve	return/report filed for       4k         the last return/report.       4c         d contribution plans       5c         enefits that were less       5c         unless reasonable cause is       5c         examined this return/report, and       5c	C Admini	istrator's to	elephone numbe	
<ul> <li>4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name C Plan Name</li> <li>5a Total number of participan b Total number of participants with complete this item)</li></ul>	the plan sponsor or the plan name h bornsor's name, EIN, the plan name a tts at the beginning of the plan year h account balances as of the end of barticipants at the beginning of the plan ye no terminated employment during the conterminated employment during the mother penalties set forth in the instru- and signed by an enrolled actuary, a mplete.	as changed since the last and the plan number from the plan year (only define lan year ar e plan year with accrued b <u>n/report will be assessed</u> ctions. I declare that I have	return/report filed for the last return/report. 4 d contribution plans 5 enefits that were less unless reasonable cause t examined this return/report	C Admini	istrator's to	elephone numbe	
<ul> <li>4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participan</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active p</li> <li>d(2) Total number of active p</li> <li>e Number of participants with than 100% vested</li> <li>Caution: A penalty for the lated Date of Section Sign HERE</li> <li>Signature of plan</li> </ul>	the plan sponsor or the plan name h bornsor's name, EIN, the plan name a tts at the beginning of the plan year h account balances as of the end of barticipants at the beginning of the plan ye no terminated employment during the conterminated employment during the mother penalties set forth in the instru- and signed by an enrolled actuary, a mplete.	as changed since the last and the plan number from the plan year (only define lan year e plan year with accrued b n/report will be assessed ctions, I declare that I have as well as the electronic ve	return/report filed for       4k         the last return/report.       4c         d contribution plans       5c         enefits that were less       5c         unless reasonable cause is       5c         examined this return/report, and       5c	C Admini	istrator's to ished. g, if applications rest of my	elephone numbe	
<ul> <li>4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name C Plan Name</li> <li>5a Total number of participan b Total number of participants with complete this item)</li></ul>	the plan sponsor or the plan name h bornsor's name, EIN, the plan name a tts at the beginning of the plan year h account balances as of the end of barticipants at the beginning of the plan ye no terminated employment during the conterminated employment during the mother penalties set forth in the instru- and signed by an enrolled actuary, a mplete.	as changed since the last and the plan number from the plan year (only define lan year e plan year with accrued b <u>n/report will be assessed</u> ctions, I declare that I have as well as the electronic ve	return/report filed for       4k         the last return/report.       4c         d contribution plans       5c         enefits that were less       5c         unless reasonable cause i       5c         examined this return/report, rsion of this return/report, an       Paul Presby	C Admini	istrator's to ished. g, if applications rest of my	elephone numbe	

v.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
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
	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(	See instructions.)
Pa	t III Financial Information	

		r						
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End of Year	
a	Total plan assets	7a		2523	58		0	
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		2523	58		0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			(b) Total	
a 	Contributions received or receivable from: (1) Employers	8a(1)		9	59			
	(2) Participants	8a(2)		8	93			
	(3) Others (including rollovers)	8a(3)			0			
b	Other income (loss)	8b		259	47			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					27799	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2753	34			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f		48	23			
g	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					280157	
i	Net income (loss) (subtract line 8h from line 8c)	8i					-252358	
J	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
b Par	If the plan provides welfare benefits, enter the applicable welfare feet <b>V</b> Compliance Questions	eature code	es from the List of Pla	n Char	acteris	tic Codes ii	n the instructions:	
10	During the plan year:				Yes	No	A	
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vi Program)	oluntary Fi	duciary Correction	10a	163	x	Amount	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not ir	nclude transactions	10b		x		
С	Was the plan covered by a fidelity bond?			10c	X			30000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		x		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons e or all of t	by an insurance he benefits under	10e		×		
f	Has the plan failed to provide any benefit when due under the plan			10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		x		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruc	ctions and 29 CFR	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 2520.101	e required	notice or one of the	10i				
				101				

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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 comp (Form 5500) and line 11a below)	lete Sch	edule S	В	Ye	s X No
11a	Enter the unpaid minimum required contr butions 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 of ERISA?	or section	n 302 o	f	C Ye	s 🛛 No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi granting the waiver		l enter f Day		of the letter r Year	uling
lf	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 negative amount)	а	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 un control of the PBGC?	nder the		[	X Yes	No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)