For	m 5500-SF	Short Form Annual Return/Report of Small Employee								
	tment of the Treasury nal Revenue Service	This form is required to be filed u	Benefit Plan nder sections 104 and 4	065 of the Employee Re	etirement	2017				
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E		7(b) and 6058(a) of the		This Form is Open to Public Inspection				
Pension Be	nefit Guaranty Corporation	Complete all entries in acc	ordance with the instr	uctions to the Form 55	00-SF.	Fublic inspection				
Part I		dentification Information	7							
For calenda	ar plan year 2017 or fisc				/31/2017	the state of the second st				
A This ret	urn/report is for:	X a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)				
<b>B</b> This retu	urn/report is	a one-participant plan	a foreign plan							
		the first return/report	the final return/report							
0		an amended return/report	a snort plan year returr	n/report (less than 12 mo	ontns)					
C Check b	box if filing under:	Form 5558	automatic extension	l	DFVC p	rogram				
	special extension (enter description)									
Part II		mation—enter all requested inform	nation		41					
1a Name	of plan .ES AND ASSOCIATES	INC 401(K) PLAN			1b Thre plan	e-digit number				
				-	(PN)					
			1c Effect	tive date of plan 01/01/1998						
		er, if for a single-employer plan) , apt., suite no. and street, or P.O. E	ox)		2b Employer Identification Number (EIN) 91-0894337					
City or		, country, and ZIP or foreign postal of		uctions)	2c Sponsor's telephone number					
				-	206-433-8885 2d Business code (see instructions)					
	MARGINAL WAY SOU	TH			423700					
SEATTLE, W	/A 98168				420700					
<b>3a</b> Plan ad	dministrator's name and	l address X Same as Plan Sponso	r.		<b>3b</b> Administrator's EIN					
				-	20. Administration to the base of the base					
					<b>3c</b> Administrator's telephone number					
4 If the r	name and/or EIN of the	plan sponsor or the plan name has o	changed since the last re	eturn/report filed for	4b EIN					
this pla	an, enter the plan spons	sor's name, EIN, the plan name and								
a Sponse C Plan N	or's name				<b>4d</b> PN					
<b>U</b> Hairi										
5a Total r	number of participants a	t the beginning of the plan year			5a	23				
		t the end of the plan year			5b	20				
		ccount balances as of the end of the			5c	13				
<b>d(1)</b> Tota	al number of active parti	icipants at the beginning of the plan	year		5d(1)	20				
• •		icipants at the end of the plan year.			5d(2)	19				
than ?	100% vested	erminated employment during the pl			5e	0				
		r incomplete filing of this return/re er penalties set forth in the instruction								
SB or Sche		d signed by an enrolled actuary, as w								
SIGN		alid electronic signature.	06/08/2018	RICK ROOT						
HERE	Signature of plan ad		Date	Enter name of individu	ual signing	as plan administrator				
SIGN			24.0		.a. orgining					
HERE	Signature of employ	er/nlan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor				
	s.g									

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Form 5500-SF (2017) v.170203

6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
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	ot use Fo	orm 5500-SF and must instead us	e Form 5500.					
С	<b>c</b> 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	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	850105	697881					
b	Total plan liabilities	7b	0	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	850105	697881					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from:	0-(4)	07404						
	(1) Employers	8a(1)	27121						
	(2) Participants	8a(2)	42881						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	77764						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		147766					
d			000005						
	to provide benefits)	8d	298625						
е	Certain deemed and/or corrective distributions (see instructions)	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f	1365						
g	Other expenses	8g	0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		299990					

## Part IV Plan Characteristics

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i Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions) .....

9a	If the	plan	provic	des pe	ension	benet	fits,	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	2A	2E	2F	2G	2J	2K	2T	3D	

8i

8j

0

-152224

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	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		X	
С	Was the plan covered by a fidelity bond?	10c	Х		150000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       1	10d		X	
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		302
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 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		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)	) to				
1	3c(1	) Name of plan(s): 13c(2	) EIN(s	5)	130	: <b>(3)</b> F	'N(s)

Form 5500-SF	of Small Emplo	oyee	C	MB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be filed und	Benefit Plan	4065 of the Employee R	etirement		2017		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (ERIS		57(b) and 6058(a) of the			orm is Open to		
Pension Benefit Guaranty Corporation	Complete all entries in accor	dance with the instr	ructions to the Form 5	500-SF.	Publi	c Inspection		
Part I Annual Report Id	lentification Information							
For calendar plan year 2017 or fisca		/01/2017	and ending		31/201			
A This return/report is for:		list of participating em	an (not multiemployer) ( nployer information in ac					
B This return/report is	a one-participant plan	a foreign plan				1		
		ne final return/report						
L	an amended return/report	short plan year retur	n/report (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extension		DFVC pi	rogram			
	special extension (enter description	)	÷					
	mation—enter all requested information	tion						
<b>1a</b> Name of plan	ociates, Inc. 401(k) Pl	ລກ		1b Three plan	e-digit number			
Darrey Sares and ASSC	(x) = (x) + (x)	an		(PN)		001		
					tive date of 01/1998			
2a Plan sponsor's name (employe						ication Number		
	apt., suite no. and street, or P.O. Box country, and ZIP or foreign postal cod		ructions)	(EIN)91-0894337				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Bailey Sales and Associates Inc				<b>2c</b> Sponsor's telephone number (206) 433-8885				
						see instructions)		
12303 East Marginal W	Jay South				,	8		
Seattle		M A	98168	123	700			
	address 🛛 Same as Plan Sponsor.	WA	56106		nistrator's E	EIN		
				<b>3c</b> Administrator's telephone number				
	olan sponsor or the plan name has cha			4b EIN				
this plan, enter the plan spons <b>a</b> Sponsor's name	or's name, EIN, the plan name and the	e plan number from ti	he last return/report.	4d PN				
C Plan Name				and the				
5a Total number of participants at	t the beginning of the plan year			5a		23		
	t the end of the plan year		Second control second	5b		20		
	count balances as of the end of the plant			5c		13		
d(1) Total number of active partic	cipants at the beginning of the plan year	ar		5d(1)		20		
d(2) Total number of active partic	cipants at the end of the plan year			5d(2)		19		
	erminated employment during the plan			5e		0		
	incomplete filing of this return/repo			use is estab	olished.	0		
Under penalties of perjury and othe SB or Schedule MB completed and	r penalties set forth in the instructions, signed by an enrolled actuary, as wel	, I declare that I have	examined this return/re	port, includii	ng, if applic	able, a Schedule knowledge and		
belief, it is true, correct, and comple	$\hat{\rho}$	6/8/2018						
SIGN HERE			Enter name of individu		n n n n n n n	inistrator		
(Signature of plan adm	ministrator	Date	Enter name of individu	ual signing a	as plan adm	Inistrator		
SIGN HERE Signature of amployo	vr/nlan anonaar	Data	Enter name of individ		an omniouro			
Signature of employe	กาศาสบาริยา	Date	Enter name of individu	uai siyiiiiy a	as employe	or plan sponsor		

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	Were all of the plan's assets during the plan year invested in eligit							X Yes No	
b	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 can		Construction and Construction Construction Construction Construction						
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from th	ne PBGC p	remium filing for this p	lan yea	r		(	See instructions.)	
Do	rt III Financial Information								
7.000		6.62.759.99	(a) Destinging	of Voor	Т		(b) End of	Voor	
7	Plan Assets and Liabilities	70	(a) Beginning	850,			(b) End of	697,881	
	Total plan assets	7a 7b		050,	0			097,001	
	Total plan liabilities	7b		850,				697,881	
	Net plan assets (subtract line 7b from line 7a)	7c	en 34 en		105		(h) To4	41 mm	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	Sciences,	(a) Amoun	It			(b) Tot	ai	
а	(1) Employers	8a(1)		27,	121			and the strength	
	(2) Participants	8a(2)		42,	381				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		77,	764				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				147.			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		298,625					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	i soleti			
f	Administrative service providers (salaries, fees, commissions)	8f		1,	365				
g	Other expenses	. 8g	0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						299,990	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		242			-152,224		
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 2F 2G 2J 2K 2T 3D	i feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare t	feature cod	es from the List of Pla	n Chara	acteris	tic Cod	les in the instruc	ions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	An	nount	
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 V	Voluntary F	iduciary Correction	10a		х			
b	<ul> <li>Program)</li> <li>Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)</li> </ul>					X			
C	C Was the plan covered by a fidelity bond?				Х			150,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
e	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e	Х			302	
f						Х			

10g

10h

10i

Х

Х

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....

2520.101-3.) .....

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 .....

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

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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)			Yes	X 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 a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver	d enter Da		of the letter rul Year	ing			
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						
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 I	N/A			
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X 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 🛛 N	0			
С	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s): 13c(2	) EIN(s)		13c(3) PN	l(s)			