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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pension	senent Guaranty Corporation	▶ Complete all entries in a	accordance with the instructions to the Form 55	500-SF	₹.	•		
Part I	Annual Report	Identification Information						
For calen	dar plan year 2015 or fis	scal plan year beginning 01/01/2	2015 and ending 12	2/31/20	015			
A This re	eturn/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		-			
B This re	turn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC progr	ram		
Part II	Basic Plan Info	ormation—enter all requested in	formation					
1a Name	•			1b	Three-digit plan number (PN) ▶	001		
				1c	Effective date of 01/0	f plan 1/2004		
Mailir	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				Employer Identii (EIN) 26-2	ication Number 009182		
	NCIAL GROUP	e, country, and ZIP or foreign post	al code (if foreign, see instructions)	2c	Sponsor's telep	hone number 52-1802		
825 COLBY AVENUE, SUITE 303 VERETT, WA 98201-3553				2d Business code (see instructions) 523900				
3a Plan	administrator's name ar	nd address XSame as Plan Spons	sor.	3b	Administrator's I	ΞIN		
				3с	Administrator's t	elephone number		
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b				
a Spon	sor's name			4c	PN			
5a Total	number of participants	at the beginning of the plan year		5	a	3		
b Total	number of participants	at the end of the plan year		5l	b	3		
C Num	ber of participants with	account balances as of the end of	the plan year (defined benefit plans do not	50	С	3		
d(1) To	tal number of active pa	rticipants at the beginning of the pl	an year	5d((1)	3		
d(2) To	otal number of active pa	articipants at the end of the plan year	ar	5d((2)	3		
e Num thar	nber of participants that 100% vested	terminated employment during the	plan year with accrued benefits that were less	56		0		
			n/report will be assessed unless reasonable cau					
Under per	nalties of perjury and otl	her penalties set forth in the instruc	ctions, I declare that I have examined this return/rep	port, in	cluding, if applic	able, a Schedule		

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

SIGN	Filed with authorized/valid electronic signature.	06/08/2018	CAROLYN CHRISTOFERSON			
HERE	Signature of plan administrator	Date	Enter name of individual signing as	plan administrator		
SIGN						
HERE	Signature of employer/plan sponsor	ature of employer/plan sponsor Date Enter name of individual s				
Preparer's	s name (including firm name, if applicable) and address (i	nclude room or suite num	ber) Preparer's to	elephone number		

Form 5500-SF 2015		Page 2								
 Were all of the plan's assets during the plan year invested in eligible 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 cannot be a second or line 6b. 	an independent and condition of use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		X	Yes Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ction 4	021)? .		Yes	No	Not	determi	ined
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Ye		
a Total plan assets	. 7a		528	553					63221	-
b Total plan liabilities	. 7b		529	0 8553					63221	0
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	. 7с	(a) Amou		1000			(b)	Total	03221	
a Contributions received or receivable from:		(a) Amou	ınt				(D)	Total		
(1) Employers	. 8a(1)		38	639						
(2) Participants	. 8a(2)		37	250						
(3) Others (including rollovers)	 									
b Other income (loss)			28	572					40440	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								10446	1
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
e Certain deemed and/or corrective distributions (see instructions)	. 8e									
f Administrative service providers (salaries, fees, commissions)	. 8f			803						
g Other expenses	. 8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								803	3
i Net income (loss) (subtract line 8h from line 8c)	. 8i								103658	8
j Transfers to (from) the plan (see instructions)	· 8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	n feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in t	he instr	uctions	i:	
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Cod	les in th	e instru	ctions:		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Am	ount	
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interes					V					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		X					
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
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 t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla			10f		Χ					
g Did the plan have any participant loans? (If "Yes," enter amount a					X					
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g 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	the required	notice or one of the	10ii 10i							
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance			10]	<u> </u>						
11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)									Yes	□ No
11a Enter the unpaid minimum required contribution for all years from						11a				
12 Is this a defined contribution plan subject to the minimum funding							RISA?.		Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b 1	Γrust's EIN	١		
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
	rianio	of tubics of suctorial		telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP	
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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).

2015

OMB Nos. 1210-0110 1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

This Form is Open to **Public Inspection**

Part I		Identification Information									
For calend	ar plan year 2015 or f	scal plan year beginning	01/01/2015	and ending	12/31/2	015					
Δ This ro	turn/report is for:	X a single-employer plan		nployer plan (not multiemployer) (Filers checking this box must attach a pating employer information in accordance with the form instructions)							
A IIIIs Ie	turmeport is for.	a one-participant plan	a foreign plan	100							
B This ret	urn/report is	the first return/report	the final return/report								
		X an amended return/report	a short plan year returi	n/report (less than 12 m	nonths)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram					
		special extension (enter desc	ription)		_						
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name FIRST I	of plan FINANCIAL GROU		1b Three-digit plan numbe (PN) ▶	001							
					1c Effective da 01/01/2						
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Employer Id (EIN) 26-2	entification Number					
	FINANCIAL GR	e, country, and ZIP or foreign post OUP	iai code (if foreign, see instr	uctions)	2c Sponsor's te 425-252						
2825 COLBY AVENUE, SUITE 303					2d Business co 523900	de (see instructions)					
EVERET	T	WA 98201-35	53								
3a Plan administrator's name and address XSame as Plan Sponsor.					3b Administrator's EIN						
				3c Administrator's telephone number							
					3C Administrate	i s telephone number					
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN						
name a Spons		mber from the last return/report.			4c PN						
5a Total	number of participants	at the beginning of the plan year			5a	3					
-		at the end of the plan year			5b	3					
c Numb	er of participants with	account balances as of the end of	the plan year (defined bene	fit plans do not	5c	***************************************					
		rticipants at the beginning of the pl			5d(1)	3					
		rticipants at the end of the plan ye	•		5d(2)	3					
e Numb	er of participants that	terminated employment during the	plan year with accrued ber	nefits that were less	5e						
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cau	l	. 0					
Under pena SB or Sche	alties of perjury and ot	her penalties set forth in the instructed and signed by an enrolled actuary, a	ctions. I declare that I have	examined this return/re	port including if an	plicable a Schedule					
SIGN HERE	(uny)	Chritis	- 6/10/18	Carolyn Chris	toferson	***************************************					
TILINE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as plan	administrator					
SIGN HERE	(inoy)	Musty	6/6/18								
	Signature of emplo	yer/plan sponsor ame, if applicable) and address (ir	Date	Enter name of individ	ual signing as empl Preparer's telepho						
		(II	iolado room or dako riambo	. ,	Treparer s telepin	one number					

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b	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 f the plan is a defined benefit plan, is it covered under the PBGC ir	an indepe and condi ot use Fo	ndent qualified public a tions.)orm 5500-SF and mus	account t instea	ant (IQ	PA) Form	5500.		[2	X Yes X Yes		
Par	t III Financial Information											
_	Plan Assets and Liabilities		(a) Beginning	of Ye	ar	T		(b) End	d of Y	ear	-	
a	Total plan assets	7a	(-,		8,55	3		(5) 211	01 1		2,:	211
b	Total plan liabilities	7b				0						0
С	Net plan assets (subtract line 7b from line 7a)	7c		52	8,55	3				63	2,:	211
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amoi	unt				(b)	Total			
	Contributions received or receivable from:	0.40		3	8,63							
	1) Employers	8a(1)			7,25	_						
	Participants	8a(2) 8a(3)			7,25	4						
	Other income (loss)	8b		2	8,57	2						
-	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	V == 1		0,0,	+	-			1.0	4 4	461
d	Benefits paid (including direct rollovers and insurance premiums					+					- /	
	o provide benefits)	8d			***************************************	_						
	Certain deemed and/or corrective distributions (see instructions)	8e				_						
Printed States and Addition of the Control of the C	Administrative service providers (salaries, fees, commissions)	8f		***************************************	80	3						
	Other expenses (add lines 2d, 2s, 2f, and 2s)	8g				+						
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i				+				1.0	-	803
	Fransfers to (from) the plan (see instructions)				*************	+					3,6	558
Pari		8j										
_	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of PL	an Cha	racteris	stic Co	ndes in	the instri	ıction	s.		
	2E 2F 2G 2J 2K 3D											
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	des in th	ne instruc	ctions	:		
Part	V Compliance Questions							-				
10	During the plan year:				Yes	No	N/A	T				
_	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period		res	No	N/A	-	An	nount	na programme de la compansa de la co	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х						
b 	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х						
С	Was the plan covered by a fidelity bond?			10c		Х						
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х						
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		Х						
f	Has the plan failed to provide any benefit when due under the plan	and the second second second		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Х						
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	uctions and 29 CFR	10h		Х						
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	ne required	d notice or one of the	10i								
j	Did the plan trust incur unrelated business taxable income?		***************************************	10j								
Part '												
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions a	and cor	nplete	Sched	lule SB	(Form		Yes		No
_11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the	ne Cod	e or se	ction 3	302 of E	ERISA?		Yes	X	No

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a	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	enter the		ne letter ru Year _	ling	
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				
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?		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 coof the PBGC?	ontrol		Yes X	No	
С	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.)					
	13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	VIII Trust Information					
14a	Name of trust	14b Trust's EIN				
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number				
Par	t IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?	Ye	S	No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba ha	esign- sed safe arbor ethod	ADF test	PIACP	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Ye		No		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		atio rcentage st		erage efit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Ye	S	No		
	Has the plan been timely amended for all required tax law changes?	Ye		No	N/A	
	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).		_		nstructions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number				or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the plar	n's last fav	orable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		No		
19	Were in-service distributions made during the plan year?	Ye	s	No		
	If "Yes," enter amount	19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	Ye	S	No	N/A	