Form 5500-SF		Short Form Annu	al Return/Repo Benefit Plar		oyee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		This form is required to be file		2016					
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		Internal This Form is Open to Public Inspection				
	enefit Guaranty Corporation	structions to the Form 55	00-SF.						
For calenda	Annual Report IC	dentification Information	016	and ending 12	/31/2016				
		a single-employer plan		plan (not multiemployer) (I		king this box must attach a			
A This ret	urn/report is for:	a one-participant plan		employer information in ac					
B This return/report is ☐ the first return/report ☐ the final return/report ☐ the final return/report ☐ a short plan year return/report (less than 12					onths)				
C Check b	pox if filing under:	Form 5558	automatic extension	n [DFVC p	rogram			
		special extension (enter descr	,						
Part II		mation—enter all requested inf	ormation		4 h	11 14			
1a Name FIRST FINAI	of plan NCIAL GROUP 401(K)P	LAN			1b Thre plan (PN)	number			
					1c Effect	tive date of plan 01/01/2004			
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.C			2b Empl (EIN)	oyer Identification Number 26-2009182			
	NCIAL GROUP	country, and ZIP or foreign posta	al code (il foreign, see ir	istructions)	2c Sponsor's telephone number 425-252-1802				
	7 AVENUE, SUITE 303 /A 98201-3553				2d Busir	ness code (see instructions) 523900			
3a Plan a	dministrator's name and	address X Same as Plan Spor	nsor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
		blan sponsor has changed since ber from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN				
a Spons		ber nom the last return/report.			4c PN				
5a Total r	number of participants a	t the beginning of the plan year			5a	3			
b Total r	number of participants a	t the end of the plan year			5b	3			
		count balances as of the end of			5c	3			
d(1) Tota	al number of active parti	cipants at the beginning of the pla	an year		5d(1)	3			
d(2) Tota	al number of active parti	cipants at the end of the plan yea	ar		5d(2)	(
than	100% vested	rminated employment during the	•		5e	С			
		incomplete filing of this return							
SB or Sche		er penalties set forth in the instruct signed by an enrolled actuary, a pete.							
SIGN	Filed with authorized/va	lid electronic signature.	06/08/2018	CAROLYN CHRISTOF	ERSON				
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing	as plan administrator			
SIGN									
HERE	Signature of employe		Date		ual signing	as employer or plan sponsor			
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite nun	nber)	Preparer's	s telephone number			
		see the Instructions for Form 5500	05			Form 5500-SF (2016)			

	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 a		· ,					X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condi	tions.)		·····			
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and mus	t instea	ad use	Form	5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA se	ection 4	021)?		Yes	No Not determined
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of Year
а	Total plan assets	7a		632211				701504
b	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7c		632211				701504
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total
а	Contributions received or receivable from:			4219				
	(1) Employers	8a(1)		-				
	(2) Participants	8a(2)		13750	_			
	(3) Others (including rollovers)	8a(3)		50000				
b	Other income (loss)	8b		52800				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						70769
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions).	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		1476				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1476
i	Net income (loss) (subtract line 8h from line 8c)	8i						69293
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 $2E$ $2F$ $2G$ $2J$ $2K$ $3D$	feature co	odes from the List of PI	an Cha	racteri	stic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	tic Coo	les in t	he instructions:
Pa	t V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
a		tions with	in the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	•	•	10a		x		
k	Were there any nonexempt transactions with any party-in-interest					х		
	reported on line 10a.)			10b				

Was the plan covered by a fidelity bond?	10c		Х		
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		
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		
Has the plan failed to provide any benefit when due under the plan?	10f		Х		
Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	3	Х		
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				
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?10dWere 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.)10eHas the plan failed to provide any benefit when due under the plan?10fDid the plan have any participant loans? (If "Yes," enter amount as of year-end.)10gIf this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?10dWere 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.)10eHas the plan failed to provide any benefit when due under the plan?10fDid the plan have any participant loans? (If "Yes," enter amount as of year-end.)10gIf this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)10hIf 10h was answered "Yes," check the box if you either provided the required notice or one of the10h	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?10dXWere 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.)10eXHas the plan failed to provide any benefit when due under the plan?10fXXDid the plan have any participant loans? (If "Yes," enter amount as of year-end.)10gXIf this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)10hXIf 10h was answered "Yes," check the box if you either provided the required notice or one of the10hX	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 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 Has the plan failed to provide any benefit when due under the plan? 10f X Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X If 10h was answered "Yes," check the box if you either provided the required notice or one of the I I

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)					י 🗌 א	′es	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					. П Y	′es 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the lette	r ruling	
	gran	ting the waiver	onth _		_ Day		_ Year _		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive 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?				Yes	s XN	0	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes 🗙	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desigi safe h	n-basec arbor	[Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	ntage		verage enefit test	N/	A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			ł
17b	10 11 -	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [No		

Form 5500-SF Short Form Annual Return/Report of Small Emp						OMB Nos. 1210-0110 1210-0089		
Depa Inter	rtment of the Treasury rnal Revenue Service	This form is required to be filed	Benefit Plan d under sections 104 and 4	4065 of the Employee R	Retirement	2016		
Employee B	epartment of Labor lenefits Security Administration	57(b) and 6058(a) of the e).	Internal	This Form is Open to				
Pension Be	enefit Guaranty Corporation	ructions to the Form 5	500-SF.	Public Inspection				
Part I		Identification Information						
For calend	ar plan year 2016 or fi		01/01/2016	and ending		31/2016		
A This wa		X a single-employer plan	a multiple-employer pl	an (not multiemployer)	(Filers check	king this box must attach a		
A This ret	turn/report is for:	nployer information in a	ccordance w	ith the form instructions.)				
B This retu	urn/report is	the first return/report	the final return/report					
		X an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)			
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram		
		special extension (enter descri				5		
Part II	Basic Plan Info	rmation—enter all requested info						
1a Name					1b Three	e-digit		
	INANCIAL GROUP	9 401(K)PLAN				number 001		
						tive date of plan		
			01/0	1/2004				
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O). Box)			oyer Identification Number		
	town, state or provinc	e, country, and ZIP or foreign posta	al code (if foreign, see insti	ructions)	2c Sponsor's telephone number			
i indi i	INNIVELIAL GROU	71			425-252-1802			
2825 CC	DLBY AVENUE, S	SUITE 303			2d Business code (see instructions) 523900			
EVERETI	2	WA 98201-3553	3					
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spon	nsor.		3b Administrator's EIN			
					3c Administrator's telephone number			
						nistrator s telephone number		
4 If the r	ame and/or FIN of the	e plan sponsor has changed since t	the last return/report filed f	or this plan, optor the	Ab EN			
name,	, EIN, and the plan nur	mber from the last return/report.	ine last returnineport lileu h		4b EIN			
	or's name				4c PN			
		at the beginning of the plan year			<u>5a</u>	3		
		at the end of the plan year			5b	3		
C Numbe comple	er of participants with a ete this item)	account balances as of the end of t	the plan year (only defined	contribution plans	5c	3		
		rticipants at the beginning of the pla			5d(1)	3		
		rticipants at the end of the plan yea			5d(2)	0		
e Numb	er of participants that 100% vested	terminated employment during the	plan year with accrued be	nefits that were less	5e	0		
Caution: A	penalty for the late of	or incomplete filing of this return	/report will be assessed	unless reasonable ca	use is estat	plished.		
Under pena	alties of perjury and othe	ner penalties set forth in the instruct	tions, I declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedule		
belief, it is t	rue, correct, and com	nd signed by an enrolled actuary, as	s well as the electronic ver	rsion of this return/repor	t, and to the	best of my knowledge and		
SIGN	(und	Unt	666/18	Carolyn Chris	toferso	n		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing a	as plan administrator		
SIGN HERE								
1. 1. 1.	Signature of employ		Date			as employer or plan sponsor		
Preparer's	name (including firm h	ame, if applicable) and address (ind	ciude room or suite numbe	er)	Preparer's	telephone number		

Form 5500-SF 2016

6a b									
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year				
а	Total plan assets	7a	632,211		701,504				
	Total plan liabilities		0		0				
	Net plan assets (subtract line 7b from line 7a)		632,211		701,504				
-									

8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	4,219	
	(2) Participants	8a(2)	13,750	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	52,800	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		70,769
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	1,476	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1,476
i	Net income (loss) (subtract line 8h from line 8c)	8i		69,293
j	Transfers to (from) the plan (see instructions)	8j		

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 2F 2G 2J 2K 3D

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	N/A	Amount
a	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		
c	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 fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
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		х		
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				

Page 3-	

Part					T		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sch	edule S	B 		Yes	No
	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 C ERISA?	Code or sectio	n 302 of		Ιп	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	••••••			'l ''		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ing granting the waiver.		d enter t Day		of the le Yea		ng
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				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	ΠΝ	I/A
Part							
and the second second second	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 brou control of the PBGC?	ght under the			Yes	X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)) to				
	I3c(1) Name of plan(s):	13c(2)	EIN(s)	1	130	(3) PN	(s)
Part	VIII Trust Information						
14a	Name of trust		14b 1	rust's E	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? If "No," skip b	Yes		[No		
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	 Safe ĭ 	esign-based "Prior year" ADP fe harbor test surrent year" N/A				ADP
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio	o entage	11	verage enefit tes	t 🗌	N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes		[] No		
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	opinion lette					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter	enter the date	of the m	ost rece	ent deter	ninatio	n
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sep service?	earated from	Yes	s [No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Ye:	s [] No		