	rm 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
	nal Revenue Service	This form is required to be filed	under sections 104 and 4			2017			
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (	ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the inst	ructions to the Form 55	500-SF.	Public Inspection			
Part I		dentification Information							
For calenda	ar plan year 2017 or fisc				2/31/2017	the state to second a track of			
A This ret	turn/report is for:	X a single-employer plan	list of participating en			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						
•		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)				
C Check I	box if filing under:	Form 5558	automatic extension		DFVC p	orogram			
		special extension (enter descrip	,						
Part II		mation—enter all requested info	ormation		41				
1a Name	of plan /ILY MANAGEMENT, L				1b Thre	e-digit number			
NAMES FAI	MILY MANAGEMENT, L	LC 401(K) PLAN			(PN)				
					1c Effect	ctive date of plan 01/01/2012			
		er, if for a single-employer plan)	Davi)			loyer Identification Number			
City or	town, state or province	a, apt., suite no. and street, or P.O., country, and ZIP or foreign posta		ructions)	(EIN) 2c Spor	) 91-1980678 nsor's telephone number			
NAMES FAN	MILY MANAGEMENT, L	LC			•	253-566-7000			
	NTS BLVD., STE. 201				2d Busir	ness code (see instructions)			
	WA 98466-6037					525920			
<b>20</b> Diam a					<b>2b</b> Admi	inistrator's EIN			
Ja Plana	uministrator s name and	d address X Same as Plan Spons	50I.		<b>JD</b> Admi				
					<b>3c</b> Admi	inistrator's telephone number			
<b>A</b> 16 (b				eterne (new ent file et feu	4b EIN				
		plan sponsor or the plan name has sor's name, EIN, the plan name ar							
•	or's name				<b>4d</b> PN				
C Plan N	lame								
5a Totalı	number of participants a	at the beginning of the plan year			5a	2			
		at the end of the plan year			5b	2			
		ccount balances as of the end of th			5c	2			
<b>d(1)</b> Tota	al number of active part	icipants at the beginning of the pla	n year		5d(1)	2			
• •		icipants at the end of the plan year			5d(2)	2			
		erminated employment during the			5e	0			
Caution: A	penalty for the late of	r incomplete filing of this return	report will be assessed	unless reasonable cau					
SB or Sche	edule MB completed and	er penalties set forth in the instruct d signed by an enrolled actuary, as							
SIGN	true, correct, and compl Filed with authorized/v	ete. alid electronic signature.	06/14/2018	ERIN E. SHAGREN					
HERE	Signature of plan ad		Date	Enter name of individu	ual signing	as plan administrator			
SIGN									
HERE	Signature of employ	er/nlan sponsor	Date	Enter name of individu	ial signing	as employer or plan sponsor			
<u> </u>					aa siyiliiliy				

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

6a b c	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	an indepe and condit ot use Fo Isurance p	ndent qualified public accountant ( tions.) <b>rm 5500-SF and must instead u</b> program (see ERISA section 4021)	(IQPA) Yes ☐ No se Form 5500. )? ☐ Yes ☐ No ☐ Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	81941	109386
b	Total plan liabilities	7b	237	0
С	Net plan assets (subtract line 7b from line 7a)	7c	81704	109386
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	11200	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	16482	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		27682

b	Other income (loss)	8b	16482	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		27682
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i	Net income (loss) (subtract line 8h from line 8c)	8i		27682
j	Transfers to (from) the plan (see instructions)	8j	0	
Ра	rt IV Plan Characteristics			

9a	If the	plan j	provide	es pe	ension	benef	its,	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	2A	2E	2F	2G	2J	2K	2R	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	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)       10	a	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	х	
С	Was the plan covered by a fidelity bond?   10	c X		55000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10	d	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.)       10	e	x	
f	Has the plan failed to provide any benefit when due under the plan?	f	Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	g	Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	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	)i		

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[	Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[	Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e 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 left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII   F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s)	)	13	c(3)	PN(s)

Form 5500-SF Short Form Annua					
Internal Revenue Service	l Return/Repor Benefit Plan	t of Small Emp	loyee		OMB Nos, 1210-0110 1210-0089
Department of Labor Emclower Benefits Security Act of 1974 (E	under sections 104 and RISA) and sections 60	4065 of the Employee	Retirement		2017
	Revenue Code (the Cod	e).	e internal		Form is Open to
Pension Benefit Guaranty Corporation Complete all entries in act	cordance with the ins	ructions to the Form	5500-SF	Put	lic Inspection
Part I Annual Report Identification Information					
For calendar plan year 2017 or fiscal plan year beginning 0	1/01/2017	and ending		/31/201	
A This return/report is for:	a multiple-employer p list of participating e	lan (not multiemployer) mployer information in a	(Filers che	cking this b with the for	ox must attach a minstructions.)
a one-participant plan	a foreign plan				in mediaelienely
B This return/report is the first return/report	the final return/report				
an amended return/report		rn/report (less than 12 r	nonths)		
C Check box if filing under:	automatic extension			program	
special extension (enter descript				program	
Part II Basic Plan Information-enter all requested inform			_		
1a Name of plan			1b Thr	no digit	1
Names Family Management, LLC 401(k) Plan				n number	001
Fiand Fiand Fiand Semente, Hile 401(K) Fian				ŋ 🕨	
				ective date c	
2a Plan sponsor's name (employer, if for a single-employer plan)				01/2012	
Mailing address (include room, apt., suite no, and street or P.O. B	ox)			loyer Identi ) 91-198	fication Number
City or town, state or province, country, and ZIP or foreign postal or Names Family Management, LLC	ode (if foreign, see inst	ructions)			hone number
1			253	-566-70	00
1019 Regents Blvd., Ste. 201			2d Bus	iness code	(see instructions)
			5259	920	
Fircrest WA 98466-6037					
3a Plan administrator's name and address X Same as Plan Sponsor	r,		3b Adm	ninistrator's	FIN
			3c Adm	inistrator's	telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has c	hanged since the last r	eturn/report filed for	4b EIN		
una vigu, curer une plati sponsors name. HIV, the night nome and	the plan number from t				
this plan, enter the plan sponsor's name, EIN, the plan name and a Sponsor's name		ne last return/report			
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> </ul>		ne last return/report.	4d PN		
a Sponsor's name C Plan Name		15.			
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participants at the beginning of the plan year</li> </ul>					2
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participants at the beginning of the plan year</li> <li>b Total number of participants at the end of the plan year</li> </ul>			4d PN		2
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participants at the beginning of the plan year</li> <li>b Total number of participants at the end of the plan year</li> <li>c Number of participants with account balances as of the end of the</li> </ul>	nlan year (only defined	contribution place	4d PN 5a		2
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participants at the beginning of the plan year</li> <li>b Total number of participants at the end of the plan year</li> <li>c Number of participants with account balances as of the end of the complete this item)</li> </ul>	plan year (only defined	contribution plans	4d PN 5a 5b 5c		2
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participants at the beginning of the plan year</li> <li>b Total number of participants at the end of the plan year</li> <li>c Number of participants with account balances as of the end of the complete this item)</li> <li>d(1) Total number of active participants at the beginning of the plan year</li> </ul>	plan year (only defined	contribution plans	4d PN 5a 5b 5c 5d(1)	6	2 2 2 2 2
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participants at the beginning of the plan year</li> <li>b Total number of participants at the end of the plan year</li> <li>c Number of participants with account balances as of the end of the complete this item)</li> <li>d(1) Total number of active participants at the beginning of the plan year</li> <li>d(2) Total number of active participants at the end of the plan year</li> <li>e Number of participants who terminated employment during the plan</li> </ul>	plan year (only defined /ear	contribution plans	4d PN 5a 5b 5c 5d(1) 5d(2)	8	2
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participants at the beginning of the plan year</li> <li>b Total number of participants at the end of the plan year</li> <li>c Number of participants with account balances as of the end of the complete this item)</li> <li>d(1) Total number of active participants at the beginning of the plan year</li> <li>d(2) Total number of active participants at the end of the plan year</li> <li>e Number of participants who terminated employment during the plan than 100% vested</li> </ul>	plan year (only defined rear	contribution plans	4d PN 5a 5b 5c 5d(1) 5d(2) 5e		2 2 2 2 2
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participants at the beginning of the plan year</li> <li>b Total number of participants at the end of the plan year</li> <li>c Number of participants with account balances as of the end of the complete this item)</li> <li>d(1) Total number of active participants at the beginning of the plan year</li> <li>d(2) Total number of active participants at the end of the plan year</li> <li>e Number of participants who terminated employment during the plan than 100% vested</li> <li>Caution: A penalty for the late or incomplete filing of this return/retu</li></ul>	plan year (only defined /ear in year with accrued be port will be assessed	contribution plans nefits that were less unless reasonable cau	4d PN 5a 5b 5c 5d(1) 5d(2) 5e ise is esta		2 2 2 2 2 2 0
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participants at the beginning of the plan year</li> <li>b Total number of participants at the end of the plan year</li> <li>c Number of participants with account balances as of the end of the complete this item)</li> <li>d(1) Total number of active participants at the beginning of the plan year</li> <li>d(2) Total number of active participants at the end of the plan year</li> <li>e Number of participants who terminated employment during the plan than 100% vested</li> </ul>	plan year (only defined /ear in year with accrued be port will be assessed	contribution plans nefits that were less unless reasonable cau	4d PN 5a 5b 5c 5d(1) 5d(2) 5e ise is esta		2 2 2 2 2 2 0
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participants at the beginning of the plan year</li> <li>b Total number of participants at the end of the plan year</li> <li>c Number of participants with account balances as of the end of the complete this item)</li> <li>d(1) Total number of active participants at the beginning of the plan yeare</li> <li>d(2) Total number of active participants at the end of the plan yeare</li> <li>number of participants who terminated employment during the plan than 100% vested</li> <li>Caution: A penalty for the late or incomplete filing of this return/return Under penalties of perjury and other penalties set forth in the instruction SB or Schedule MB completed and signed by an enrolled actuary, as we belief, it is true, correct and complete.</li> </ul>	plan year (only defined /ear in year with accrued be <b>port will be assessed</b> s, I declare that I have ell as the electronic ver	contribution plans nefits that were less unless reasonable cau	4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is esta port, includi t, and to the		2 2 2 2 2 0
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participants at the beginning of the plan year</li> <li>b Total number of participants at the end of the plan year</li> <li>c Number of participants with account balances as of the end of the complete this item)</li> <li>d(1) Total number of active participants at the beginning of the plan yeare</li> <li>d(2) Total number of active participants at the end of the plan yeare</li> <li>Number of participants who terminated employment during the plan than 100% vested</li> <li>Caution: A penalty for the late or incomplete filing of this return/regunder penalties of perjury and other penalties set forth in the instruction SB or Schedule MB completed and signed by an enrolled actuary, as we belief, it is true, correct, and complete.</li> </ul>	plan year (only defined rear in year with accrued be <b>port will be assessed</b> is, I declare that I have ell as the electronic ver XLo-Y-Y	contribution plans nefits that were less unless reasonable cau examined this return/report sion of this return/report Erin E. Shagre	4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is esta port, includi t, and to the	ing, if applic e best of my	2 2 2 2 2 3 2 0 able, a Schedule knowledge and
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participants at the beginning of the plan year</li> <li>b Total number of participants at the end of the plan year</li> <li>c Number of participants with account balances as of the end of the complete this item)</li> <li>d(1) Total number of active participants at the beginning of the plan yeare</li> <li>d(2) Total number of active participants at the end of the plan yeare</li> <li>number of participants who terminated employment during the plan than 100% vested</li> <li>Caution: A penalty for the late or incomplete filing of this return/repunder penalties of perjury and other penalties set forth in the instruction SB or Schedule MB completed and signed by an enrolled actuary, as we belief, it is true, correct, and complete.</li> </ul>	plan year (only defined /ear in year with accrued be <b>port will be assessed</b> s, I declare that I have ell as the electronic ver	contribution plans nefits that were less unless reasonable cau examined this return/report	4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is esta port, includi t, and to the	ing, if applic e best of my	2 2 2 2 2 3 0 able, a Schedule knowledge and
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participants at the beginning of the plan year</li> <li>b Total number of participants at the end of the plan year</li> <li>c Number of participants with account balances as of the end of the complete this item)</li> <li>d(1) Total number of active participants at the beginning of the plan year</li> <li>e Number of participants who terminated employment during the plan than 100% vested.</li> <li>Caution: A penalty for the late or incomplete filing of this return/repunder penalties of perjury and other penalties set forth in the instruction SB or Schedule MB completed and signed by an enrolled actuary, as webelief, it is true, correct and complete.</li> <li>SIGN HERE</li> </ul>	plan year (only defined rear in year with accrued be <b>port will be assessed</b> is, I declare that I have ell as the electronic ver XLo-Y-Y	contribution plans nefits that were less unless reasonable cau examined this return/report sion of this return/report Erin E. Shagre	4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is esta bort, includi t, and to the en ual signing	ing, if applic e best of my as plan adm	2 2 2 2 2 3 0 able, a Schedule knowledge and binistrator

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
a	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.	
С	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.)

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	81,941	109,386
b	Total plan liabilities	7b	237	0
С	Net plan assets (subtract line 7b from line 7a)	7c	81,704	109,386
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	11,200	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	16,482	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	The second s	27,682
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i	Net income (loss) (subtract line 8h from line 8c)	8i		27,682
j	Transfers to (from) the plan (see instructions)	8i	0	A CONTRACT OF
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3D	feature code	es from the List of Plan Characteristic	Codes in the instructions:

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	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		х	
С	Was the plan covered by a fidelity bond?	10c	х		55,000
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		x	
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		X	
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 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl (Form 5500) and line 11a below)	ete Sch	edule (	SB		Yes 🗌 N
11a 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 Code o ERISA?	section	n 302 d	of		Yes 🛛 N
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver,	ons, and	l enter Da		of the le Yea	
If 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 negative amount)	a	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 un control of the PBGC?	der the		[	Yes	X 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.)	plan(s)	to			
13c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN(s)
		_			
		_			