Form 5500-SF Short Form Annual Return/Report of Small Emp Department of the Treasury Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089				
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee					2017				
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Employee Benefits Security Administration Revenue Code (the Code).						This Form is Open to				
Pension Be	enefit Guaranty Corporation	Complete all entries in activity	uctions to the Form 55	Public Inspection 5500-SF.						
Part I		dentification Information		·						
For calenda	For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017									
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.)				
R This rotu	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 return/report (less than 12 months)							
C Check b	box if filing under:	Form 5558	automatic extension	DFVC program						
		special extension (enter descrip								
Part II	Basic Plan Infor	mation—enter all requested info	rmation		_					
1a Name	•				1b Thre					
CAIMAN CO	NSULTING RETIREME	ENT PLAN			pian (PN)	number 001				
				-	· · ·	tive date of plan				
22 Dian or	annor's name (amplay	er, if for a single-employer plan)			2h [01/01/2006				
Mailing	address (include room	, apt., suite no. and street, or P.O.		<i></i>	2b Employer Identification Number (EIN) 20-0667070					
-	NSULTING CORPORA	, country, and ZIP or foreign postal TION	l code (if foreign, see instr	uctions)	2c Sponsor's telephone number 425-296-2954					
				-	2d Business code (see instructions)					
15127 NE 24 REDMOND,	TH STREET, SUITE 54	17			541600					
ILEDINIOND,	WA 30032									
3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN					
				-	3c Administrator's telephone number					
4 If the r	ame and/or FIN of the	nlan enonsor or the plan name has	changed since the last re	aturn/report filed for	4b EIN					
this pl	an, enter the plan spons	plan sponsor or the plan name has sor's name, EIN, the plan name an								
a Spons C Plan N	or's name				4d PN					
	laine									
5a Total r	number of participants a	t the beginning of the plan year			5a	95				
		t the end of the plan year			5b	113				
		ccount balances as of the end of th		•	5c	104				
d(1) Tota	al number of active parti	icipants at the beginning of the pla	n year		5d(1)	70				
d(2) Total number of active participants at the end of the plan year					5d(2)	82				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
Caution: A	penalty for the late or	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								
belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 07/19/2018 GREG LONG										
HERE	Signature of plan ad		Date	Enter name of individu	ual signing	signing as plan administrator				
SIGN	J				9	,				
HERE	Signature of omnlow	er/nlan snonsor	Date	Enter name of individu	al signing	as employer or plan sponsor				
<u> </u>	Signature of employ		Dale		an siyiliriy					

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	 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						
Pa	Part III Financial Information						
7	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year						
а	Total plan assets	7a	3632832	4501594			
b	Total plan liabilities	7b	0	0			
С	Net plan assets (subtract line 7b from line 7a)	7c	3632832	4501594			
8 Income, Expenses, and Transfers for this Plan Year			(a) Amount	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	0				

875948 8a(2) (2) Participants..... 38052 (3) Others (including rollovers)..... 8a(3) 627276 **b** Other income (loss)..... 8b 1541276 **C** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)..... 8c d Benefits paid (including direct rollovers and insurance premiums 640821 to provide benefits)..... 8d 1034 e Certain deemed and/or corrective distributions (see instructions) 8e 30659 f Administrative service providers (salaries, fees, commissions)..... 8f g Other expenses..... 8g h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 672514 868762 i Net income (loss) (subtract line 8h from line 8c)..... 8i i. Transfers to (from) the plan (see instructions) 0 8j Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2F 2G 2J 2K 2S 2F 2A 2T 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** Yes No 10 During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period а described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Х Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions Х reported on line 10a.).... 10h **C** Was the plan covered by a fidelity bond?..... Х 10c 410000 **d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused Х by fraud or dishonesty? 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance е 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? Х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) Х 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the i 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	1 ×	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	:(3) P	'N(s)

Forr	m 5500-SF	Short Form Annual R	oyee	OMB Nos. 1210-0110 1210-0089						
	ment of the Treasury al Revenue Service	This form is required to be filed und		2017						
	partment of Labor nefits Security Administration	Income Security Act of 1974 (ERIS Rev	This Form is Open t Public Inspection							
Pension Ben	nefit Guaranty Corporation	► Complete all entries in accor	▶ Complete all entries in accordance with the instructions to the Form 5500-SF.							
Part I Annual Report Identification Information										
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 Image: single-employer plan Image: a single-employer plan Image: a single-employer plan Image: a single-employer plan										
A This retu	Irn/report is for:		ist of participating em			vith the form instructions.)				
B This retur	rn/report is	a one-participant plan	a foreign plan							
	Interportis		ne final return/report							
		an amended return/report	short plan year return	n/report (less than 12 m	ionths)					
C Check be	ox if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter description	,							
Part II		rmation—enter all requested information	tion							
1a Nameo	•	etirement Plan			1b Thre plan	e-digit number				
Calillall	Consulting K	etilement rian			(PN)					
					1c Effective date of plan					
2a Plan sp	onsor's name (emplo	yer, if for a single-employer plan)				/01/2006 loyer Identification Number				
Mailing	address (include roo	m, apt., suite no. and street, or P.O. Box e, country, and ZIP or foreign postal cod		uctions)	-	(EIN)20-0667070				
	Consulting C		ie (ii loreigii, see insu	ucuonsy	2c Sponsor's telephone number					
					(425) 296–2954 2d Business code (see instructions)					
15127 NE 24TH STREET, SUITE 547										
REDMOND WA 98052					541600					
3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administrator's EIN						
		_			3c Administrator's telephone number					
A 15 th a set										
		e plan sponsor or the plan name has cha nsor's name, EIN, the plan name and the			4b EIN					
a Sponso					4d PN					
C Plan Na	ame									
5a Total nu	umber of participants	at the beginning of the plan year			5a	95				
		at the end of the plan year			5b	113				
		account balances as of the end of the pl		•	5c	104				
		rticipants at the beginning of the plan ye			5d(1)	70				
	-	rticipants at the end of the plan year			5d(2)	82				
e Numbe	er of participants who	terminated employment during the plan	year with accrued be	nefits that were less	5e					
than 1 Caution: A	00% vested penalty for the late	or incomplete filing of this return/repo	ort will be assessed	unless reasonable ca		0 blished.				
Under penal SB or Sched	Ities of perjury and ot dule MB completed a	her penalties set forth in the instructions nd signed by an enrolled actuary, as wel	, I declare that I have	examined this return/re	port, includi	ing, if applicable, a Schedule				
SIGN				Greg Long						
HERE	Grea Lon Signatures of plants	0	Date	i	dividual signing as plan administrator					
SIGN	 「ろ」のまままであっていています。 	<u>G#UATION GRAI</u>	Date	GREG A. LONG	aar siynniy	as plan aaniinisirat0i				
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor				

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-	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.)	🛛 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)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
Pa	art III Financial Information	

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
a Total plan assets	7a	3,	632 ,	832		<mark>4,</mark> 501,594
b Total plan liabilities	7b			0		0
C Net plan assets (subtract line 7b from line 7a)	7c	3,	632,	832		<mark>4,</mark> 501,594
8 Income, Expenses, and Transfers for this Plan Year (a) A			t			(b) Total
a Contributions received or receivable from:	8-(4)			0		
(1) Employers	8a(1) 8a(2)		875,	948		
b Other income (loss)	8b		38, 627,	_		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		<u> </u>			1,541,276
 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 			640,	821		1,011,1,0
e Certain deemed and/or corrective distributions (see instructions).	8e		1,	034		
f Administrative service providers (salaries, fees, commissions)	8f		30,	659		
g Other expenses	8g			_		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<mark>8h</mark>					672,514
i Net income (loss) (subtract line 8h from line 8c)	<mark>8</mark> i					868,762
j Transfers to (from) the plan (see instructions)	·· 8j			0		
Part IV Plan Characteristics						
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	feature cod	les from the List of Pla	n Chara	acteris	ic Codes	in the instructions:
10 During the plan year:						
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)				Yes	No	Amount
	Voluntary F	iduciary Correction	10a	Yes	X	Amount
 Program) b Were there any nonexempt transactions with any party-in-intere reported on line 10a.) 	Voluntary F st? (Do not i	iduciary Correction	10a 10b	Yes		Amount
b Were there any nonexempt transactions with any party-in-intere	Voluntary F st? (Do not i	iduciary Correction		Yes	X	Amount 410,000
b Were there any nonexempt transactions with any party-in-intere reported on line 10a.)	Voluntary F st? (Do not i s fidelity bo	include transactions nd, that was caused	10b		X	
 b Were there any nonexempt transactions with any party-in-intere reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan 	Voluntary F st? (Do not i 's fidelity boo ther person me or all of	iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10b 10c		X X	
 b Were there any nonexempt transactions with any party-in-intere reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so 	Voluntary F st? (Do not i s fidelity bo ther person me or all of	include transactions include transactions nd, that was caused s by an insurance the benefits under	10b 10c 10d		x x x	
 b Were there any nonexempt transactions with any party-in-interereported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	Voluntary F st? (Do not i 's fidelity boi ther person me or all of lan?	include transactions include transactions nd, that was caused s by an insurance the benefits under	10b 10c 10d 10e		x x x x	
 b Were there any nonexempt transactions with any party-in-intere reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or carrier, insurance service, or other organization that provides so the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the p 	Voluntary F st? (Do not i s fidelity boint ther person me or all of an? as of year-e ? (See instru	include transactions include transactions nd, that was caused s by an insurance the benefits under end.)	10b 10c 10d 10e 10f		x x x x x x	

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)	edule S	В	Yes X N	ło	
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 ERISA?	n 302 o	f	Yes 🛛 N	٩o	
а	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.	d enter f Day		of the letter ruling Year		
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 contr bution for this plan year	12b				
С	Enter the amount contr buted 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?				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 🛛 No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b Were all the plan assets distr buted to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				Yes 🔀 No	_	
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.)						
13c(1) Name of plan(s): 13c(2)				13c(3) PN(s)		