Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Retirement 2017	
This form is required to be filed under sections 104 and 4065 of the Employee Retirement	
Department of Labor Employee Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Oper	
Pension Benefit Guaranty Corporation Public Inspectio Public Inspection Public Inspection	n
Part I Annual Report Identification Information	
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A This return/report is for:	
☐ a one-participant plan ☐ a foreign plan B This return/report is ☐ the Contract on the Contra	
an amended return/report a short plan year return/report (less than 12 months)	
C Check box if filing under:	
special extension (enter description)	
Part II Basic Plan Information—enter all requested information	
1a Name of plan 1b Three-digit	
ANDERSON LAW GROUP, PLLC 401(K) P/S PLAN plan number (PN) ▶ 001	
1c Effective date of plan	
01/01/2012	
2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Num Mailing address (include room, apt., suite no. and street, or P.O. Box) (FIN) 91-1956265	ber
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	r
ANDERSON LAW GROUP, PLLC 206-855-7983	
2d Business code (see instruction	ons)
732 BROADWAY TACOMA, WA 98402 541110	
3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN	
3c Administrator's telephone nu	mber
 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 	
a Sponsor's name 4d PN	
C Plan Name	
5a Total number of participants at the beginning of the plan year	57
5a 5a b Total number of participants at the end of the plan year 5b 5b	58
C Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c	27
complete this item)	57
d(2) Total number of active participants at the end of the plan year	56
e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e	0
than 100% vested JC Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.	-
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Sche	
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 belief, it is true, correct, and complete.	and
SIGN Filed with authorized/valid electronic signature. 07/27/2018 CLINT COONS	
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	
SIGN	
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	onsor

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

Form 5500-SF (2017) v.170203

Part V Compliance Questions				
 2E 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare 				
Part IV Plan Characteristics Pa If the plan provides pension benefits, enter the applicable pension	n feature code	es from the List of Plan Char	acteristi	c Codes in the instructions:
j Transfers to (from) the plan (see instructions)		0		
i Net income (loss) (subtract line 8h from line 8c)				201350
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			131698
g Other expenses	8g			
f Administrative service providers (salaries, fees, commissions)	8f	8119		
e Certain deemed and/or corrective distributions (see instructions)	8e	-650		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	124229		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			333048
b Other income (loss)	. 8b	102069	_	
(3) Others (including rollovers)		0		
(2) Participants	8a(2)	145905		
a Contributions received or receivable from: (1) Employers	8a(1)	85074		
Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
C Net plan assets (subtract line 7b from line 7a)	7c	487530		688880
b Total plan liabilities	7b	0		0
a Total plan assets	. 7a	487530		688880
Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
Part III Financial Information				
C 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 My PAA confirmation number from the first statement of the statement				
If you answered "No" to either line 6a or line 6b, the plan can				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditio	ns.)		X Yes [] N
Were all of the plan's assets during the plan year invested in eligiAre you claiming a waiver of the annual examination and report of				
• More all of the plan's appete during the plan year invested in all of	hla agaata? (Coo instructions)		X Yes N

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		х	
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		48753
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		X	
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		2812
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			

r

Г

Page 3- 1

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	: (3) F	'N(s)

Foi	rm 5500-SF	Short Form Annua		t of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury mal Revenue Service	This form is required to be filed	Benefit Plan	4065 of the Employee Retir	rement	2017
	epartment of Labor enefits Security Administration	 Income Security Act of 1974 (57(b) and 6058(a) of the Int		This Form is Open to
Pension B	enefit Guaranty Corporation	► Complete all entries in a	ccordance with the inst	ructions to the Form 5500)-SF.	Public Inspection
Part I		Identification Information	01 (01 (001 5	and an allow of	1.0./	01.0015
For calend	ar plan year 2017 or fis	scal plan year beginning	01/01/2017	and ending lan (not multiemployer) (File		31/2017
A This re	turn/report is for:	x a single-employer plan □ a one-participant plan		nployer information in acco		
B This ret	urn/report is					
		the first return/report an amended return/report	the final return/report a short plan year retur	m/report (less than 12 mont	ths)	
C Check	box if filing under:	Form 5558	automatic extension	П	DFVC pr	rogram
	-	special extension (enter descri			D. 10 p.	ogram
Part II	Basic Plan Info	rmation—enter all requested info	,			
1a Name				1	b Three	e-digit
		PLLC 401(k) P/S Plan			plan ı	number
				-	(PN)	tive date of plan
				'		01/2012
Mailing	g address (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O.			b Emplo	oyer Identification Number 91–1956265
	town, state or province on Law Group ,	e, country, and ZIP or foreign posta	al code (if foreign, see inst	ructions) 2		sor's telephone number
AIIUELS	on naw Group,					6)855-7983
				2	d Busin	ess code (see instructions)
732 BR	OADWAY					
TACOMA			WA	98402	541	110
3a Plan a	dministrator's name an	nd address 🛛 Same las Plan Spons	sor.	3	Bb Admir	nistrator's EIN
				3	C Admi	nistrator's telephone number
		e plan sponsor or the plan name has nsor's name, EIN, the plan name ar			b EIN	
•	or's name	isoi s name, Ein, the plan name ar			d PN	
c Plan N						
5a Total	number of participants	at the beginning of the plan year			5a	57
		at the end of the plan year			5b	58
comp	lete this item)	account balances as of the end of th			5c	27
d(1) Tot	al number of active par	rticipants at the beginning of the pla	an year		5d(1)	57
• •	•	rticipants at the end of the plan yea			5d(2)	56
		terminated employment during the			5e	0
		or incomplete filing of this return			e is estat	
SB or Sche		her penalties set forth in the instruct nd signed by an enrolled actuary, as plate				
SIGN						
HERE	Signature of plan a	dministrator	Date	Enter name of individual	signing	as nlan administrator
SIGN			Dale		i siyililiy a	as plan aunimistrator
SIGN HERE	Signature of arms 1		Data	Entor name of individ		
For Paperw	Signature of employ	yer/plan sponsor e. see the Instructions for Form 5500-	Date	Enter name of individual	i signing a	as employer or plan sponsor Form 5500-SF (2017)

ISt э, ICTIO -orm 550 v.170203

	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)? 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	

	Plan Assets and Liabilities		(a) Beginning (of Year			(b) I	End of Ye	ar
а	Total plan assets	7a		487,			(2)		688,880
b	Total plan liabilities	7u 7b		10,1	0				(
С	Net plan assets (subtract line 7b from line 7a)	7c		487,	530				688,880
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun				(b) Total	,
a	Contributions received or receivable from: (1) Employers	8a(1)	(4) - 200	85,	074			.,	
	(2) Participants	8a(2)		145,	905				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		102,	069				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							333,048
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		124,	229				
е	Certain deemed and/or corrective distributions (see instructions)	8e		_	650				
f	Administrative service providers (salaries, fees, commissions)	8f		8,	119				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							131,698
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							201,350
j	Transfers to (from) the plan (see instructions)	8j			0				
Pa	rt IV Plan Characteristics		-						
b	2E 2G 2J 2K 3D								
Pa	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Pla	n Chara	acteris	tic Coo	des in the i	nstruction	s:
	t V Compliance Questions	eature coo	des from the List of Pla	n Chara	acteris Yes	tic Coo	des in the i		
Pa 10 6	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's N Program)	itions with /oluntary F	in the time period Fiduciary Correction	n Chara	1		des in the i	Amou	
10	t V Compliance Questions During the plan year: Image: Compliance Questions Image: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's March 2014)	itions with /oluntary F	in the time period Fiduciary Correction include transactions		1	No	des in the i		
10	t V Compliance Questions During the plan year: Image: Compliance Questions Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's N Program) Were there any nonexempt transactions with any party-in-interest	itions with /oluntary F	in the time period Fiduciary Correction include transactions	10a	1	No X	des in the i		
10	t V Compliance Questions During the plan year: Image: During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's MProgram) Were there any nonexempt transactions with any party-in-interess reported on line 10a.) Was the plan covered by a fidelity bond?	itions with /oluntary F ? (Do not	in the time period Fiduciary Correction include transactions ond, that was caused	10a 10b	Yes	No X	des in the i		int
10 6 10 6	t V Compliance Questions During the plan year: Image: During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's MProgram) Were there any nonexempt transactions with any party-in-interess reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	tions with /oluntary f /oluntary f //oluntary f //oluntar	in the time period Fiduciary Correction include transactions and, that was caused the benefits under	10a 10b 10c	Yes	No Х Х	des in the i		int
10 6 10 6	t V Compliance Questions During the plan year: Image: During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's MProgram) Were there any nonexempt transactions with any party-in-interess reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son	tions with /oluntary f t? (Do not fidelity bc her persor ne or all of	in the time period Fiduciary Correction include transactions ond, that was caused as by an insurance the benefits under	10a 10b 10c 10d	Yes	No X X X X	des in the i		int
10 6 10 6	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's VProgram) • Were there any nonexempt transactions with any party-in-interest reported on line 10a.) • Was the plan covered by a fidelity bond? • Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? • Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	Itions with /oluntary f 	in the time period Fiduciary Correction include transactions and, that was caused the benefits under	10a 10b 10c 10d	Yes	No X X X X X X	des in the i		48,75
10 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	t V Compliance Questions During the plan year: In Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) Image: Was there any nonexempt transactions with any party-in-interest reported on line 10a.) Image: Was the plan covered by a fidelity bond? Image: Was the plan covered by a fidelity bond? Image: Was the plan covered by a fidelity bond? Image: Was the plan covered by a fidelity bond? Image: Was the plan covered by a fidelity bond? Image: Was the plan covered by a fidelity bond? Image: Was the plan covered by a fidelity bond? Image: Was the plan covered by a fidelity bond? Image: Was the plan covered by a fidelity bond? Image: Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Image: Ware any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan's bid the plan have any participant loans? (If "Yes," enter amount a plan's complexity of the plan have any participant loans? (If "Yes," enter amount a plan's complexity of the plan have any participant loans? (If "Yes," enter amount a plan's complexity of the plan have any participant loans?	tions with /oluntary f fidelity bc her persor ne or all of as of year- (See instr	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance the benefits under end.)	10a 10b 10c 10d 10e 10f	Yes X	No X X X X X X	des in the i		int

Form 5500-SF 2017

Page 3-

Part VI	Pension Funding Compliance					
	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple orm 5500) and line 11a below)					Yes 🔲 No
11a Er	ter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
EF	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or RISA?		n 302 o	f		Yes 🔳 No
(1	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction Anting the waiver.	ons, an	d enter i Day		of the lett Year	er ruling
lf you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b Ent	er the minimum required contribution for this plan year		12b			
C Ent	er the amount contributed by the employer to the plan for this plan year		12c			
	btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of gative amount)	a	12d			
e Wi	It he 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					
13а на	is a resolution to terminate the plan been adopted in any plan year?			Ye	s 📳	No
lf '	Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un ntrol of the PBGC?	der the			Yes	No
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the iich assets or liabilities were transferred.(See instructions.)	e plan(s) to			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)