	m 5500-SF	Short Form Annua	l Return/Report Benefit Plan	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089				
	tment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee Ret	irement	2017				
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E		7(b) and 6058(a) of the Ir		This Form is Open to				
Pension Be	enefit Guaranty Corporation	Complete all entries in ac	cordance with the instru	uctions to the Form 550	Public Inspection					
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: Straight of the straight of t										
For calenda	ar plan year 2017 or fis	scal plan year beginning 01/01/20		0						
A This ret	urn/report is for:		list of participating em			vith the form instructions.)				
<b>B</b> This retu	rn/roport is	a one-participant plan	a foreign plan							
		the first return/report	X the final return/report							
		an amended return/report	a short plan year return	/report (less than 12 mor	nths)					
C Check b	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descrip	tion)							
Part II	Basic Plan Info	rmation—enter all requested infor	rmation			1				
1a Name	•				1b Three	e-digit number				
THE PROFIL	I SHARING PLAN AN	D TRUST OF STEWART & STEWA	RT LAW OFFICE INC., P	.8.	(PN)					
			. ,	tive date of plan						
			01	01/01/1972						
	· · · ·	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. l	Box)		2D Empl (EIN)	oyer Identification Number 91-0861941				
-	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TEWART & STEWART LAW OFFICE, INC., P.S.					nsor's telephone number 360-249-4342				
						2d Business code (see instructions)				
	TREET SOUTH				541110					
MONTESAN	O, WA 98563									
	dministrator's name ar				3b Administrator's EIN 91-0861941					
STEWART &	STEWART LAW OFF		STREET SOUTH NO, WA 98563	:	3c Admi	inistrator's telephone number				
						360-249-4342				
If the r	amo and/or EIN of the	e plan sponsor or the plan name has	abanged since the last re	turn/roport filed for	4b EIN					
		nsor's name, EIN, the plan name and		e last return/report.						
	or's name			· ·	<b>4d</b> PN					
C Plan N	ame									
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a	2				
		at the end of the plan year			5b	0				
C Numbe	er of participants with a	account balances as of the end of the	e plan year (only defined	contribution plans	5c	0				
		rticipants at the beginning of the plar			5d(1)	0				
<b>d(2)</b> Tota	al number of active par	rticipants at the end of the plan year			5d(2)	0				
		terminated employment during the p			5e	0				
Caution: A	penalty for the late of	or incomplete filing of this return/r	report will be assessed	unless reasonable caus	e is estal	blished.				
Under pena	alties of perjury and oth	her penalties set forth in the instruction nd signed by an enrolled actuary, as	ons, I declare that I have	examined this return/repo	ort, includi	ng, if applicable, a Schedule				
	rue, correct, and comp					, best of my knowledge and				
SIGN	Filed with authorized/	valid electronic signature.	09/15/2018	WILLIAM STEWART						
HERE	Signature of plan a	dministrator	Date	Enter name of individua	al signing a	as plan administrator				
SIGN										
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individua	al signing a	as employer or plan sponsor				

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-	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	an indepe	ndent qualified public a	accounta	ant (IQ	PA)			No No	
	If you answered "No" to either line 6a or line 6b, the plan cann									
с	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determin	ned	
	If "Yes" is checked, enter the My PAA confirmation number from th		-					(See instruction		
			· • · · · · · · · · · · · · · · · · · ·	ian yea				(000	.0.,	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End o	of Year		
а	Total plan assets	. 7a	49	93489				0		
b	Total plan liabilities	7b		0			0			
с	Net plan assets (subtract line 7b from line 7a)	7c	49	93489				0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun				(b) To	otal		
 	Contributions received or receivable from:						(b) 10			
a	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		5998						
				0000	-			5998		
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			5996		
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	49	99487						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
	· · ·									
 	Other expenses	. 8g			-			499487		
	Total expenses (add lines 8d, 8e, 8f, and 8g)									
<u> </u>	Net income (loss) (subtract line 8h from line 8c)							-493489		
	Transfers to (from) the plan (see instructions)	8j								
	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2T$ $2E$ $3D$									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	cterist	ic Cod	es in the instru	ctions:		
Par										
10	During the plan year:				Yes	No	A	mount		
а	Was there a failure to transmit to the plan any participant contribu									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		х				
h	Were there any nonexempt transactions with any party-in-interest			IVa		~				
	reported on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c	Х			50000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	carrier, insurance service, or other organization that provides som			100		x				
	the plan? (See instructions.)			10e						
f				10f		Х				
q	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10a		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 CER 2520 101-3	10i		

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Part	VI Pension Fu	iding Compliance				
11		fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 11a below)	dule S	В	<b>Y</b>	es 🗌 No
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	ribution plan subject to the minimum funding requirements of section 412 of the Code or section me 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 of	f 	[] Y	es X No
a		mum funding standard for a prior year is being amortized in this plan year, see instructions, and			f the letter Year _	ruling
lf y	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum re	uired contribution for this plan year	12b			
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c			
d		n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			_
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Termir	ations and Transfers of Assets				
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	C
	If "Yes," enter the an	ount of any plan assets that reverted to the employer this year	13a			0
b		ets distributed to participants or beneficiaries, transferred to another plan, or brought under the		×	Yes	No
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s	13c(2)	EIN(s)		13c(3)	PN(s)

	orm 5500-SF	Short Form Annual F	Return/Repo Benefit Plan		loyee	OMB	Nos. 1210-0110 1210-0089					
In	partment of the Treasury ternal Revenue Service	This form is required to be filed und	der sections 104 and	4065 of the Employee I	of the Internal This Form is Op Public Income							
Employee	Department of Labor Benefits Security Administration	Income Security Act of 1974 (ERI	SA), and sections 6 venue Code (the Co	057(b) and 6058(a) of the	e Internal	This Form i	s Open to					
Pension	Benefit Guaranty Corporation	Complete all entries in acco										
Part I	Annual Report	Identification Information	ruance with the m	structions to the Form	500-SF.							
For calen	ndar plan year 2017 or fi		/01/2017	and ending	12/3	1/2017						
A		X a single-employer plan	a multiple-employer	plan (not multiemployer)	(Filers check	ing this box mu	st attach a					
A This n	eturn/report is for:		list of participating e a foreign plan	employer information in a	ccordance wi	ith the form insti	ructions.)					
<b>B</b> This re	eturn/report is	the first return/report	he final return/repor									
		음 님										
<b>C</b> ol 1	1 10 01		a short plan year reti	urn/report (less than 12 n	nonths)							
C Check	c box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram						
		special extension (enter description										
Part II		rmation—enter all requested informa	tion									
1a Name	e of plan			- A. W. Star - Grand Star and Star and Star Star and Star and Star and Star and Star and Star Star Star Star St	1b Three							
THE PRO INC., E	DFIT SHARING PI P.S.	LAN AND TRUST OF STEWART	& STEWART 1	LAW OFFICE	(PN)							
20 Di-						ive date of plan 1/1972						
∡a Plan : Mailir	sponsor's name (emplo ng address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O. Box	0			yer Identificatio						
City c	or town, state or provinc	e, country, and ZIP or foreign postal cod	) le (if foreign, see ins	structions)		91-086194						
STEWAR	RT & STEWART LA	W OFFICE, INC., P.S.	, ,	-/		sor's telephone	number					
101 77						249-4342 ess code (see in						
TOT LT	RST STREET SOU	TH			54111		istructions)					
MONTES	ANO	WA 98563										
		WA 98563 d address Same as Plan Sponsor.										
STEWART	C & STEWART LAI	V OFFICE, INC., P.S.			3b Admin 91-08	istrator's EIN						
						istrator's teleph	one number					
101 FIF	RST STREET SOUT	ГН				49-4342	one namber					
MONTESA		WA 98563										
4 If the	name and/or EIN of the	plan sponsor or the plan name has cha	inged since the last	return/report filed for	4b EIN							
a Spons	sor's name	sor's name, EIN, the plan name and the	e plan number from	the last return/report.	4d PN							
c Plan M	Name				HU PN							
5a Total	number of participants	at the beginning of the plan year			5a		2					
<b>b</b> Total	number of participants	at the end of the plan year			5b		0					
C Numb	per of participants with a	ccount balances as of the end of the pla	an vear (only defined	contribution plana	Fo							
		· · · · · · · · · · · · · · · · · · ·			5c		0					
d(2) T	tal number of active par	icipants at the beginning of the plan yea	ar		5d(1)		0					
e Numi	tai number of active par	ticipants at the end of the plan year			5d(2)		0					
than	100% Vested	erminated employment during the plan			5e							
Gaution. A	A penalty for the late o	r incomplete tiling of this return/reno	rt will be second	unloss researchis see	ise is establi	ished.	0					
SB or Sche	and of perfury and oth	d signed by an enrolled actuary, as well	I declare that I have	avaminad this nature las	and track It	10 11 1.1	a Schedule edge and					
SIGN	ANA A		alistio	1								
HERE	Sim Allan &		11/1/18	William Stewar								
	Signature of plan ad	ministrator	Date	Enter name of individu	al signing as	plan administra	itor					
SIGN												
- the thin	Signature of employ	er/plan sponsor	Date	Enter name of individu	al signing as	employer or pla	in sponsor					

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6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes No
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	Int III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(h)	End of Yo	0.27	
a	Total plan assets	7a		493	and the second se		(0)		cal	
b	Total plan liabilities	7b			0					
С	Net plan assets (subtract line 7b from line 7a)	7c		493	489					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total		
а	Contributions received or receivable from:			dan sangagan				(		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
h	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		5,	998					
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							5,	99
	to provide benefits)	8d		499,	487					
-	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							499,	48'
i	Net income (loss) (subtract line 8h from line 8c)	8i							-493,	48
						and the second second		and the second se		
9a	Transfers to (from) the plan (see instructions)         t IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension to 2T 2E 3D									
9a b	Plan Characteristics           If the plan provides pension benefits, enter the applicable pension for 2T 2E 3D           If the plan provides welfare benefits, enter the applicable welfare fer	feature cod								
9a b Par	rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension for 2T 2E 3D         If the plan provides welfare benefits, enter the applicable welfare fer         t V       Compliance Questions	feature cod			acteris	tic Cod				
9a b Par	Plan Characteristics         If the plan provides pension benefits, enter the applicable pension to 2T 2E 3D         If the plan provides welfare benefits, enter the applicable welfare feet         t V       Compliance Questions         During the plan year:	feature cod	s from the List of Pla						S:	
9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension to 2T 2E 3D           If the plan provides welfare benefits, enter the applicable welfare feed           If the plan provides welfare benefits, enter the applicable welfare feed           If two plan provides welfare benefits, enter the applicable welfare feed           If two plan provides welfare benefits, enter the applicable welfare feed           If we plan provides welfare benefits, enter the applicable welfare feed           If we plan provides welfare benefits, enter the applicable welfare feed           If we plan provides welfare benefits, enter the applicable welfare feed           We plan provides welfare benefits, enter the applicable welfare feed           We plan provides welfare benefits, enter the applicable welfare feed           We plan provides welfare benefits, enter the applicable welfare feed           We plan provides welfare benefits, enter the applicable welfare feed           We plan provides welfare benefits, enter the applicable welfare feed           We plan provides welfare benefits, enter the applicable welfare feed           We plan provides welfare benefits, enter the applicable welfare feed           We plan provides welfare benefits, enter the applicable welfare feed           We plan provides welfare benefits, enter the applicable welfare feed           We plan provides welfare benefits, enter the applicable welfare feed           We plan provides welfare benefits, enter the applicable welfare feed	feature cod ature code ions within oluntary Fic	s from the List of Pla the time period duciary Correction	in Char	acteris	tic Cod		nstruction	S:	
9a b Par 10 a	rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension for 2T 2E 3D         If the plan provides welfare benefits, enter the applicable welfare fer         t V       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contribut	feature code ature code ions within oluntary Fic	s from the List of Pla the time period duciary Correction		acteris	No		nstruction	S:	
9a b Par 10 a	Plan Characteristics         If the plan provides pension benefits, enter the applicable pension to 2T 2E 3D         If the plan provides welfare benefits, enter the applicable welfare feet         t V       Compliance Questions         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 Verogram).         Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	feature code ature code ions within pluntary Fic	s from the List of Pla the time period duciary Correction clude transactions	n Char 10a 10b	acteris	No X		nstruction	s: nt	
9a b Par 10 a b c	It IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension for 2T 2E 3D         If the plan provides welfare benefits, enter the applicable welfare feet         If the plan provides welfare benefits, enter the applicable welfare feet         V       Compliance Questions         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 Verogram)         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 fillent to the plan have a loss.	feature code eature code ions within oluntary Fic ? (Do not in	s from the List of Pla the time period duciary Correction clude transactions	10a 10b 10c	Yes	No X		nstruction	S:	
9a b Par 10 a b c d	IV         Plan Characteristics           If the plan provides pension benefits, enter the applicable pension to 2T 2E 3D           If the plan provides welfare benefits, enter the applicable welfare feet           If the plan provides welfare benefits, enter the applicable welfare feet           If V         Compliance Questions           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 Vole Program)           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 f by fraud or dishonesty?           Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some	feature code eature code ions within oluntary Fic ? (Do not in idelity bonc	s from the List of Pla the time period duciary Correction clude transactions d, that was caused by an insurance	10a 10b 10c 10d	Yes	No X X		nstruction	s: nt	
9a b Par 10 a b c d	IV         Plan Characteristics           If the plan provides pension benefits, enter the applicable pension to 2T 2E 3D           If the plan provides welfare benefits, enter the applicable welfare feet           If the plan provides welfare benefits, enter the applicable welfare feet           V         Compliance Questions           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 Vole Program)           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 f by fraud or dishonesty?           Were any fees or commissions paid to any brokers, agents, or other	feature code ature code ions within oluntary Fic ? (Do not in idelity bonc er persons e or all of th	s from the List of Pla the time period duciary Correction clude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d 10e	Yes	No X X X		nstruction	s: nt	
9a b Par 10 a b c d e	IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension to 2T 2E 3D         If the plan provides welfare benefits, enter the applicable welfare feet         t       V         Compliance Questions         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 Voltage Program)         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 f by fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)         Has the plan failed to provide any benefit when due under the plan	feature code ature code ions within oluntary Fic ? (Do not in idelity bonc er persons e or all of th ?	s from the List of Pla the time period duciary Correction clude transactions d, that was caused by an insurance le benefits under	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X		nstruction	s: nt	
9a b Par 10 a b c d d e	IV         Plan Characteristics           If the plan provides pension benefits, enter the applicable pension for 2 T 2 E 3D           If the plan provides welfare benefits, enter the applicable welfare feed           IV         Compliance Questions           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 Vor Program)           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 for by fraud or dishonesty?           Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)           Has the plan failed to provide any benefit when due under the plan           Did the plan have any participant loans? (If "Yes," enter amount as	feature code eature code ions within oluntary Fic ? (Do not in idelity bonc er persons e or all of th ? of year-en See instruct	s from the List of Pla the time period duciary Correction clude transactions d, that was caused by an insurance he benefits under d.) tions and 29 CFR	10a 10b 10c 10d 10e	Yes	No X X X X X		nstruction	s: nt	

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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 complete So (Form 5500) and line 11a below)	hedul	e S	В	Yes			] No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11:	a		1			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or secti ERISA?	on 302	2 01	F		] Ye	es X	] No
endowed the second	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver.		ert Dav		the l Ye		ruling	]
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	12	b					
<u> </u>	Enter the amount contributed by the employer to the plan for this plan year	12	с					
d	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)							
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Π	Yes	No	Π	N/A	4
Part '		-	-					
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	Π	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a					Welder for an annual second	0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	ne X 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) which assets or liabilities were transferred. (See instructions.)	s) to						
1	3c(1) Name of plan(s): 13c(2	) EIN(	s)		13c(3) PN(s)			)
		/	-/			0(0)1	14(0)	/
						110000-1716		
				L_				