Form 5500-SF		Short Form Annu	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 R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the				2017				
Employee B	epartment of Labor enefits Security Administration	-	Revenue Code (the Co		memai	This Form is Open to Public Inspection				
	enefit Guaranty Corporation	Complete all entries in a		structions to the Form 55	500-SF.					
Part I		Identification Information								
For calend	ar plan year 2017 or the	scal plan year beginning 01/01/2			2/31/2017 Filore chock	ving this hav must attach a				
A This ret	turn/report is for:	X a single-employer plan	list of participating employer information in ac			-				
B This ret	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 i					months)				
C Check	C Check box if filing under:					rogram				
		special extension (enter descr	1)							
Part II		rmation—enter all requested inf	formation							
1a Name	•				1b Three					
ABBOTT HE	EYS & ASSOCIATES -	401K RETIREMENT SAVINGS PI	LAN AND TRUST		pian (PN)	number 001				
					()	tive date of plan				
22 Dian a	noncorio nomo (omplo	yer, if for a single-employer plan)			2h Emai	01/01/1998				
Mailing	g address (include roor	m, apt., suite no. and street, or P.C			2b Employer Identification Number (EIN) 91-1523054					
	Town, state or provinc	e, country, and ZIP or foreign post NC.	al code (if foreign, see in	structions)	2c Spor	nsor's telephone number 206-285-1224				
					2d Business code (see instructions)					
PO BOX 103 MERCER IS	39 LAND, WA 98040-103		H AVENUE SE ISLAND, WA 98040			541310				
3a Plan a	dministrator's name ar	nd address $ imes$ Same $$ as Plan Spor	nsor.		3b Admi	nistrator's EIN				
					3c Administrator's telephone number					
A If the	nome and/or FIN of the	a plan spansar or the plan name ha	as changed since the last	roturn/roport filed for	4b EIN					
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.										
a Sponsor's name 4d PN c Plan Name 4d PN										
5a Total	number of participants	at the beginning of the plan year			5a	2				
		at the end of the plan year			5b	2				
		account balances as of the end of			5c	2				
complete this item) d(1) Total number of active participants at the beginning of the plan year					5d(1)					
d(2) Total number of active participants at the end of the plan year					5d(2)					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e					
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable cau	use is estal	blished.				
SB or Sche		her penalties set forth in the instruct nd signed by an enrolled actuary, a plete								
SIGN		/valid electronic signature.	10/09/2018 EDWARD ABBOTT							
HERE	Signature of plan a		Date		f individual signing as plan administrator					
SIGN		/valid electronic signature.	10/09/2018	EDWARD ABBOTT						
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor				
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2017)										

lotice, see Pape

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b	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an independ and condition ot use For	dent qualified public accord ons.) m 5500-SF and must i	countant instead ι	(IQPA) Ise For		s 🗌 No	
С	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 th						ermined uctions.)	
Pa	rt III Financial Information				_			
7	Plan Assets and Liabilities		(a) Beginning of	Year		(b) End of Year		
а	Total plan assets	7a	51	242		63247		
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	51	242		63247		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	b Other income (loss)							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				12005		
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						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				12005		
j	Transfers to (from) the plan (see instructions)	8j						
Ра	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 3E 2J 2K 2G	feature cod	les from the List of Plar	n Charact	eristic (Codes in the instructions:		
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
Pa	Part V Compliance Questions							
10								
a	 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 X 							

	Flogram)	TUa		~	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
C	Was the plan covered by a fidelity bond?	10c	Х		10000
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	
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.)	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		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
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		x	

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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)

1.00	m 5500-SF	Short Form Annu	al Return/Report	of Small Empl	oyee	c	OMB Nos. 1210-0110 1210-0089		
	ment of the Treasury al Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee R			etirement		2017		
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th					he internal		orm is Open to		
	Employee Benefits Security Administration Revenue Code (the Code). Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form						ic Inspection		
Part I	Annual Report	t Identification Information		ictions to the Form 5	500-5F.				
		fiscal plan year beginning 01/01/2		and ending 12	2/31/2017				
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer pla list of participating emp						
_		a one-participant plan	a foreign plan						
B This retui	rn/report is	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	ox if filing under:	Form 5558	automatic extension			rogram			
		special extension (enter desc				•			
Part II	Basic Plan Inf	ormation—enter all requested in	formation		<u>_</u>	-			
1a Name o					1b Thre	e-digit			
ABBOTT HE	YS & ASSOCIATES	- 401K RETIREMENT SAVINGS P	PLAN AND TRUST		plan	number	004		
					(PN)		001		
						tive date of 01/01	1/1998		
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0			2b Emp (EIN)	2b Employer Identification Number			
-	town, state or provin YS & ASSOCIATES	ice, country, and ZIP or foreign position INC.	tal code (if foreign, see instru	uctions)	2c Spor	nsor's telep 206-285	hone number 5-1224		
		·			2d Business code (see instructions)				
PO BOX 1039 MERCER ISL	9 .AND. WA 98040-10	2751 68T 39 MERCEF	TH AVENUE SE R ISLAND. WA 98040			5413	10		
3a Plan ad	iministrator's name a	and address 🗙 Same as Plan Spo	DINSOF.		3b Adm	inistrator's l	EIN		
					3c Adm	inistrator's l	telephone number		
4 If the n	ame and/or FIN of th	e plan sponsor or the plan name h	as changed since the last re	turn/report filed for	4b FIN				
4 If the national this play	ame and/or EIN of ti an, enter the plan sp	he plan sponsor or the plan name h onsor's name, EIN, the plan name :	nas changed since the last re and the plan number from th	turn/report filed for e last return/report.	4b EIN				
 4 If the n this pla a Sponso C Plan Na 	an, enter the plan sp pr's name	ne plan sponsor or the plan name h onsor's name, EIN, the plan name a	nas changed since the last re and the plan number from th	turn/report filed for e last return/report.	4b EIN 4d PN				
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