Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		Identification Information									
For calend	dar plan year 2017 or fi	scal plan year beginning 01/01/2	2017	and ending 1	2/31/2017						
A This re	eturn/report is for:	x a single-employer plan		olan (not multiemployer) (employer information in ac	-						
		a one-participant plan	a foreign plan								
B This ret	turn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retu	urn/report (less than 12 m	months)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	am					
		special extension (enter desc	. ,								
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name SEVEN2/14	e of plan FFOUR 401(K) PLAN				1b Three-dig plan num (PN) ▶						
			1c Effective	date of plan 01/01/2016							
		oyer, if for a single-employer plan)			2b Employer	Identification Number					
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)						20-1084854					
SEVEN TWO SEVEN2, IN	O, INC.	o, soundly, and Zir or loreign posi-	ar oode (ii foreign, see inc	si dollono)	2c Sponsor's telephone number 509-624-1222						
SEVENZ, IIV	ic.				2d Business code (see instructions)						
244 WEST MAIN SPOKANE, WA 99201					541511						
SFORANL,	WA 99201										
3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administrator's EIN							
					3c Administr	atar's talanhana numbar					
					3C Administr	ator's telephone number					
		e plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN						
	sor's name	moor o mamo, Em, mo plan mamo c	and the plan number nem	and last rotally roport.	4d PN						
C Plan N	Name										
		at the beginning of the plan year.			5a	84					
		at the end of the plan year			. 5b	136					
		account balances as of the end of			. 5c	82					
d(1) Tot	tal number of active pa	rticipants at the beginning of the p	lan year		5d(1)	67					
		articipants at the end of the plan ye			5d(2)	111					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0					
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca							
SB or Sch		ther penalties set forth in the instru nd signed by an enrolled actuary, a plete.									
SIGN		/valid electronic signature.	10/11/2018	NICK MURTO							
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as p	an administrator					
SIGN											
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer						mplover or plan sponsor					

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_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								No No
С	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the	n ot use Fo nsurance p	rm 5500-SF and mus program (see ERISA se	t instea ection 4	ad use 021)?	Form	n 5500 . ☐ Yes ☐ No	Not determing. (See instruction	ned
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	l of Year	
<u>a</u>	Total plan assets	. 7a	19	17475				2634545	
b	Total plan liabilities	. 7b							
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c	19	17475				2634545	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt			(b) -	Total	
a	Contributions received or receivable from: (1) Employers	. 8a(1)	1	64893					
	(2) Participants	. 8a(2)	28	81521					
	(3) Others (including rollovers)	. 8a(3)							
b	Other income (loss)	. 8b	3	30931					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						777345	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	;	34421					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f		25854					
g	Other expenses	. 8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					60275		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						717070	
j	Transfers to (from) the plan (see instructions)	- 8j							
Pai	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic C	odes in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	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)	oluntary F	Fiduciary Correction	10a	X			14479	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	X			135000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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				X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			-
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			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 complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	f 	Y	′es X No		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	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			
С	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 a negative 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	s X N	0
	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 under the control of the PBGC?			Yes X	No
С	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.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2017

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Part I	Annual Report Identification		. Other process of the state of	ang meningan pengangan berandan pengangan belandar Langgan berandaran pengangan pengangan berandaran berandaran berandaran berandaran berandaran berandaran beran		Francisco de Companyo de Productivo de la companyo della companyo				
For calend	dar plan year 2017 or fiscal plan year begi		1/01/2017	and ending	Story consentate statistical	/31/2017				
A This re	eturn/report is for:		list of participating e			king this box must attach a with the form instructions.)				
	a one-participa	ant plan 📙 :	a foreign plan		854,255455454 854,25545454	. Toward was the second of the contract of the				
B This rel	turn/report is	/report ∏t	he final return/report	podesen solm milig at tropat omprovat populos morallmost deser t		indiamininti ilikulah da kenalah menalah Marahasa hariak minggalipangkan (
	an amended n	A Property of the control of the con	a un finanzana a de l'inna	urn/report (less than 12 n	nonths)					
	ele contrata de la companya de esta de la companya		magnitude of appropriate from the coupled a spinored to	oplin emblikantin ya chitin. Philymate chi mashhide to dikemisessa						
C Check	box if filing under: Form 5558		automatic extension	پشیمی کی در این بازی به این	DFVC p	program				
		sion (enter description	, 	difference per un antique de la companie de la comp	on in the laboration of					
Part II	Basic Plan Information—enter	all requested informa	ition	a contract of the second of th	Charles and a comment	The Action of Control				
1a Name	생생님 후에 어느 아이들은 사람들은 사람들이 가지 않는데 가지 않는데 없다.			in the second	1b Thre	eë-digit number				
Seven∠	2/14Four 401(k) Plan				(PN)	. 1				
	on in series de la companie de la c La companie de la companie del la companie de				\$	ctive date of plan				
						/01/2016				
2a Plan	sponsor's name (employer, if for a single-e	employer plan)		Cartinus Services years (C. C. C		loyer Identification Number				
Mailing address (include room, apt., suite no. and street, or P.O. Box))20-1084854				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Seven Two, Inc.						nsor's telephone number				
4-6 (Schifferen Sant - 1948-me						09)624-1222				
Seven2, Inc						ness code (see instructions)				
244 W∈	est Main	consistence of the second section of the second section of the second section of the second section of the section sec		 definition the Start for the Contract of the property of the Start for the Contract of the Contra	ege, o, walyon algant	A THE CONTROL AND THE PROPERTY OF THE PROPERTY				
Spokan			W.	A 99201	541511					
3a Plan a	administrator's name and address 🏻 Sam	ne as Plan Sponsor.			3b Administrator's EIN					
dar a saccess	e de la colonida de la managementa de desemble de la mesencia de la managementa de la managementa de la managem La finale de la finale	entegénica de l'esta de la librar de l'esta de la librar d La librar de la librar d	ganetick of the group of the section	a and a culture of the same of						
	name and/or EIN of the plan sponsor or the				4b EIN					
	plan, enter the plan sponsor's name, EIN, i isor's name	the plan name and ur	e pian number irom	the last return/report.	4d PN					
	Name		entropia de la compania de la compa		The second second second					
		The fact of the most of the grades of the all the second of the second o	o de la companya del companya de la companya de la companya del companya de la co	is and the second secon	e tratalescos					
5a Total	I number of participants at the beginning o	of the plan year	an Syfi operande in de		5a	84				
	I number of participants at the end of the p				5b	136				
	ber of participants with account balances	 British administration of the control 		Composition of Service Composition (19 particles of the Section 19 particles of						
	plete this item)				ggi wenner okshinderenin er	2 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
d(1) To	otal number of active participants at the be	ginning of the plan ye	ear	en e	5d(1)	Tagorian de la compania de la compa				
d(2) To	otal number of active participants at the en	d of the plan year	a digenal magnificación d		. 5d(2)	111				
7	nber of participants who terminated employ			penefits that were less	5e	Fig. 18 to the condition of the state of the condition of the state of the condition of the				
than	100% vested				The second of th					
	A penalty for the late or incomplete filir									
	names of perjury and other penames set to nedule MB completed and signed by an en									
	true, correct, and complete.	- 11	elisti iyi i Majaa i de aadamad maa la Sasamah.	o, est misocráfici asocidarias el 1764 (lépacaise) la brafild (leb	Andread Composition for extraord	Carlo control to the control control to the control control to the				
SIGN	I my	-MW	10/11/18	Nick Murto	aja 1986 magana Ada atau pada a	表 文型 Printing Self Transfer at the Control of Self Transfer and Self Transfer of Self Tran				
HERE	Signature of plan administrator		Date	Enter name of indivi	dual signing	as plan administrator				
SIGN		CASE THE CASE OF THE CONTRACT OF THE CASE	er de la competició escala de la competició de la competi		grade per la licate 7 de sente la licate					
HERE	Signature of employer/plan sponsor		Date	Enter name of indivi	/idual signing as employer or plan sponsor					

Page 2	

 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 indepen	dent qualified public a ons.)	ccount	ant (IQ	PA)		ä	′es 🛮 No ′es 🔲 No	
If you answered "No" to either line 6a or line 6b, the plan cannot lift 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	nsurance p	rogram (see ERISA se	ction 4	021)?	<u> </u>	Yes No	لسا	letermined structions.)	
Part III Financial Information						· · · · · · · · · · · · · · · · · · ·			
7 Plan Assets and Liabilities	25742740	(a) Beginning o	f Year			(b) Er	d of Year		
a Total plan assets	7a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	917,	475			2,	634,545	
b Total plan liabilities	7b				p 74 1			gi z siedła, da.	
C Net plan assets (subtract line 7b from line 7a)	. 7c	1,	917,	475		ā .	2,	634,545	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t		e police unit	(b	Total	r Trougadit	
a Contributions received or receivable from:			7 ~ 4	000					
(1) Employers	8a(1)		164,893				14224-91 31 (F)		
(2) Participants.	8a(2)		281,521						
(3) Others (including rollovers)	8a(3)				dun liye				
b Other income (loss)	. 8b		330,	931			othershe de mer vid dat i	neg attack to Salt	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							777,345	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		34,	421		e en	ineo inter	ijsk erife. Diskerijas vide	
e Certain deemed and/or corrective distributions (see instructions)	. 8e							The state of the s	
f Administrative service providers (salaries, fees, commissions)	. 8f		25 , 854			4			
g Other expenses	. 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							60,275	
i Net income (loss) (subtract line 8h from line 8c)	. 8i	Augustinia (Cartellina)				717,0			
j Transfers to (from) the plan (see instructions)	. 8j			1					
Part IV Plan Characteristics			j						
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 2T 3D	n feature co	des from the List of PI	an Cha	racteri	stic Co	des in the i	structions:		
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Pla	n Char	acteris	tic Cod	les in the in	structions:		
Part V Compliance Questions	#						growie de	aeriya ili X	
10 During the plan year:				Yes	No		Amount	50 Nagari (1)	
Was there a failure to transmit to the plan any participant contribing described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a	Х				14,479	
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х				
c Was the plan covered by a fidelity bond?		······································	10c	Х	di adherie	President of the factors		135,000	
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ		or greeners	na (M)	
carrier, insurance service, or other organization that provides so	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.)				X				
f Has the plan failed to provide any benefit when due under the plan	f Has the plan failed to provide any benefit when due under the plan?			17	Х				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year-e	end.)	10g		Х	MACCONECT THE STATE OF THE STAT		a territoria	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i			and the state of the second	ganet ou souteni		
	and the state of t		La Carron Carron		an and bridge	#1. P. 347	marriage military and		

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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 Sch (Form 5500) and line 11a below)		В	Yes 🔀 I	No
11a	a 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 🛛 1	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		1		
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiverMonth	d enter t Day	the date o	the letter ruling Year	
Ii	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			
	Enter the amount contributed by the employer to the plan for this plan year	12c			
C	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?		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	⊠ 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 under the control of the PBGC?			Yes X No	
C) to			
	13c(1) Name of plan(s): 13c(2)) EIN(s)		13c(3) PN(s)	
-		\			