For	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Employ	yee		OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury rnal Revenue Service	This form is required to be file		4065 of the Employee Reti	irement	2015			
Employee B	epartment of Labor lenefits Security Administration enefit Guaranty Corporation	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	057(b) and 6058(a) of the Inde).	nternal	This Form is Open to Public Inspection			
Persion Be		Complete all entries in a dentification Information		tructions to the Form 550	0-SF.		-		
	ar plan year 2015 or fisc			and ending 12/3	31/2015				
A This ref	turn/report is for:	X a single-employer plan a one-participant plan		plan (not multiemployer) (F mployer information in acco		-			
B This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year retu	irn/report (less than 12 mor	nths)				
C Check	box if filing under:	Form 5558	automatic extension			DFVC prog	am		
		special extension (enter descr							
Part II		mation—enter all requested int	ormation		16 Th	a all ait			
1a Name MCCARRO	of plan LL ENTERPRISES, INC	. 401(K) PLAN			1b Thre plan (PN)	number	001		
					1c Effe	ctive date of	f plan 1/1999		
Mailing	g address (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.C			2b Emp (EIN	loyer Identif	ication Number 396676		
	town, state or province, LENTERPRISES, INC.	country, and ZIP or foreign post	al code (if foreign, see ins	structions)	2c Spo		hone number 54-3399		
					2d Busi		see instructions)		
	AGE LOOP SW VA 98502-1018					4411	10		
3a Plan a	dministrator's name and	address XSame as Plan Spons	sor.	:	3b Adm	inistrator's I	EIN		
					3C Adm	inistrator's t	elephone number		
name	, EIN, and the plan numb	blan sponsor has changed since ber from the last return/report.	the last return/report filed		4b EIN				
	or's name				4c PN 5a		81		
		t the beginning of the plan year			5a 5b		67		
C Numb	er of participants with ac	t the end of the plan year	the plan year (defined be	nefit plans do not	5c		46		
	,	cipants at the beginning of the pl			5d(1)		37		
• •		cipants at the end of the plan yea	•		5d(2)		60		
e Numb	per of participants that te	erminated employment during the	plan year with accrued b	enefits that were less	5e		2		
Caution: A	A penalty for the late or	r incomplete filing of this return	n/report will be assesse	d unless reasonable caus					
SB or Sche		er penalties set forth in the instruc I signed by an enrolled actuary, a ete.							
SIGN HERE	Filed with authorized/va	alid electronic signature.	03/17/2016	KELLY LEVESQUE					
	Signature of plan ad	ministrator	Date	Enter name of individua	al signing	as plan adn	ninistrator		
SIGN HERE	Signature of employe	er/plan sponsor	Date	Enter name of individua	al signing	as employe	r or plan sponsor		
Preparer's		me, if applicable) and address (ir				s telephone			
For Paperw	ork Reduction Act Notice	and OMB Control Numbers, see the	e instructions for Form 550	0-SF.			Form 5500-SF (2015)		

6a Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.)					X Yes No
b Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility)	•			•	,		X Yes No
If you answered "No" to either line 6a or line 6b, the plan can							
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year
a Total plan assets	7a		1384	909			498370
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c		1384	909			498370
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total
a Contributions received or receivable from:	0-(4)		18	475			
(1) Employers				195	_		
(2) Participants	8a(2)		34	0	_		
(3) Others (including rollovers)			27	620			
b Other income (loss)			57	020	_		150290
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c						150290
to provide benefits)	8d		1031	338			
e Certain deemed and/or corrective distributions (see instructions)	8e			0			
f Administrative service providers (salaries, fees, commissions)	8f		5	491			
g Other expenses	8g			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1036829
i Net income (loss) (subtract line 8h from line 8c)	8i						-886539
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics		•					
9a If the plan provides pension benefits, enter the applicable pensio	n feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructions:
2F 2G 2J 2K 3D 2T 2E							
B If the plan provides welfare benefits, enter the applicable welfare	feature coo	les from the List of Pla	n Chara	acterist		tes in tr	ne instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contrib	utions withi	n the time period					
described in 29 CFR 2510.3-102? (See instructions and DOL's	-		40-		х		
 Program) b Were there any nonexempt transactions with any party-in-interest 			10a		~		
reported on line 10a.)			10b		Х		
C Was the plan covered by a fidelity bond?			10c	×			200000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		х		
e Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e	X			3616
f Has the plan failed to provide any benefit when due under the pl	an?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	ənd.)	10g		Х		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х		
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	d notice or one of the	10i				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance			,			8	1

	i eneren i eneren i eneren geren phanee	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes No
11a	a Enter the unpaid minimum required contribution 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 302 of ERISA?	Yes X No

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					1			
	(lf "`	es," 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 in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling	
lf	you c	ompleted 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				
-		the amount contributed by the employer to the plan for this plan year		12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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		
		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
	of th	e PBGC?	-			Yes X	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII	Trust Information	-					
14a	Name	of trust		14b Trust's EIN				
14c	Nam	e of trustee or custodian		14d		's or custodi ne number	an's	
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Ye	es	No		
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP	
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No		
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test	
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No		
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable		
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No		
19	Were	in-service distributions made during the plan year?		Ye	es	No		
	lf "Y€	es," enter amount		19				
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A	

For	rm 5500-SF	Short Form Annua		of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan 1 under sections 104 and 4	1065 of the Employee R	etirement	2015				
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974		7(b) and 6058(a) of the		This Form is Open to				
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 5	500-SF.	Public Inspection				
Part I		Identification Information	0.101/0015			1				
For calend	ar plan year 2015 or h	scal plan year beginning	01/01/2015	and ending		/31/2015				
A This ret	urn/report is for:	X a single-employer plan				cking this box must attach a vith the form instructions)				
B This retu	urn/report is	☐ the first return/report ☐ an amended return/report	the final return/report	n/report (less than 12 m	(onthe)					
C Check box if filing under:										
Part II	Basic Plan Info	special extension (enter descri symmetric enter all requested info								
1a Name		mination-enter all requested into	ormation		1b Thre	un dimit				
	LL ENTERPRIS		pian (PN)	number 001						
					01/	'01/1999				
Mailing	ponsor's name (emplo address (include roo town, state or provinc	(uctions)		loyer Identification Number)91-1396676						
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) McCarroll Enterprises, Inc.					2c Sponsor's telephone number 360-754-3399				
2370 Carriage Loop SW						2d Business code (see instructions) 441110				
Olympi	.a	WA 98502-101	8							
3a Plan ad	dministrator's name a	nd address XSame as Plan Sponse	Dr,			inistrator's EIN inistrator's telephone number				
name,	EIN, and the plan nu	e plan sponsor has changed since t nber from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN					
a Spons					4c PN					
		at the beginning of the plan year			5a					
b) Total r	number of participants	at the end of the plan year			5b	67				
compl	ete this item)	account balances as of the end of the			5c	46				
		rticipants at the beginning of the pla			5d(1)	37				
e Numb	er of participants that	rticipants at the end of the plan yea terminated employment during the	plan year with accrued ber	nefits that were less	5d(2) 5e	60				
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable cau	ise is estal	2 Dished.				
Under pena SB or Sche	alties of perjury and ot	her penalties set forth in the instruct nd signed by an enrolled actuary, as	ions, I declare that I have	examined this return/rep	port, includi	ng, if applicable, a Schedule				
SIGN	X Velly	Linespice	X 3/17/14	Kelly Levesqu	e					
HERE	Signature of plan a	dministrator U	Date	Enter name of individ	ual signing	as plan administrator				
SIGN										
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individu	ual cigning	as employer or plan sponsor				
Preparer's i	name (including firm n	ame, if applicable) and address (inc		r)	Preparer's	telephone number				
		In a state of the			A 10					

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Pa	ас	ıe	2
Pa	ac	le	2

 6a Were all of the plan's assets during the plan year invested in eligit b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther line 6a or line 6b, the plan can c If the plan is a defined benefit plan, is it covered under the PBGC is a set of the plan is a defined benefit plan. 	an independ and condition not use Form	ent qualified public ns.) n 5500-SF and mus	accoun [.] st inste	tant (IC ad use	QPA) Form	n 5500.	X Yes 🗌 No
Part III Financial Information				02():			
7 Plan Assets and Liabilities	P	(a) Beginnin	a of Va	ar	1		(h) End of Veer
a Total plan assets	. 7a	(a) Beginnin		8490	19		(b) End of Year 498370
b Total plan liabilities			10	0190			490370
C Net plan assets (subtract line 7b from line 7a)			13	8490	19		498370
8 Income, Expenses, and Transfers for this Plan Year	10	(a) Amo		0190			Control Inc.
a Contributions received or receivable from:						12	(b) Total
(1) Employers	. 8a(1)			1847	5		and the second second
(2) Participants	. 8a(2)			9419	5	1	
(3) Others (including rollovers)	. 8a(3)				0		
b Other income (loss)	8b			3762	0		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			2.1			150290
d Benefits paid (including direct rollovers and insurance premiums			1.0	2122			
to provide benefits)	. 8d		10	3133	8		
Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries fees commissions)	80				0		
Partial of Table (and the formation (and the formation)	8f			549	-		and the second second
g Other expenses	8g			_	0	1.0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-		-	_	1036829
Net income (loss) (subtract line 8h from line 8c)	8i		1.1.2	A			-886539
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j			_	8,	2.2	
B If the plan provides welfare benefits, enter the applicable welfare the applicable welfar	cature codes						
10 During the plan year:				Yes	No	N/A	Amount
 a 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) b Were there any nonexempt transactions with any party-in-interest 	/oluntary Fidu	ciary Correction	10a		x		Anount
reported on line 10a.)			10b		х		
C Was the plan covered by a fidelity bond?			10c	Х			20000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond,	that was caused	10d		X		
e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of the	e benefits under	10e	x			3616
f Has the plan failed to provide any benefit when due under the pla			10f		х		
g Did the plan have any participant loans? (If "Yes," enter amount a			_		X		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instructi	ons and 29 CFR	10g 10h		X		the second second
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	he required h	otice or one of the	101				The second second
j Did the plan trust incur unrelated business taxable income?		and the second	10j				
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	ents? (If "Yes	s," see instructions a	and con	nplete	Sched	ule SB ((Form
11a Enter the unpaid minimum required contribution for all years from	Schedule SB	(Form 5500) line 4	0			11a	
12 Is this a defined contribution plan subject to the minimum funding							RISA? Yes X No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
ç	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ranting the waiver	1onth	enter th Day	e date of t	he letter ru Year	ling
	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b E	nter the minimum required contribution for this plan year		12b			
C Er	ter the amount contributed by the employer to the plan for this plan year		12c			
ds	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the I egative amount)	eft of a	12d			
e V	Vill the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗍	N/A
Part V	Plan Terminations and Transfers of Assets					
13a ⊦	las a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
	"Yes," enter the amount of any plan assets that reverted to the employer this year					
b v	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug f the PBGC?	ht under the co	ontrol		Yes X	No
C II	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif hich assets or liabilities were transferred. (See instructions.)	y the plan(s) to)			
	(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
	15%					
Part V	III Trust Information				-	
	me of trust		4.41			
1 101 110			140	Frust's EIN		
14c N	ame of trustee or custodian			Trustee's telephone	or custodia number	an's
Part I	IRS Compliance Questions					
15a Is	the plan a 401(k) plan?		Ye	s	No	
15b If m	'Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and atching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employer	ba ha	esign- ised safe irbor ethod	ADP test	/ACP
te	he ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu sting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40 a)(2)(ii))?)1(m)-	[] Ye		No	
	eck the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio rcentage st		rage efit test
thi	pes the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb s plan with any other plans under the permissive aggregation rules?		🗌 Ye	s	No	
17a Ha	s the plan been timely amended for all required tax law changes?		Ye	s	No	🗌 N/A
for	tax law changes and codes).	. Enter the a				Istructions
au	he plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan visory letter, enter the date of that favorable letter and the letter's serial nu	ımber		20		or
de	he plan is an individually-designed plan and received a favorable determination letter from the IRS, en termination letter	ter the date of	the plar	ı's last fav	orable	
18 Is ma	the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) ade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin I	has been slands)?	Yes		No	
19 We	ere in-service distributions made during the plan year?		Ye	s	No	
	Yes," enter amount		19			
20 We	are required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of while ired), as required under section 401(a)(9)?	ether or not	T Yes	,	No	∏ N/A