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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

	rt I			entification Information	1						
For o	calenda	ar plan year 2015 or f	sca	I plan year beginning 01/01/	201	5 and ending 12	2/31/2	015			
A T	his ret	urn/report is for:	X	a single-employer plan			•	•			
Вт	nis retu	ırn/report is		the first return/report an amended return/report		the final return/report a short plan year return/report (less than 12 m	onths)			
C c	Check b	oox if filing under:		Form 5558 special extension (enter desc	ript	automatic extension		DFVC progr	ram		
Pa	rt II	Basic Plan Info	orn	nation—enter all requested in	nfori	mation					
			AZZ	ZO CO. 401(K) SAVINGS PLAN	٧		1b	Three-digit plan number (PN)	001		
							1c		•		
1	Mailing	address (include roc	m, a	apt., suite no. and street, or P.0			2b				
					lai (code (ii loreigh, see instructions)		425-6	14-1666		
							2d	`	,		
3a	Plan ad	dministrator's name a	nd a	address XSame as Plan Spon	sor						
	name,	EIN, and the plan nu			the	e last return/report filed for this plan, enter the					
_	<u> </u>			de la la colonia de la colonia				1	12		
_											
	Numbe	er of participants with	acc	count balances as of the end of	the	e plan year (defined benefit plans do not			12		
d(1) Tota	al number of active pa	rtic	ipants at the beginning of the p	lan	year	5d	(1)	6		
d (2	2) Tota	al number of active pa	artic	ipants at the end of the plan ye	ar		5d	(2)	10		
	than 1	100% vested			····				0		
	A This return/report is for: a one-participant plan a multiple-employer plan (incl multiemployer) (Filers checking this box must attach a list of participanting employer information in accordance with the form instructions) B This return/report is the first return/report a foreign plan a foreign plan a foreign plan B This return/report is the first return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program										

belief, it is true, correct, and complete SIGN Filed with authorized/valid electronic signature. 06/29/2016 MARLA CLOUGH **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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b 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	an indepen and conditi	dent qualified public a	account	ant (IQ	PA)		
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	rogram (see ERISA se	ection 4	021)?		Yes	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	g of Ye	ar			(b) End of Year
a Total plan assets	7a		1513	3767			1525863
·			4540	707	-		4505000
	7c			3/6/			1525863
		(a) Amou	unt				(b) Total
(1) Employers	8a(1)		9	213			
(2) Participants	8a(2)		36	852			
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b		-26	190			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						19875
. , ,	8d						
,							
f Administrative service providers (salaries, fees, commissions)	8f		7	7779			
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						7779
i Net income (loss) (subtract line 8h from line 8c)	8i						12096
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions). b. Are you claiming a waiter of the annual examination and report of an independent qualified public accountant (IOPA) under 29 CFR 2520.104-487 (See instructions on waken eligibility and conditions.). If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan is it covered under the PBGC insurance program (see ERISA section 4021)? "Yes No No Note Part IIII Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) a Total plan insubities (a) Beginning of Year (b) a Total plan insubities (a) Beginning of Year (b) a Total plan insubities (a) Beginning of Year (b) b Total plan insubities 7a 1513767 C Note plan assets (subtract line 7b from line 7a) 7c 1513767 C Note plan assets (subtract line 7b from line 7a) 7c 1513767 D Total plan insubities (a) Amount (a) Amount (b) Amount (b) Amount (b) Amount (c) Amo							
Part IV Plan Characteristics					•		
	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	instructions:
10 During the plan year:				Yes	No	N/A	Amount
described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fi	duciary Correction	10a		X		
			40h		×		
			10c	X			200000
			10d		X		
carrier, insurance service, or other organization that provides som	ne or all of t	the benefits under	10e	X			7716
					X		-
			101	X			31872
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR		^	X		31072
i If 10h was answered "Yes," check the box if you either provided the	ne required	I notice or one of the					
j Did the plan trust incur unrelated business taxable income?	_ _ _		10i		X		
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirem							
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	requireme	nts of section 412 of t	he Cod	e or se	ction (302 of EF	RISA? Yes X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount	······	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

Form 5500-SF	Short Form Annual Re	Short Form Annual Return/Report of Small Employee	CMB Nos. 1210-0710
Department of the Treasury Internal Revenue Service	B .e This form is required to be filed	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee	7
Cepertment of Labor Employee Benefits Security Administration	Retirement Income Security Act of the Internal	urity Act of 1974 (ERISA), and section 6057(b) and 6056(the Internal Revenue Code (the Code).	This Form
eneff Guaranty Corporatio	► Complete all entries in accorda	Complete all entries in accordance with the instructions to the Form 5500-SF	SF. Inspection
後には配送を Annual Report Id	rt identification information		
or calendar plan year 2015 or fisca	fiscal plan year beginning	OI/01/2015 and ending	12/31/2015
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)	ilers checking this box must attach coordance with the form instructions)
B This return/report is:		a foreign plan the final return/report	
] an amended return/report	a short plan year return/report (less than 12 months)	onths)
C Check box if filing under:	Form 5558 S special extension (enter description)	sutomatic extension	☐ DFVC program
Partil Basic Plan Inform	ormation enter all requested information	nation	
of plan Thwest Marble &	to Co. 401 (k)	Savings Plan	1b Three-digit plan number
			74
			07/01/1994
2a Plan sponsor's name (employe Mailing Address (include room, City or fown, state or province.	Plan sponsor's name (employer, if for a single-employer plan) 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)	x) de (if foreign, see instructions)	2b Employer Identification Number (EIN) 91-0552845
Northwest Marble & Te	A Terrazzo Co.		2c Sponsor's telephone number (425) 644-1666
15303 Smokey Point Bl	Blvd		2d Business code (see instructions) 238900
US Marysvilla WA 98271			
	and address [X] Same as Plan Sponsor Name	Name	3b Administrator's EIN
			3c Administrator's telephane number
4 if the name and/or EIN of the plan sponsor has changed sin name, EIN, and the plan number from the last return/report.	lan sponsor has changed since the la er from the last return/report.	the plan sponsor has changed since the last return/report filed for this plan, enter the number from the last return/report.	4b EIN
a Sponsar's name			AC PN
5a Total number of participants at the beginning of the plan year		***************************************	5a 12
	the end of the plan year		5b 17
 Number of participants with acc complete this item) 	count balances as of the and of the pla	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c 12
d(1) Total number of active partici	$\mathbf{d}(1)$ Total number of active participants at the beginning of the plan year	JB	Sd(1) 6
$\mathbf{d(2)}$ Total number of active participants at the end of the plan year			5d(2)
e Number of participants that tern less than 100% vested	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	at terminated employment during the plan year with accrued benefits that were	5e
Causion: A nonable for the late of	montenation of At to smill of classical ac	see aldestances and his bases and like has	es le setabliebed

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of parjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 and belief, it is true, correct, and complete.

South Control	6/29/16	6/29/16 Maria D. Clough	
Signature of plan administrator	Date	Enter name of individual signing as plan administrator	
marked (Clouds	91165/9	Maria D. Plough	
ponsor	Date	Enter name of individual signing as employer or plan sponsor	
parer's name (including firm name, if applicable) and address, include room or sulte number	room or sulte numb	Preparer's telephone number	

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g	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	assets? (See i	ı				oN Sey X
۵	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	independent	ualified public acco	untant (10	PA)		
	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility and conditions.) From anguared "No" to either line for an line for the rien cannot use Form 4500.SE and must inclosed use Form 4500.	nd conditions.)	A sand must instead the E	tead need	For	5500	X Yes No
o	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	surance program	n (see ERISA sectio	n 4021)?			o Not determined
E.C.	影響的調整 Financial Information						
_	Plan Assets and Liabilities		(a) Beginning of Year	fYear	Н	(b) En	(b) End of Year
	Total plan assets	7a	1,51	1,513,767	\dashv		1,525,863
- 1	Total plan liabilities	4 2			+		
	Net plan assets (subtract line 7b from line 7a)	7с	1,53	1,513,767	+		1,525,863
<u>.</u>	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(q)	(b) Total
	Colinidations leceived of leceived indin. (1) Employers	8a(1)		9,213			-
	(2) Participants	8a(2)		36,852			
	· ·	8a(3)					
ام	Other income (loss)	gp	(26	(26,190)		<u></u>	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					19,875
•	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	- P8					
9	Certain deemed and/or corrective distributions (see instructions)	88					
		8f		7,779			-:
O	Other expenses	8g				-	
ıı	Total expenses (add lines Bd, Be. 8f, and 8g)	8h					7,779
	-XI	81		:			12,096
[Transfers to (from) the plan (see instructions)	8j	-				
7	Partico Plan Characteristics						
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Pian Characteristic Codes in the instructions.	ature codes fro	m the List of Pían C	haracteri	stic O	odes in the instru	ctions:
۵	n provides welfare benefit	ture codes fron	the List of Plan Ch	aracteris	ပိုင္ခဲ့	les in the instruc	tions:
\dashv							
G.	Partiving Compliance Questions			-	-		
힏	During the plan year:			*	Yes	(3.57)	Amount
Ø	Was there a failure to transmit to the plan any participant contributions within the time period	ions within the	time period				
	described in 29 CFR 2510.3-1027 (See instructions and CCLS voluntary Figuraary Correction Program)	ומטוטו דיפוחוו	у сопесиол	108	×		
9	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	(Do not Includ	e transactions	3			
	reported on line 10a.) minimum	***************************************	*************************		<u>*</u>		
٥	Was the plan covered by a fidelity bond?	***************************************		10c X	_		200,000
ਰ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	idelity band, th	at was caused	104	×		
0	Were any fees or commissions paid to any brokers, agenta, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under	er persons by s e or all of the be	in insurance enefits under				
	the plant (See instructions.)	***************************************		۹ ع	+	2	94
- ا	Has the plan failed to provide any benefit when due under the plan?			 -	×		
6	Did the plan have any participant loans? (if "Yes," enter amount as of year end.)	s of year end.)		10g ×	_		31,872
ድ	If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520,101-3.)	See Instruction	s and 29 CFR	107	×		
	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	e required notic	e or one of the	Ę			
1				!	╀		
- [Lid the plan trust incur unrelated business taxable income?			10	×		
Ē	PartVI Pension Funding Compliance				-		
7	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)	ents? (If "Yes,"	see Instructions and	т сотріе	te Sch	edule SB (Form	
1	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form \$500) line 40	S alubadule S	8 (Form \$500) line 4	9		113	ļ
4	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	requirements of	section 412 of the	Code or s	sectlor	302 of ERISA?	. Tyes X No

	and section that desire or that a prince or items	nd enter the date of the letter ruling Day Year		12b	. 12c	12d	Tyes No NA		. T Yes 🗷 No	13a	control X No		13c(2) EIN(s) 13c(3) PN(s)		14b Trust's EIN	14d Trustee or custodian's telephone number		☐ Yes ☐ №	Design-based safe ADP/ACP harbor rest	□ Yes □ No	Ratio Percentage Average		☐ Yes ☐ No ☐ N/A	Enter the applicable code (See	to a favorable IRS opinion or ate of plan's last favorable	Yes	N N	19	
Form 5500-SF 2015	(if "Yes." complete line 12s or lines 12b, 12c, 12d, and 12e below, as applicable.)	al if a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month	If 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	c Enter the amount contributed by the employer to the plan for this plan year	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)	minimum funding amount reported on line 12d	Plan Terminations and Transfers of Assets		ll	b Vvere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PRGC?	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)		Part Ville Trust Information	14a Name of trust	14c Name of trustee or custodian	Paris IRS Compliance Questions	15a Isithe plan a 401(k) plan:	15b if "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	15c if ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Trees. Reg. section 1.401(k)-2(s)(2)(ii) and 1.401(m)-2(s)(2)(ii))?	16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	17a Has the Plan been timely amended for all required law changes?	17b Date of the last plan amendment/restatement for the required tax law changes was adopted // Enter tinefructions for tax law changes and angles.		18 is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(I)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	19 Were in-service distributions made during the plan year?	If Yes, enter amount	