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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X 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.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit MCCARROLL ENTERPRISES, INC. 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/1999 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 91-1396676 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number MCCARROLL ENTERPRISES, INC. 360-754-3399 2d Business code (see instructions) 2370 CARRIAGE LOOP SW 441110 OLYMPIA, WA 98502-1018 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 67 5a Total number of participants at the beginning of the plan year 5b 74 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 52 5c complete this item)..... 60 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 59 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 12 than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury 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

<u>beliet, it is t</u>	rue, correct, and complete.						
31314	Filed with authorized/valid electronic signature.	03/27/2017	KELLY LEVESQUE				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor			
Preparer's i	name (including firm name, if applicable) and address (include	room or suite numbe	r)	Preparer's telephone number			

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6a Were all of the	ne plan's assets during the plan year invested in eligit	ble assets?	(See instructions.)						X Ye	s No
under 29 CFF	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IC under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Ye	s No
	a defined benefit plan, is it covered under the PBGC i					_	-	No	Not det	termined
Part III Fina	incial Information					_	_			
7 Plan Assets a			(a) Beginning	of Year				(b) End	of Year	
a Total plan ass	sets	7a		498370					59897	8
b Total plan liab	pilities	7b								
C Net plan asse	ets (subtract line 7b from line 7a)	7c		498370)				59897	8
8 Income, Expe	enses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
	received or receivable from:	2 (1)		18387	,					
	rs	8a(1)		96940						
	nts	8a(2)		000-10						
. , ,	cluding rollovers)(loss)	8a(3) 8b		40379						
	(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							15570	6
	(including direct rollovers and insurance premiums	00								
·	nefits)	8d		50496	5					
e Certain deem	ed and/or corrective distributions (see instructions).	8e		C						
f Administrative	e service providers (salaries, fees, commissions)	8f		4602						
g Other expens	es	8g		С)					_
h Total expense	es (add lines 8d, 8e, 8f, and 8g)	8h				55098				
	oss) (subtract line 8h from line 8c)	8i				100608				8
	from) the plan (see instructions)	8j								
	Characteristics									
9a If the plan pr 2F 2G 2	ovides pension benefits, enter the applicable pensior J 2K 3D 2T 2E	n feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b If the plan pr	ovides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	uctions:	
Part V Com	pliance Questions									
10 During the p	olan year:				Yes	No	N/A		Amount	
described i	failure to transmit to the plan any participant contributed to transmit to the plan any participant contributed to the plan and DOL's 'Comment of the plan and participant of the plan any participant contributed to the plan and participant contributed to the plan and	Voluntary F	iduciary Correction	10a		X				
	any nonexempt transactions with any party-in-interes			10b		X				
C Was the pla	an covered by a fidelity bond?			10c	X					250000
	have a loss, whether or not reimbursed by the plan's dishonesty?			10d		X				
carrier, insu			10e	X					2284	
f Has the plan	n failed to provide any benefit when due under the pla	an?		10f		X			_	_
g Did the plan	have any participant loans? (If "Yes," enter amount	as of year-e	end.)	10g		X				
2520.101-3.	ndividual account plan, was there a blackout period?	•••••		10h		X				
	nswered "Yes," check the box if you either provided on providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru					es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f		es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter t Day		of the lette Year _	r ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	0
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug		e 		Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2	2) EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d ["Prior ye test	ar" ADP
			Gur ADP	rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat perd test	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••	. Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2016

This Form is Open to Public Inspection

	t Identification Information							
For calendar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/2	016			
A This return/report is for:	X a single-employer plan		plan (not multiemployer) (Filers checking this box must attach a mployer information in accordance with the form instructions.)					
	a one-participant plan	a foreign plan	1					
B This return/report is	the first return/report	the final return/report		41. \				
	an amended return/report	a short plan year return	n/report (less than 12 n	nonths)				
C Check box if filing under:	Form 5558	automatic extension		DFVC program	m			
Part II Basic Plan Inf	ormation—enter all requested in	<u> </u>						
1a Name of plan	ormation—enter all requested in	rormation		1b Three-digi				
MCCARROLL ENTERPRISES, INC. 401(K) PLAN				plan numb				
				1c Effective d				
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0 ace, country, and ZIP or foreign pos	O. Box)	untions)	1 ' '	dentification Number 1396676			
McCarroll Enterpris		tal code (il foreign, see instr	uctions)	2c Sponsor's 360-754	telephone number -3399			
2370 Carriage Loop	SW			2d Business of 441110	code (see instructions)			
Olympia	WA 98502-101	8						
3a Plan administrator's name a	and address 🛛 Same as Plan Spo	nsor.		3b Administrator's EIN				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the				4b EIN				
name, EIN, and the plan no a Sponsor's name	umber from the last return/report.		•	4c PN				
5a Total number of participant	s at the beginning of the plan year.			5a	67			
b Total number of participant	s at the end of the plan year			. 5b	7 4			
C Number of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	52			
d(1) Total number of active p	articipants at the beginning of the p	lan year		5d(1)	60			
d(2) Total number of active p	articipants at the end of the plan ye	ar		5d(2)	59			
Number of participants that than 100% vested	t terminated employment during the	e plan year with accrued be	nefits that were less	5e	12			
Caution: A penalty for the late	or incomplete filing of this return other penalties set forth in the instru	n/report will be assessed	unless reasonable ca	use is establishe	ed.			
SB or Schedule MB completed belief, it is true, correct, and con	and signed by an enrolled actuary,	as well as the electronic ver	sion of this return/repo	rt, and to the best	of my knowledge and			
SIGN HERE Signature of plan	reque	x 3-27-17	Kelly Levesqu					
SIGN Signature of plan	administrator	Date	Enter name of individ	Enter name of individual signing as plan administrator				
HERE	oyer/plan sponsor	Date	Enter name of individ	dual signing as em	ployer or plan sponsor			
	name, if applicable) and address (i			Preparer's telep				
				YELLIN I	Fyálty			

_			-
۲a	α	е	4

6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (See instructions.)					*********	X \	res No
	Are you claiming a waiver of the annual examination and report of an independent qualified public a under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)				ant (IC	QPA)			X \	res No
	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 in	nsurance pro	ogram (see ERISA se	ection 4	021)?		Yes	∐No	∐ Not o	determined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a		498,	370					598,978
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		498,	370					598,978
8	Income, Expenses, and Transfers for this Plan Year	18 B	(a) Amour	it				(b) T	otal	
a 	Contributions received or receivable from: (1) Employers	8a(1)		18,	_					
	(2) Participants	8a(2)		96,	940	1	18			
	(3) Others (including rollovers)	8a(3)			0				111	
b	Other income (loss)	8b		40,	379		1.11			100
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	KI SILV MILLS	31 113						155,706
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		50,	496	ķi		W.		
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					1000
f	Administrative service providers (salaries, fees, commissions)	8f		4,	602					
g	Other expenses	8g			0	a"		111		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			7 1					55,098
L	Net income (loss) (subtract line 8h from line 8c)	8i								100,608
j	Transfers to (from) the plan (see instructions)	8j				11 750		2 T - VI	O LUL W	
Par	t IV Plan Characteristics	-7_1								
9a	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 3D 2T 2E	feature cod	es from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	ctions:	
Par	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	ınt
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fig	luciary Correction	40		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10a 10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х					250,00
d		fidelity bond	d, that was caused	10d		Х				230700
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of th	by an insurance ne benefits under	10a	Х					2,28
f				10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-en	ıd.)	10g		Х	11.3	1		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruc	tions and 29 CFR	10h		Х			yo air	
ı	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i						102 = -111

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Form 5500-SF 2016

Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)					Yes		10
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the funding requirement of the contribution of the contribution plan subject to the contribution of the contribution of the contribution of the contribution plan subject to the contribution of the contribution o	ode or section	on 302 of		Ιп	Yes	N X	10
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	*****************	************					
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.	tructions, ar fonth	nd enter t Day		of the let Yea		ling	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	-	,				
b	Enter the minimum required contribution for this plan year		12b					
C	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 I negative amount)	eft of a	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	X	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 broug control of the PBGC?	ht under the	• •		Yes	X N	0	
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):	13c(2	2) EIN(s)		13c(3) PN(s)			
D .		ĥ.						
Part	2/14/19/11		Γ					
	Name of trust		14b -	Γrust's E	EIN			
14c	Name of trustee or custodian				s or custo ne numbe		S	
Part	IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan? If "No," skip b	Yes		[No			
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	⊔ safe	gn-based harbor		"Prior year" ADP test			
		☐ "Curi	rent year test		N/A			
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		l nenetit test] N/A	4
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes		Ī	No			
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number							
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, er letter	nter the date	of the m	ost rece	ent deteri	ninatio	on	
1	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sepa service?	rated from	Ye	3	No			
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		. Ye	s	No			