## 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** 

Part I		<b>Identification Information</b>				
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	016	and ending 1	2/31/2016	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) ( aployer information in a		
		a one-participant plan	a foreign plan			,
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)	
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC progr	am
Dawi II	Desis Dian Info	special extension (enter descr	•			
Part II		prmation—enter all requested inf	formation		1h Throo di	~:4
1a Name CONSOLIDA		NG CO., INC. EMPLOYEES' 401(K	() PLAN		1b Three-dig plan num (PN) ▶	
					1c Effective	
	` '	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	), Box)		<b>2b</b> Employer (EIN)	r Identification Number 91-0717896
City or		e, country, and ZIP or foreign posta		ructions)	2c Sponsor	's telephone number
						code (see instructions)
600 S SPOKA SEATTLE, W	ANE ST 'A 98134-2225					323100
3a Plan a	dministrator's name ar	nd address X Same as Plan Spon	nsor.		<b>3b</b> Administr	rator's EIN
					3c Administr	rator's telephone number
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
name, <b>a</b> Sponso		mber from the last return/report.			4c PN	
		at the beginning of the plan year			5a	68
_		at the end of the plan year			5b	68
<b>C</b> Number	er of participants with	account balances as of the end of t	the plan year (only defined	contribution plans	5c	68
	,	rticipants at the beginning of the pla			5d(1)	57
		articipants at the end of the plan yea	-		5d(2)	53
<b>e</b> Numb	er of participants that	terminated employment during the	plan year with accrued bei	nefits that were less	5e	4
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable ca		
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.				
SIGN	Filed with authorized/	valid electronic signature.	06/26/2017	ROBERT T. BROWN		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as p	lan administrator
SIGN						
HERE	Signature of emplo		Date			mployer or plan sponsor
Preparer's	name (including firm n	name, if applicable) and address (in	nclude room or suite numbe	er)	Preparer's tele	ephone number

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X	es No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)						XY	es 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 p	orogram (see ERISA se	ection 4	021)?		Yes	∐No	☐ Not de	etermined
Pai	rt III   Financial Information	1	T							
7	Plan Assets and Liabilities		(a) Beginning				(	(b) End	of Year	
	Total plan assets	7a	6	547354					76421	61
	Total plan liabilities	7b		E 470E 4					70404	04
	Net plan assets (subtract line 7b from line 7a)	7c	6	547354					76421	61
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) 1	Γotal	
	Contributions received or receivable from: (1) Employers	8a(1)		248710						
	(2) Participants	8a(2)		215599	_					
	(3) Others (including rollovers)	8a(3)		94006						
	Other income (loss)	8b		568217	-					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11265	32
	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d		1614						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		30111						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							317	25
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				1094807				
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des 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	acterist	ic Cod	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amour	nt
	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volume 1997).	oluntary F	iduciary Correction	40-		X				
b	Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a 10b		X				
	,			10b	X					500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	71 1	-	•	10g	X					117618
h	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		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					<b>│</b>	res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		ne 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	s X N	lo
	If "Y€	s," 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 brougol of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [	Prior ye test	ear" ADP
				"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	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 e?		rom	Ye	s [	No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No	

## 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).

Revenue Code (the Code).

A 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

		entification Information	1			
For calendar plan year 20	V.		01/01/2016	and ending	12/31/	
A This return/report is for	_	a single-employer plan		plan (not multiemployer) employer information in a		
		a one-participant plan	a foreign plan			
B This return/report is		the first return/report	the final return/report	t		
		an amended return/report	a short plan year retu	urn/report (less than 12 i	months)	
C Check box if filing und	er:	Form 5558	automatic extension		DFVC program	n
	L	special extension (enter des	CONTROL CONTROL			
Part II Basic Pla	n Inforn	nation—enter all requested in	nformation			
1a Name of plan Consolidated Pre	ee Dri	nting Co. Inc.			1b Three-digit plan number	
Employees' 401()					(PN) <b>&gt;</b>	001
					1c Effective da 07/01/	
		r, if for a single-employer plan) apt., suite no. and street, or P.	O. Box)		20 1720	dentification Number
City or town, state or	province,	country, and ZIP or foreign pos		structions)	-	telephone number
Consolidated Pre	SS PII	nting to inc			(206) 4	47-9659
600 S Spokane St					323100	ode (see instructions)
Seattle			W	A 98134-2225		
3a Plan administrator's	name and a	address K Same as Plan Spo	onsor.		3b Administrat	or's EIN
name, EIN, and the		an sponsor has changed since er from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	
a Sponsor's name	w 15 W				4c PN	
		the beginning of the plan year.				68
		the end of the plan year count balances as of the end of				68
complete this item)					. 5c	68
		ipants at the beginning of the p				57
		ipants at the end of the plan ye minated employment during the			5d(2)	53
than 100% vested					5e	4
Under penalties of periup	and other	ncomplete filing of this retur penalties set forth in the instru	n/report will be assessed	d unless reasonable ca	ause is established	d.
SB or Schedule MB comp belief, it is true, correct, as	leted and	signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/repo	ert, and to the best of	of my knowledge and
SIGN X RA	but I	Brown	x6/21/17	Robert T. Bro	own	
HERE Signature of	plan adm	inistrator	Date	Enter name of individ	dual signing as plar	administrator
SIGN HERE	4 1	4	6/21/17	Gary R	Stone	
Signature of	employer	/plan sponsor	Date /	Enter name of individ		oloyer or plan sponsor
Preparer's name (includin	g firm nam	e, if applicable) and address (i	nclude room or suite numb	per)	Preparer's teleph	none number

_			-
2	ac	le.	4

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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the control of the control of the control of the contr	an independ and condition ot use Form	dent qualified public ans.) m 5500-SF and mus	accoun	tant (IC	PA) Forn	n 5500.		X Yes	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in till Financial Information	nsurance pro	ogram (see ERISA se	ection 4	1021)?		Yes	∐ No [	Not determ	mined
7	Plan Assets and Liabilities		(a) Beginning	of Yea	,		(	b) End o	f Year	
	Total plan assets	7a		547,				-/	7,642	2,161
	Total plan liabilities	7b		•						
	Net plan assets (subtract line 7b from line 7a)	7c	6,	547,	354				7,642	2,161
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour					(b) To		
	Contributions received or receivable from:						3 3 2			3-8-5
	(1) Employers	8a(1)		248,	_					
	(2) Participants	8a(2)		215,	599					
	(3) Others (including rollovers)	8a(3)		94,	006					30.19
b	Other income (loss)	8b		568,	217					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1,126	6,532
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1,	614					
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		30,	111					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							31	1,725
i	Net income (loss) (subtract line 8h from line 8c)	8i							1,094	4,807
j	Transfers to (from) the plan (see instructions)	8j				178		13.45		
Par	t IV Plan Characteristics	7								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature code	es from the List of PI	an Cha	racteri	stic C	odes in	the instru	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code:	s from the List of Pla	n Char	acteris	tic Co	des in th	ne instruc	ctions:	
Pari	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fid	uciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х				500	0,000
d		fidelity bond	I, that was caused	10d		Х				,,,,,,
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	by an insurance e benefits under	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			10g	Х	Λ			117	7 610
	If this is an individual account plan, was there a blackout period? (	See instruct	tions and 29 CFR		Λ	.,			11/	7,618
i	2520.101-3.)  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 r	notice or one of the	10h		X			#	
	to promoting the nearest applied and of 20 of 17 2020. To	1-0		101						

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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 com 5500) and line 11a below)						_ Y	es X No	
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12	ERIS	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						_ Y	es 🛛 No	
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructio	ne an	d ontor	the date	of the	letter	ruling	
	gran	ting the waiver	onth	iis, air	Da			ear_	rulling	
	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.		406					
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)			12d		_		,	
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	□ N	10	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 No		
	Upon	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					_ Y	es X	No	
С	If, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify he assets or liabilities were transferred. (See instructions.)			) to			1/- 18		
1	13c(1) Name of plan(s):							13c(3) PN(s)		
Part	VIII	Trust Information								
		of trust			14b	Trust's	EIN			
14c	Name	of trustee or custodian				Trustee telepho			in's	
Part	IX	IRS Compliance Questions								
			ТΠ	Yes			П No			
15a	Is the	plan a 401(k) plan? If "No," skip b	🗀	, 00						
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		safe h			] "Pr		ır" ADP	
				ADP t	ent year est		N/A	A		
16a	What year?	testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit t		□ N/A	
16b	Did the	ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			☐ No			
17a		plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of		n letter	or advi	sory let	ter, en	ter the	date of	
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, ent	ter the	date	of the m	ost rec	ent de	termina	ation	
	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 separ e?	rated	from	Ye	s [	No			
	Servic									