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**

Pa	irti Annuai Kepon	t identification information							
For	calendar plan year 2016 or f	fiscal plan year beginning 01/01/2	2017 and ending 0	5/31/2017					
A 1	his return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a						
Вт	his return/report is	a one-participant plan the first return/report	a foreign plan the final return/report						
		an amended return/report	X a short plan year return/report (less than 12 m	nonths)					
C	Check box if filing under:	Form 5558	automatic extension	DFVC prog	ram				
- n-	ut II Deede Bleechet	special extension (enter descr	' '						
		ormation—enter all requested in	formation	1h Three d	::+				
	Name of plan CO GLOBAL, INC. 401(K) P	LAN		1b Three-d plan nur (PN) ▶	_	001			
				1c Effective	e date of 01/17/				
	Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		(EIN)	73-17				
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ARCO GLOBAL, INC.				2c Sponsor's telephone number 206-285-3200				
	22ND AVENUE W FLE, WA 98199			2d Busines	33270	eee instructions)			
3a	Plan administrator's name a	and address X Same as Plan Spor	nsor.	3b Administ	trator's E	IN			
				3c Administ	trator's te	elephone number			
4		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN					
а	Sponsor's name	milet from the last retain, report.		4c PN					
5a	Total number of participant	s at the beginning of the plan year		5a		18			
b	Total number of participant	s at the end of the plan year		5b		(
С			the plan year (only defined contribution plans	5c		(
d(1) Total number of active page	articipants at the beginning of the pl	lan year	5d(1)		1			
d(2) Total number of active p	articipants at the end of the plan ye	ar	5d(2)					
	than 100% vested		e plan year with accrued benefits that were less	5e					
			n/report will be assessed unless reasonable ca			-1-1 0-1- 1-1			
			ctions, I declare that I have examined this return/re as well as the electronic version of this return/report						

belief, it is true, correct, and complete 06/27/2017 Filed with authorized/valid electronic signature. RICHARD BOEHM SIGN **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

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib		` ,						X Ye	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								X Ye	es No		
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.											
С	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	termined		
Pa	rt III Financial Information	•										
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year			
a	Total plan assets	7a		711755	i					0		
b	Total plan liabilities	7b								0		
c	Net plan assets (subtract line 7b from line 7a)	7c		711755						0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) 1	Γotal			
а	Contributions received or receivable from:	90/1)										
	(1) Employers	8a(1)		7749								
	` ' '	8a(2)										
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b		33932								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							416	31		
d	Benefits paid (including direct rollovers and insurance premiums	00										
	to provide benefits)	8d	,	752686	i							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e										
f	Administrative service providers (salaries, fees, commissions)	8f		750								
g	Other expenses	8g						750.400				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7534	36		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-7117	55		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j										
Pa	rt IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	tructions:			
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:			
Par	t V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amoun	t		
а	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						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X						
C	Was the plan covered by a fidelity bond?			10c		X						
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X						
e	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.)	ne or all of	the benefits under	10e		X						
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X						
9	Did the plan have any participant loans? (If "Yes," enter amount a	s 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 to exceptions to providing the notice applied under 29 CFR 2520.10			10i								

Form	5500	-SF	201	6

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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)						Yes X No
		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. A?						Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	raiver 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 lett Year	er ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
<u>b</u>	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 live amount)			12d			
		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?				X Yes	S [] I	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X 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	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
-								
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- ILI ,		n-based arbor	d [] "Prior y test	ear" ADP
				"Curre	ent year est	<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	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	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	nost rece	ent determ	nination
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	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

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 section 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

F	Part I Annual Repor	t Identification Information	1			7
Foi	r calendar plan year 2016 or f	scal plan year beginning	01/01/2017	and ending	05/31/201	.7
Α	This return/report is for:	x a single-employer plan	a multiple-employer pla a list of participating em			
R	This return/report is:	a one-participant plan the first return/report	a foreign plan x the final return/report			
_	This return report is.	an amended return/report		raport (loss than 12 r	nantha)	
		an amended return/report	x a short plan year return	report (less triair 12 f	nontris)	
С	Check box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC p	rogram
		<u> </u>			×2.7 9	
		ormation enter all requested	I information	<u> </u>	Ab The Control	
та	Name of plan Marco Global, Inc.	401(k) Plan			1b Three-digit plan number (PN) ▶	
					1c Effective da 01/17/2	
2a	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P. ice, country, and ZIP or foreign pos	O. Box) stal code (if foreign, see instru	ctions)		dentification Number -1725311
	Marco Global, Inc.		,	,	2c Sponsor's (206) 2	elephone number 85-3200
	4259 22nd Avenue W	,			2d Business c 332700	ode (see instructions)
<u> </u>	US Seattle WA 98199				01-	
sa	Plan administrator's name a	and address X Same as Plan Sp	oonsor		3b Administra	or's EIN
					3c Administrat	or's telephone number
4		ne plan sponsor has changed since Imber from the last return/report.	the last return/report filed for	this plan, enter the	4b EIN	
а	Sponsor's name				4c PN	
5a	Total number of participants	s at the beginning of the plan year	***************************************	***************************************	5a	18
b		s at the end of the plan year			5b	4
С		account balances as of the end of			5c	0
d	Total number of active pa	rticipants at the beginning of the pl	an year		5d(1)	17
d	(2) Total number of active pa	rticipants at the end of the plan yea	ar		5d(2)	4
е		terminated employment during the			5e	0
C	aution: A penalty for the late	or incomplete filing of this retu	rn/report will be assessed u	nless reasonable ca	use is established	i.
SI		other penalties set forth in the instri and signed by an enrolled actuary, nplete.				
ş	SIGN RULY WA	Sort				
	HERE Signature of plan add	ministrator	Date 1/27/17 E	Inter name of individu	al signing as plan a	administrator
S	SIGN Padd	WAR	1,1,1			
	HERE Signature of employe			Enter name of individu		
	reparer's name (including firm kip this question	name, if applicable) and address (include room or suite number		Preparer's teleph Skip this qu	
					4	

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 section 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

P	art I Annual Report	t Identification Information				
For	calendar plan year 2016 or fi	scal plan year beginning	01/01/2017	and ending	05/31/20)17
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-employer plan a list of participating emp a foreign plan x the final return/report a short plan year return/re	loyer information in a	accordance with	
С	Check box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC	program
		ormation enter all requested	information			
1a	Name of plan Marco Global, Inc.	401(k) Plan			1b Three-dig plan num (PN) ▶	001
					1c Effective 01/17/	
2a	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ice, country, and ZIP or foreign post	D. Box)	ions)		r Identification Number 3-1725311
	Marco Global, Inc.		(i. 15. 5.g., 5.55 i.i.d. 5.5			s telephone number 285-3200
	4259 22nd Avenue W				2d Business 332700	s code (see instructions)
3a	Plan administrator's name a	and address X Same as Plan Spo	onsor		3b Administ	rator's EIN
					3c Administ	rator's telephone number
4		ne plan sponsor has changed since the plan sponsor has changed since the last return/report.	the last return/report filed for th	nis plan, enter the	4b EIN	
а	Sponsor's name				4c PN	
5а	Total number of participants	s at the beginning of the plan year	***************************************	•••••	5a	18
b		s at the end of the plan year			5b	4
С		account balances as of the end of t			5c	0
d(1) Total number of active pa	rticipants at the beginning of the pla	an year	••••••	5d(1)	17
d(2) Total number of active pa	rticipants at the end of the plan year	r	•••••	5d(2)	4
е		terminated employment during the			5e	0

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

beller, it	is true, correct, and complete.			
SIGN				
HERE	Signature of plan administrator	Date	Enter name of individua	ıl signing as plan administrator
SIGN				
	Signature of employer/plan sponsor	ll signing as employer or plan sponsor		
	's name (including firm name, if applicable) and address (include nis question	room or suite numbe	er)	Preparer's telephone number Skip this question

	Form 5500-SF 2016		Page 2							
	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an	independe	nt qualified public accou		•		•••••••		XYes [□No
	If you answered "No" to either line 6a or line 6b, the plan cannot							••••••	<u> Miles</u>	
С	If the plan is a defined benefit plan, is it covered under the PBGC ins					_		□ No [Not det	ermined
P	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Yea	r			(b) End of	Year	
а	Total plan assets	7a	71	1,7	55					0
b	Total plan liabilities	7b								0
С	Net plan assets (subtract line 7b from line 7a)	7c	71	1,7	55					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Tot	tal	
а	Contributions received or receivable from:	90(1)								
	(1) Employers	8a(1) 8a(2)		7,7	49					
	(3) Others (including rollovers)	8a(3)		.,,						
b	Other income (loss)	8b	3	3,9	32					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-					41,6	81
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	75	2,6	86				41,0	
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		7	50					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							753,4	:36
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							(711,75	55)
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
P	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fea	ature codes	from the List of Plan Ch	aract	eristic	Code	s in the	e instruction	s:	
	2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes f	rom the List of Plan Cha	racte	ristic (Codes	in the	instructions	:	
P	art V Compliance Questions									
<u>10</u>	During the plan year:				Yes	No	N/A	Α	mount	
á	Was there a failure to transmit to the plan any participant contribution	ons within t	he time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	untary Fidu	ciary Correction							
	Program)			10a		Х				
	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		х				
(Was the plan covered by a fidelity bond?	••••••	••••••	10c		x				
(Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	-		10d		x				
•	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of the	benefits under	10e		x				
				10f	_	х				
(Did the plan have any participant loans? (If "Yes," enter amount as	of year end	d.)	10g		х				
i	1 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 the		otice or one of the	10i						

Form 5500-SF 2016

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Par	t VI	Pension Funding Compliance				_		
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an 5500 and line 11a below)			SB		Yes 2	No
11a	-	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12		a defined contribution plan subject to the minimum funding requirements of section 412 of the					Yes 2	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see	-		er the date Day	of the Ye		ing ——
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.		,			
b	Enter t	ne minimum required contribution for this plan year	•••••	, 12b				
С	Enter t	ne amount contributed by the employer to the plan for the plan year	•••••	12c				
d		et the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)		12d				
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	•••••	. [] Yes [No		//A
Par	t VII	Plan Terminations and Transfers of Assets						
_13a	Has a	esolution to terminate the plan been adopted in any plan year?	••••••	,	X Yes		No	
	If "Yes	enter the amount of any plan assets that reverted to the employer this year	••••••	. 13a				0
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro	•		x	Yes	☐ No)
С		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ideassets or liabilities were transferred. (See instructions.)	entify the pla	n(s) to				
1	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		13	c(3) PN	(s)
Dar	t VIII	Trust Information - Skip These Questions						
		-		141	3 T	INI		
140	Name	or trust		141) Trust's E	IIN		
140	Name	of trustee or custodian		140	Trustee of telephone			
Par	t IX	IRS Compliance Questions - Skip These Questions		'				
15a	l Is the p	lan a 401(k) plan? If "No," skip b		Yes			No	
15k		d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design- safe ha	rbor		"Prior y test	ear" ADP
				"Curren			N/A	
16a		esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio percent test	age 🔲	Avera	age fit test	□ N/A
16k		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(plan year by combining this plan with any other plan under the permissive aggregation rules?	' II I	Yes			No	
17a	If the p	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable lier/ and serial number	RS opinion I	etter or a	dvisory let	ter, en	ter the d	ate of
17k		an is an individually-designed plan that received a favorable determination letter from the IRS	, enter the d	ate of th	e most rec	ent de	terminati	on
18	Define Were a	I Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not s?			☐ Yes		No	
19		y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			☐ Yes		No	