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

	Parti	Annuai Repoi	rt identification information						
	For calenda	ır plan year 2016 or	fiscal plan year beginning 01/01/2	2016		and ending 12	2/31/2016		
	A This retu	urn/report is for:	X a single-employer plan			n (not multiemployer) (ployer information in ac		-	
	71	,	a one-participant plan		oreign plan				- /
	B This retu	rn/report is	the first return/report	the	final return/report				
			an amended return/report	a s	hort plan year returr	/report (less than 12 m	onths)		
	C Check b	ox if filing under:	Form 5558		tomatic extension		DFVC p	rogram	
			special extension (enter desc	ription)					
	Part II	Basic Plan Inf	formation—enter all requested in	nformatio	on				
	1a Name on NORTHWES		RAZZO CO. 401(K) SAVINGS PLAN	1			1b Three plan (PN)	number	1
							, ,	tive date of plan 07/01/1994	
			oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.C	O. Box)			2b Empl	oyer Identification Nu 91-0552845	mber
		town, state or proving MARBLE & TERR	nce, country, and ZIP or foreign post RAZZO CO.	tal code	(if foreign, see instru	uctions)	2c Spor	nsor's telephone num 425-644-1666	ber
	15303 SMOK MARYSVILLE	EY POINT BLVD E, WA 98271					2d Busir	ness code (see instru 238900	ctions)
	3a Plan ac	lministrator's name	and address X Same as Plan Spor	nsor.				nistrator's EIN	number
	name,	EIN, and the plan n	the plan sponsor has changed since number from the last return/report.	the last	return/report filed fo	or this plan, enter the	4b EIN		
	a Sponso						4c PN		
	5a Total n	umber of participan	its at the beginning of the plan year.				5a		1
			its at the end of the plan year				5b		1:
			th account balances as of the end of	•		•	5c		!
	d(1) Tota	Il number of active p	participants at the beginning of the pl	lan year			5d(1)		1
			participants at the end of the plan ye				5d(2)		
	than 1	00% vested	at terminated employment during the				5e		
			e or incomplete filing of this return						
	SB or Sche		other penalties set forth in the instru- and signed by an enrolled actuary, a mplete.						
	0.0	Filed with authorize	ed/valid electronic signature.		06/29/2017	MARLA D CLOUGH			
	HERE	Signature of plan	administrator		Date	Enter name of individ	ual signing	as plan administrator	
1	CICNI								

Date

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 6a Were all of the plan's assets during the plan year invested in eliginary b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility 	f an indeper	ndent qualified public a	account	ant (IC	PA)			X Yes	
If you answered "No" to either line 6a or line 6b, the plan can								Ш	. П
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	rogram (see ERISA se	ection 4	021)?	[Yes	No	Not det	ermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a Total plan assets	7a		525863				•	149832	7
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	1	525863	1				149832	7
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) 1	Γotal	
a Contributions received or receivable from:	- 411		10230						
(1) Employers	8a(1)		40921						
(2) Participants	8a(2)		40921						
(3) Others (including rollovers)	8a(3)		113892						
b Other income (loss)	8b		110002	-				16504	2
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c							10304	ر
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		184915						
e Certain deemed and/or corrective distributions (see instructions).	8e								
f Administrative service providers (salaries, fees, commissions)	8f		7664						
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)			1					19257	9
i Net income (loss) (subtract line 8h from line 8c)	8i							-2753	3
j Transfers to (from) the plan (see instructions)	8i								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K									
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ				
C Was the plan covered by a fidelity bond?			10c	X					200000
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		X				
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					7630
f Has the plan failed to provide any benefit when due under the pl	an?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year-e	end.)	10g	X					4046
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 exceptions to providing the notice applied under 29 CFR 2520.1			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?					│	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) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

0040

2016

OMB Nos. 1210-0110 1210-0089

the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

This Form is Open to Public Inspection

P	art I Annual Repor	rt Identification Information			
For	calendar plan year 2016 or	fiscal plan year beginning	01/01/2016 and ending	12/31/20	L6
A	This return/report is for:	x a single-employer plan	a multiple-employer plan (not multiemployer a list of participating employer information in		
В	This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/report		
		an amended return/report	a short plan year return/report (less than 12	months)	
С	Check box if filing under:	Form 5558	automatic extension	☐ DFVC p	rogram
P	art II Basic Plan In	formation enter all requested	information		
-	Name of plan	enter an requested	mornation	1b Three-digi	
	Northwest Marble	& Terrazzo Co. 401(k) Sa	vings Plan	plan numb (PN) ▶	er 001
_				1c Effective of 07/01/1	•
2a	Mailing Address (include r	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.t ince, country, and ZIP or foreign posi	O. Box) tal code (if foreign, see instructions)		dentification Number -0552845
	Northwest Marble		• • • • • • • • • • • • • • • • • • • •		telephone number 44-1666
	15303 Smokey Poin	t Blvd		2d Business of 238900	code (see instructions)
_	US Marysville WA 98271		-		
ou	Tian administrator S hame	and address X Same as Plan Spo	JIISUI	3b Administra 3c Administra	tor's telephone number
4	If the name and/or EIN of the name, EIN, and the plan n	the plan sponsor has changed since number 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 participan	ts at the beginning of the plan year		5a	16
b					15
С			the plan year (only defined contribution plans	5c	9
d(1) Total number of active p	articipants at the beginning of the pla	an year	5d(1)	11
d(r	5d(2)	9
е —	less than 100% vested	t terminated employment during the	plan year with accrued benefits that were	5e	Ö
Ca	ution: A penalty for the lat	e or incomplete filing of this retur	n/report will be assessed unless reasonable c	ause is establishe	d.
SB	der penalties of perjury and B or Schedule MB completed lief, it is true, correct, and co	I and signed by an enrolled actuary, a	ctions, I declare that I have examined this return/r as well as the electronic version of this return/repo	report, including, if ort, and to the best	applicable, a Schedule of my knowledge and
s	IGN Murla 1	O. Clough	MARLA D.	CLOUGH	(.
Н	ERE Signature of plan ad	Iministrator /	Date 6/29/17 Enter name of individu	ual signing as plan	administrator
12.5	IGN Marla	W. Clough	MARCA D.	CLOUGH	-
100	ERE Signature of employ	And the annual of the period was been as	Date 6/29//7 Enter name of individu		
	eparer's name (including firm k ip this question	n name, if applicable) and address (ir	nclude room or suite number)	Skip this qu	

_	Form 5500-SF 2016		Page 2			=0			
b	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined beautiful to the plan is a define	n independ nd conditio ot use Forr	lent qualified public according.)ns.)	ountai steac	nt (IQ	PA) Form	5500.		XYes No
THE PERSON NAMED IN	If the plan is a defined benefit plan, is it covered under the PBGC in art III Financial Information	surance pro	ogram (see ERISA secti	ion 40)21)?	********	Yes	No [Not determined
7	art III Financial Information Plan Assets and Liabilities	The said	(a) Beginning of	of Voc	25			(b) End of	Vana
а	Total plan assets	7a		25,8		+		(b) End of	
b	Total plan liabilities	7b	1,5	25,0	503				1,498,327
C	Net plan assets (subtract line 7b from line 7a)	7c	1.5	25,8	363				1,498,327
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun		303			(b) To	
а	Contributions received or receivable from:	Se Noses		2006 12			500		
	(1) Employers	8a(1)		10,2			100		
=	(2) Participants	8a(2)	9	40,9	21		100		
b	(3) Others (including rollovers) Other income (loss)	8a(3)	1200		1000000		THE REAL PROPERTY.	SHIP.	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	1	13,8	392			A STATE OF THE PARTY OF	STATE OF THE PARTY.
d	Benefits paid (including direct rollovers and insurance premiums	8c	200 750 2000	17.50		5	Section 1		165,043
	to provide benefits)	8d	1	84,9	15				
е	Certain deemed and/or corrective distributions (see instructions)	8e				102	1		THE PARTY OF THE P
f	Administrative service providers (salaries, fees, commissions)	8f		7,6	64		1	CHECK THE PARTY	
g	Other expenses	8g					ALC: N	THE REAL PROPERTY.	Charles of the last
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	A CONTRACTOR		To all				192,579
<u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i	The second second	100	3.0				(27,536)
<u>i</u>	Transfers to (from) the plan (see instructions)	8j						THE SE	A TOTAL DEL
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension for 3D 2E 2F 2G 2J 2K	ature code	s from the List of Plan C	Chara	cterist	ic Cod	des in th	ne instructio	ns:
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Ch	naract	teristic	Code	s in the	instruction	s:
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Aı	mount
а									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fidi	uciary Correction						
	Program)			10a		х	1		
D	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			106		x			
c	Was the plan covered by a fidelity bond?			10b		Α.	100000		200 000
d				100	^				200,000
	by fraud or dishonesty?	•••••		10d		х			-
е	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of th	e benefits under	10e	x				7,630
f				10f		х	W.		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.)	10g	х		100		4,046
h		See instruc	tions and 29 CFR	10h		х			3,020
i	If 10h was answered "Yes," check the box if you either provided the	e required i		10		853			THE PARTY OF THE P

Form 5500-SF 201	6
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Part VI Pension Funding Compliance																
11	(Form	e defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	omplet	e Schedu	ıle SB		s X	No								
	Enter t	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a												
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or s	section 3	02 of	Yes X 1		No								
-		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	31		. 1010/1000											
	grantin	ver of the minimum funding standard for a prior year is being amortized in this plan year, see instr g the waiver	th		iter the da Day	te of the le Year	tter rulir	g								
lfy		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13														
b		ne minimum required contribution for this plan year		-												
<u>c</u>		e amount contributed by the employer to the plan for the plan year														
d 		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le e amount)	eft of a	. 12d	ă l											
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?		. [Yes [No [] N/A									
Pari	t VII	Plan Terminations and Transfers of Assets														
_13a	Has a r	esolution to terminate the plan been adopted in any plan year?	******		Yes	X	lo									
		enter the amount of any plan assets that reverted to the employer this year														
b	Were a control	I the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?	nt unde	r the		Yes X	No									
С	lf, durin	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ssets or liabilities were transferred. (See instructions.)	the pl	an(s) to												
13		me of plan(s):	13c(2) EIN(s)		13c(3) PN(s)										
						,	, , ,									
Part	VIII	Trust Information - Skip These Questions														
14a	Name o			141	Trust's E	IN		1								
14c	Name o	f trustee or custodian		14d Trustee or custodian's												
				telephone number												
Part	1000					e number										
15a		IRS Compliance Questions - Skip These Questions an a 401(k) plan? If "No." skip b		Yes												
	Is the p	an a 401(k) plan? If "No," skip b			,	☐ No		" ADD								
	Is the p			Yes Design- safe ha	based	☐ No	ior year	" ADP								
	Is the p	an a 401(k) plan? If "No," skip bthe plan satisfy the nondiscrimination requirements for employee deferrals under section		Design- safe ha	based bor t year"	No Pi	ior year t	" ADP								
15b	Is the p How did 401(k)(an a 401(k) plan? If "No," skip b		Design- safe had "Curren ADP tes	based bor t year"	□ No □ "Pr □ tes	ior year t	" ADP								
15b	How did 401(k)(3	an a 401(k) plan? If "No," skip bthe plan satisfy the nondiscrimination requirements for employee deferrals under section		Design- safe has "Current ADP tes Ratio percent	based bor t year" st	□ No □ "Pr □ tes	ior year t 'A	" ADP								
15b 16a	How did 401(k)(3 What te year? O	an a 401(k) plan? If "No," skip b. the plan satisfy the nondiscrimination requirements for employee deferrals under section b) for the plan year? Check all that apply: sting method was used to satisfy the coverage requirements under section 410(b) for the plan heck all that apply: plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)		Design- safe had "Curren ADP tes	based bor t year" st	No "Pr tes	ior year t 'A	" ADP								
15b 16a 16b	How did 401(k)(s) What te year? O Did the for the p	an a 401(k) plan? If "No," skip b. the plan satisfy the nondiscrimination requirements for employee deferrals under section b) for the plan year? Check all that apply: sting method was used to satisfy the coverage requirements under section 410(b) for the plan heck all that apply: plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) lan year by combining this plan with any other plan under the permissive aggregation rules? an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or		Design- safe had "Curren ADP tes Ratio percent test	based rbor t year' st	No "Pr tes No Average benefit te	ior year t 'A st	N/A								
16a 16b 17a	What te year? O Did the for the plate letter If the plate II the	an a 401(k) plan? If "No," skip b. the plan satisfy the nondiscrimination requirements for employee deferrals under section b) for the plan year? Check all that apply: sting method was used to satisfy the coverage requirements under section 410(b) for the plan heck all that apply: plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) lan year by combining this plan with any other plan under the permissive aggregation rules? an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or	pinion	Design- safe hai "Curren ADP tes Ratio percent test Yes	based rbor t year" st age	No Prices No Average benefit te	ior year t 'A st	N/A								
16a 16b 17a 17b	How did 401(k)(s) What te year? O Did the for the plate letter If the plate letter	an a 401(k) plan? If "No," skip b. the plan satisfy the nondiscrimination requirements for employee deferrals under section by for the plan year? Check all that apply: sting method was used to satisfy the coverage requirements under section 410(b) for the plan heck all that apply: plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) lan year by combining this plan with any other plan under the permissive aggregation rules? an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of/ and serial number an is an individually-designed plan that received a favorable determination letter from the IRS, ent	pinion	Design- safe hai "Curren ADP tes Ratio percent test Yes	based rbor t year" st age	No Prices No Average benefit te	ior year t 'A st	N/A								
16a 16b 17a 17b	How did 401(k)(3) What te year? O Did the for the platte letter Defined Were al	the plan satisfy the nondiscrimination requirements for employee deferrals under section for the plan year? Check all that apply: Sting method was used to satisfy the coverage requirements under section 410(b) for the plan heck all that apply: Plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) lan year by combining this plan with any other plan under the permissive aggregation rules? In is an anaster and prototype plan (M&P) or volume submitter plan that received a favorable IRS or and serial number In is an individually-designed plan that received a favorable determination letter from the IRS, enter the plan or Money Purchase Pension Plan Only: Benefit Plan or Money Purchase Pension Plan Only: By distributions made during the plan year to an employee who attained age 62 and had not separate.	pinion ter the	Design- safe hai "Curren ADP tes Ratio percent test Yes letter or date of th	based rbor t year" st age	No Prices No Average benefit te	ior year t 'A st	N/A								
16a 16b 17a 17b 18	What te year? O Did the for the platter letter Defined Were au service'	an a 401(k) plan? If "No," skip b. the plan satisfy the nondiscrimination requirements for employee deferrals under section by for the plan year? Check all that apply: sting method was used to satisfy the coverage requirements under section 410(b) for the plan heck all that apply: plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) lan year by combining this plan with any other plan under the permissive aggregation rules? an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of and serial number an is an individually-designed plan that received a favorable determination letter from the IRS, ent Benefit Plan or Money Purchase Pension Plan Only:	pinion ter the	Design- safe hai "Curren ADP tes Ratio percent test Yes letter or date of th	based rbor t year" st age advisory le	No Press No Average benefit te No etter, enter	ior year t 'A st	N/A								