## Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Internal Revenue Service

**Annual Report Identification Information** 

## **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** 

				and ending 12	2/31/2016	
A This ret	turn/report is for:	a single-employer plan	list of participating	er plan (not multiemployer) ( g employer information in ac		
		a one-participant plan	a foreign plan			
<b>B</b> This retu	urn/report is	the first return/report	the final return/repo	ort		
		an amended return/report	a short plan year re	eturn/report (less than 12 m	nonths)	
C Check I	box if filing under:	Form 5558	automatic extension	on	DFVC program	
Part II	Basic Plan Info	special extension (enter descontant) special extension (enter descontant)	' '			
1a Name		ormation—enter an requested in	HIOHHAUOH		<b>1b</b> Three-digit	
		C. 401(K) PROFIT SHARING PLA	N		plan number (PN) ▶	002
					1c Effective date	of plan /01/2002
Mailing	ponsor's name (emplo g address (include roo		2b Employer Idea (EIN) 91	ntification Number -1020577		
	rtown, state or province PPLY COMPANY, INC	2c Sponsor's tele	ephone number 27-3176			
					2d Business cod	e (see instructions)
P. O. BOX 11 TACOMA, W			42	3700		
3a Plan a	dministrator's name a	nd address X Same as Plan Spo	onsor.		<b>3b</b> Administrator	s EIN
					<b>3c</b> Administrator	s telephone number
4 If the r	name and/or FIN of th	e nlan enoneor has changed since	a the last return/report file	ed for this plan, enter the	4b EIN	
name	, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	e the last return/report file	ed for this plan, enter the	4b EIN 4c PN	
a Spons	, EIN, and the plan nu or's name				4b EIN 4c PN 5a	78
a Spons 5a Total	, EIN, and the plan nu or's name number of participants	mber from the last return/report.			4c PN	78 79
a Spons 5a Total i b Total i c Numb	, EIN, and the plan nu or's name number of participants number of participants er of participants with	mber from the last return/report.	f the plan year (only defi	ned contribution plans	4c PN 5a	
name a Spons 5a Total i b Total i c Numb	, EIN, and the plan nu or's name number of participants number of participants er of participants with lete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end o	f the plan year (only defi	ned contribution plans	4c PN 5a 5b	79 63
name a Spons 5a Total i b Total i c Numb compl d(1) Total	, EIN, and the plan nu or's name number of participants number of participants er of participants with lete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end o	of the plan year (only defi	ned contribution plans	4c PN 5a 5b 5c	79 63 73
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name a Spons 5a Total i b Total i c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A	, EIN, and the plan nu or's name number of participants er of participants with lete this item)	mber from the last return/report.  at the beginning of the plan year account balances as of the end o articipants at the beginning of the plan year articipants at the beginning of the plan year atterminated employment during the	of the plan year (only definition of the plan year (only definition of the plan year with accrued only rn/report will be assess	ned contribution plans  d benefits that were less  sed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	79 63 73 73 3
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name a Spons 5a Total I b Total I c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pena SB or Sche belief, it is is SIGN HERE	, EIN, and the plan nu or's name number of participants number of participants are of participants with lete this item)	mber from the last return/report.  at the beginning of the plan year at the end of the plan year account balances as of the end o articipants at the beginning of the plan year terminated employment during the or incomplete filing of this returned signed by an enrolled actuary, plete. //valid electronic signature. administrator	of the plan year (only definition of the plan year (only definition of the plan year with accrued replan year with accrued replan year will be assess uctions, I declare that I h as well as the electronic 08/25/2017  Date  Date	ned contribution plans  d benefits that were less  sed unless reasonable car ave examined this return/re c version of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. sport, including, if apprt, and to the best of	79 63 73 73 30 Dicable, a Schedule my knowledge and administrator

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	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	an indepe	ndent qualified public a	account	ant (IQ	PA)				No No
	If you answered "No" to either line 6a or line 6b, the plan cann								□ .00 □ .	110
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_	_	_	Not determine	∍d
Pa	rt III Financial Information						_			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a		948986					4315720	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	3	948986	i				4315720	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) 1	Total .	
а	Contributions received or receivable from:			50396						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		224095						
	(3) Others (including rollovers)	8a(3)		5756 425434						
	Other income (loss)	8b		420404					705004	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							705681	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		286438						
е	Certain deemed and/or corrective distributions (see instructions).	8e		16876						
f	Administrative service providers (salaries, fees, commissions)	8f		24970	)					
q	Other expenses	8g		10663						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		33894						
<del></del>	Net income (loss) (subtract line 8h from line 8c)	8i				366734				_
Ť	Transfers to (from) the plan (see instructions)	8i								
Pai	rt IV Plan Characteristics	oj .								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2T 3D 2F 2S	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for 4B	eature cod	les 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		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 F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	Χ				500	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	X				170	028
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 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)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," 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	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b			
С	C Enter the amount contributed by the employer to the plan for this plan year							
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	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 brougout 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	lan(s)	) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>B)</b> PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
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:	-  LL ;		n-based narbor	d [	Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					entage		verage enefit test	□ N/A
	for the	be 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							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
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	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 sections 6057(b) and 6058(a) of the Internal

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form Is Open to Public Inspection

	Benefit Guaranty Corporation	► Complete all entries in	accordance with the ins	structions to the Form 5	500-SF.	T ubile inspection
Part	Annual Report	Identification Information				
For calen	dar plan year 2016 or fi	iscal plan year beginning	01/01/2016	and ending		/31/2016
A This re	eturn/report is for:	a single-employer plan	list of participating e			king this box must attach a with the form instructions.)
		a one-participant plan	a foreign plan			
<b>B</b> This re	turn/report is	the first return/report	the final return/repor		,, ,	
C Check	: box if filing under:	an amended return/report	_	urn/report (less than 12 m	_	
• Oncon	SOX II MING GILLER.	Form 5558 special extension (enter descr	automatic extension intion)		∐ DFVC p	program
Part II	Basic Plan Info	rmation—enter all requested inf	• •			
1a Name		citte dil requested lili	omation		1b Thre	e-digit
	Supply Company	, Inc. 401(k)				number
Profit	Sharing Plan				(PN)	
						ctive date of plan /01/2002
2a Plans	sponsor's name (emplo	yer, if for a single-employer plan)				loyer Identification Number
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)				structions)	(EIN)	91-1020577
Rosen Supply Company, Inc.				,		nsor's telephone number (3) 627-3176
						ness code (see instructions)
P. O. Box 11185						3700
Tacoma		nd address K Same as Plan Spon		A 98411		
name	name and/or EIN of the e, EIN, and the plan nun or's name	plan sponsor has changed since to the from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN	
<del></del>	<del></del>				4c PN	70
		at the beginning of the plan year			5a	78
D Total	number of participants : ser of participants with a	at the end of the plan year account balances as of the end of the	no plan year (only define		5b	79
comp	lete this item)	account paralices as of the end of the	ie plan year (only defined	contribution plans	5c	63
		ticipants at the beginning of the pla			5d(1)	73
		ticipants at the end of the plan year		***************************************	5d(2)	73
e Numb than	per of participants that t 100% vested	erminated employment during the	olan year with accrued be	enefits that were less	5e	3
Caution: A	I penalty for the late o	or incomplete filing of this return/	report will be assessed	unless reasonable cau	se is estab	lished.
SB or Sche	alties of perjury and oth edule MB completed an true, correct, and comp	er penalties set forth in the instruct d signed by an enrolled actuary, as lete.	ions, I declare that I have well as the electronic ve	e examined this return/report	ort, includir and to the	ng, if applicable, a Schedule best of my knowledge and
SIGN	Manne	Ol broneberg	8-17-17	Dianne Arensbe	rg	
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	al signing a	is plan administrator
SIGN						
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	al signing a	as employer or plan sponsor
Preparer's		ame, if applicable) and address (inc		er)		telephone number
				Į,·		

	Form 5500-SF 2016		Page <b>2</b>							
C	Were all of the plan's assets during the plan year invested in eligical 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 can lift the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC.	t an indep / and cond not use F	endent qualified publ litions.) orm 5500-SF and m	ic accou	intant tead u	(IQPA	) 56		X Yes	N N minec
F	art III Financial Information	St					_			_
<u> </u>	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) Er	nd of Year	
_ <u>a</u>	The production of the producti	. 7a		3,948	,986				4,31	5,72
<u>_b</u>	process and the second								<u> </u>	
_ <u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	3	3,948	,986				4,315	5.72
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amo					(b)	Total	,,,_
	Contributions received or receivable from: (1) Employers			50	,396					
	(2) Participants			224	,095				7 ild 1881 10 1881 13	(34) HIGH
	(3) Others (including rollovers)	8a(3)		5	,756	argiarini Hirotopa			# 12 cm 57 or 100	
	Other income (loss)	8b			434			. 170		
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	The second second	rope - m		705,68			60	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		286,	438					niceria;
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			876	eri i		Mar (M	P. G. W. W. The Compression	
f_	Administrative service providers (salaries, fees, commissions)	8f			970	1911.75 A				
	Other expenses	8g			663					18112
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	garyantar grapping a carriery	- C 100 C 100 C						AZ ALSA
	Net income (loss) (subtract line 8h from line 8c)	81			1 ( ) 3		-			<u>,947</u>
j	Transfers to (from) the plan (see instructions)	8i	<u> 1844 - 1854 - 1854 - 1854 - 1854 - 1854 - 1854 - 1854 - 1854 - 1854 - 1854 - 1854 - 1854 - 1854 - 1854 - 1854</u>	<u></u>		195. 12 (5.17)	et i lijkinge	· (4878-c)		<u>,734</u>
11 31340 311 111	t IV Plan Characteristics	9					<u> </u>			
b	If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2T 3D 2F 2S.  If the plan provides welfare benefits, enter the applicable welfare feating applicable welfare feating.									_
Part										
10	During the plan year:				Yes	No	N/A		Amount	
a	described in 29 CFR 2510.3-102? (See Instructions and DOL's Vo Program)	oluntary Fi	duciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	/Do not in	clude transpostions	10b		X				

C Was the plan covered by a fidelity bond? ..... 10c 500,000 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.... 10d Х Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Х Has the plan failed to provide any benefit when due under the plan? f ·X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) ..... 10g 17,028 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h Х If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....

Form 5500-SF 2016					
Page 3-					
Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (IS IN call less instant)	l complete Sc	hedule 8	 SB	П	Yes X N
(Form 5500) and line 11a below)		T	<u></u>		
- 13 this a defined contribution plan subject to the minimum funding requirements of postion 440 of the	O = -t =		of		<del>-</del>
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				-	Yes X N
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	d enter	the date o	of the lette Year	er ruling
if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	Da	<del>y</del>	rear	
<b>b</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			
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d			<u>.                                      </u>
e vviil the minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No	N/A
Plan Terminations and Transfers of Assets		<u> </u>		<u></u> -	
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	X N	0
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	<u></u>	<u> </u>	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?			<del>\</del>		
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to			<u> </u>
13c(1) Name of plan(s):	13c(2)	ElN(s)		13c(3)	) PN(s)
	, , ,				<u>,</u>
Part VIII Trust Information				<del></del> -	<del></del>
14a Name of trust		14h T	rust's EIN		
	]	140 (	rusts EIN		
14c Name of trustee or custodian		44-1-	<u> </u>		
		14d Trustee's or custodian's telephone number			
Part IX: IRS Compliance Questions					
<b>15a</b> Is the plan a 401(k) plan? If "No," skip b	Yes			No	
5b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	Design	-based	П "	Prior yea	r" ADP
401(k)(3) for the plan year? Check all that apply:				est	
63 What testing method was used to nation the course	☐ ADP te	st	<sup>ا</sup> لا	N/A 	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio percentest	tage	Avera		□ N/A
16b 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		Π,	No	·
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number	pinion letter o	r adviso	ry letter, e	nter the	date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

☐ No

☐ No

Yes

Yes

and the serial number

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 separated from

Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? .....

service?....