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.

1210-0089

OMB Nos. 1210-0110

2016

This Form is Open to **Public Inspection**

Parti	Annual Repor	t identification information	<u> </u>			
For calend	lar plan year 2016 or	fiscal plan year beginning 01/01/	2016	and ending 1	2/31/2016	
		X a single-employer plan		plan (not multiemployer)		
A This ref	turn/report is for:		_ ' ' "	employer information in a	ccordance with the f	form instructions.)
		a one-participant plan	a foreign plan			
D =: .	,	the first return/report	the final return/report	•		
B This reti	urn/report is	the first return/report	H		(1)	
		an amended return/report	a snort plan year retu	urn/report (less than 12 m	nontns)	
C Check	box if filing under:	X Form 5558	automatic extension	l	DFVC program	
		special extension (enter des	cription)		_	
Part II	Basic Plan Inf	formation—enter all requested in				
1a Name					1b Three-digit	
		., INC. 401(K) PROFIT SHARING F	LAN AND TRUST		plan number	
					(PN) ▶	002
					1c Effective date	e of plan 1/01/2005
2a Plan s	ponsor's name (emp	loyer, if for a single-employer plan)				entification Number
		oom, apt., suite no. and street, or P.		- t('\		6-2660636
	r town, state or provi H INTERNATIONAL	nce, country, and ZIP or foreign pos	stal code (if foreign, see ins	structions)	2c Sponsor's te	lephone number
W W W W C T L O	THE ENGLISH OF THE	, 110.			360-	379-6707
400 OTTO C	TDEET				2d Business coo	de (see instructions)
192 OTTO S PORT TOWN	NSEND, WA 98368				33	32900
3a Plan a	dministrator's name	and address X Same as Plan Spo	onsor.		3b Administrator	r's EIN
		_				
					3c Administrator	r's telephone number
		the plan sponsor has changed since number from the last return/report.	the last return/report filed	I for this plan, enter the	4b EIN	
	sor's name	ambor nom the last retain report.			4c PN	
5a Total	number of participan	ts at the beginning of the plan year			5a	8
		ts at the end of the plan year			5b	(
		h account balances as of the end o				
				·	5c	
d(1) Tot	al number of active p	participants at the beginning of the	olan year		5d(1)	8
d(2) Tot	tal number of active p	participants at the end of the plan ye	ear		5d(2)	!
		at terminated employment during th			5e	(
		e or incomplete filing of this retu other penalties set forth in the instru				
SB or Sche	edule MB completed	and signed by an enrolled actuary,				
belief, it is	true, correct, and cor		00/05/0047	DEC		
SIGN HERE	Filed with authorize	d/valid electronic signature.	08/25/2017	REGINA DATTA		
HEKE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator
	Signature or plan	- dullimiotrator				
SIGN	Signature or plan	addiminos aco.				
SIGN HERE			Date	Enter name of individ	dual signing as empl	oyer or plan sponsor
HERE	Signature of emp	oloyer/plan sponsor n name, if applicable) and address (Enter name of individual ber)	dual signing as empl	
HERE	Signature of emp	oloyer/plan sponsor				
HERE	Signature of emp	oloyer/plan sponsor				
HERE	Signature of emp	oloyer/plan sponsor				

Form 5500-SF 2016 Page **2**

	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	an indepe	ndent qualified public a	account	ant (IC	PA)			X Ye	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	termined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		838914				•	66995	3
b	Total plan liabilities	7b		0)					0
С	Net plan assets (subtract line 7b from line 7a)	7c	,	838914	1				66995	3
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt		(b) Total				
а	Contributions received or receivable from:	- 411		1955						
	(1) Employers	8a(1)		3370						
	(2) Participants	8a(2)		26000	_					
	(3) Others (including rollovers)	8a(3)		36340						
	Other income (loss)	8b		30340	-				6766	E
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							0700	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		236451						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0)					
f	Administrative service providers (salaries, fees, commissions)	8f		175						
g	Other expenses	8g		0)					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							23662	:6
i	Net income (loss) (subtract line 8h from line 8c)	8i							-16896	1
j										
Pai	rt IV Plan Characteristics	,								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3D 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	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	X					83892
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	s of year-	end.)	10g	X					65305
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						

ı	Form	550	0-SF	201	16

Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	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	ΠY	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 i		of the letter Year _	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 No)
	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				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) 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 custodia 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 [Test	ar" 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	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 determir	ation
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	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			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

Pension B	enefit Guaranty Corporation	➤ Complete all entries in	accordance with the instr	uctions to the Form 5	500-SF.		no moposition
Part I		Identification Information					
For calend	ar plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending	12/3	1/2016	5
A This re	turn/report is for:	X a single-employer plan □ a one-participant plan		an (not multiemployer) nployer information in a			
			a foreign plan				
B This return/report is							
C Check	box if filing under:	X Form 5558 special extension (enter descr	automatic extension		DFVC pro	ogram	
Dowt II	Dania Dian Info	ш .					
Part II		rmation—enter all requested inf	ormation		1h There	21.14	
1a Name Marketed	Add the State of t	nal, Inc. 401(k) Prof	it Sharing Plan	and Trust	1b Three- plan n (PN)	umber	002
-					1c Effecti 01/01	ive date o L / 2005	f plan
Mailing	address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		uctions)	(EIN) 5	6-266	
	ech Internatio		ar code (ir foreign, see instr	uctionay	360-3	379-67	
192 Ott	o Street				2d Busine 33290		(see instructions)
Port To	wnsend	WA 98368					
		nd address 🛚 Same as Plan Spon			3b Admini		telephone number
		e plan sponsor has changed since t mber from the last return/report.	he last return/report filed for	or this plan, enter the	4b EIN		
_ a Sponso	or's name				4c PN		
5a Total r	number of participants	at the beginning of the plan year			5a		8
b Total r	number of participants	at the end of the plan year			5b		6
		account balances as of the end of t			5c		5
d(1) Tota	al number of active par	ticipants at the beginning of the pla	n year		5d(1)		8
d(2) Tota	al number of active par	rticipants at the end of the plan yea	Γ		5d(2)		5
than 1	100% vested	terminated employment during the			5e	tala ad	0
Under pena SB or Sche	Ities of perjury and oth	or incomplete filing of this return ner penalties set forth in the instruct nd signed by an enrolled actuary, a plete.	tions, I declare that I have e	examined this return/re	port, including	g, if applic	able, a Schedule knowledge and
SIGN	Leane	rowh		Regina Datta			
HERE	Y	durinistrata e	Date 8/25/17		ual alaulua aa	nlan adı	
	Signature oliplan a	ummistrator	Date Dicoli	Enter name of individ	uai signing as	pian aur	imistrator
SIGN							
HERE	Signature of emplo		Date	Enter name of individ			
Preparer's i	name (including firm n	ame, if applicable) and address (in	clude room or suite number	r)	Preparer's to	elephone	number

		Form 5500-SF 2016		Page 2								
b	Are y unde If you	e all of the plan's assets during the plan year invested in eligib rou claiming a waiver of the annual examination and report of r 29 CFR 2520.104-46? (See instructions on waiver eligibility u answered "No" to either line 6a or line 6b, the plan cann plan is a defined benefit plan, is it covered under the PBGC in	an indeper and conditi ot use For	ndent qualified public ons.)rm 5500-SF and mus	accoun	tant (IC	QPA) e Forn	n 5500.			res [No No ned
Pa	rt III	Financial Information										
7	Plan	Assets and Liabilities	4.40	(a) Beginning	of Yea	r		(b) End	of Year		
а	Total	plan assets	7a		838,	914					669,	953
b	Total	plan liabilities	7b			0						0
С	Net p	lan assets (subtract line 7b from line 7a)	7c		838,	914					669,	953
8	Incon	ne, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal		
а		ibutions received or receivable from: mployers	8a(1)		1,	955						
	(2) F	Participants	8a(2)		3,	370						
	(3) C	thers (including rollovers)	8a(3)		26,	000	T. E.					
b	Other	income (loss)	8b		36,	340					We i	
С	Total	income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	2. · · · · · · · · · · · · · · · · · · ·							67,	665
d		fits paid (including direct rollovers and insurance premiums vide benefits)	8d		236,	451						
е	Certa	in deemed and/or corrective distributions (see instructions)	8e			0					Yalvija	
f	Admir	nistrative service providers (salaries, fees, commissions)	8f			175						
g	Other	expenses	8g			0						
h	Total	expenses (add lines 8d, 8e, 8f, and 8g)	8h								236,	626
i	Net in	come (loss) (subtract line 8h from line 8c)	8i			4,4				Ye	168,	961
j	Trans	fers to (from) the plan (see instructions)	8j			0						
Pa	rt IV	Plan Characteristics										
9a		plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 2R $$ 3D $$ 3H	feature cod	les from the List of Pla	an Cha	racteri	stic Co	odes in t	he instru	uctions:		
b	If the	plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Char	acteris	tic Cod	des in th	e instru	ctions:		
Par	t V	Compliance Questions										
10		ng the plan year:				Yes	No	N/A		Amou	nt	
а	des	there a failure to transmit to the plan any participant contribut cribed in 29 CFR 2510.3-102? (See instructions and DOL's Vogram)	oluntary Fig	duciary Correction	10a		х					
b	Wer	e there any nonexempt transactions with any party-in-interest?	? (Do not ir	nclude transactions	10b		Х					
С	Wa	s the plan covered by a fidelity bond?			10c	Х		1137			83,	892
d		the plan have a loss, whether or not reimbursed by the plan's i		55	10d		Х					

X

Χ

Χ

65,305

10e

10g

10h

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.).....

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

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

-20	Form	5500-	SE	201	6

Page	3-		1	
raye	J-	l .		

Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below)				[]	Yes No				
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40				U					
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
(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 instrugranting the waiver. Mor		and enter t		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.		Day		_ rear_					
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 left negative amount)	t 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 N	0				
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 brought control of the PBGC?				Yes X	No				
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	the plan	(s) to							
13c(1) Name of plan(s):	13c	(2) EIN(s)		13c(3) PN(s)				
Part VIII Trust Information									
14a Name of trust		14b T	rust's El	N					
The Hallo of their			14000 21	. •					
14c Name of trustee or custodian				or custodi number	an's				
Part IX IRS Compliance Questions									
15a Is the plan a 401(k) plan? If "No," skip b	Ye	3		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:		ign-based harbor		"Prior ye test	ar" ADP				
		rrent year" P test		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:	Ra per tes	centage		erage efit test	□ 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	5		No					
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opin the letter and the serial number			133/						
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter letter	r the dat	e of the me	ost recen	t determir	nation				
18 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 separate service?	ted from	Yes		No					
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		No					