Form 5500-SF		Short Form Annua	oyee	MB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		This form is required to be filed	etirement		2016				
Employee Ben	artment of Labor efits Security Administration	Income Security Act of 1974 (Internal	This Form is Open to Public Inspection					
Pension Ben	efit Guaranty Corporation	Complete all entries in a lentification Information	ccordance with the ins	tructions to the Form 5	500-SF.				
	plan year 2016 or fisca)16	and ending	2/31/2016				
	rn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer) (employer information in ac		-			
B This retur	n/report is	the first return/report an amended return/report	the final return/report a short plan year retu	t urn/report (less than 12 m	onths)				
C Check bo	ox if filing under:	Form 5558 special extension (enter descri	automatic extension	I	X DFVC p	rogram			
Part II	Basic Plan Inform	nation —enter all requested info							
1a Name o					(PN)	number tive date of			
2a Plan sponsor's name (employer, if for a single-employer plan) 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)					01/01/2011 2b Employer Identification Number (EIN) 03-0477099 2c Sponsor's telephone number				
THE STERLING GROUP, INC.						253-537-3177 2d Business code (see instructions)			
926 96TH STF TACOMA, WA						23890	00		
					3c Admi	inistrator's t	elephone number		
name, l	EIN, and the plan numb	plan sponsor has changed since the sponsor has changed since the last return/report.	he last return/report filed	l for this plan, enter the	4b EIN				
a Sponsor					4c PN 5a		14		
_		the beginning of the plan year			5a 5b		25		
C Number	r of participants with ac	the end of the plan year count balances as of the end of the	he plan year (only define	ed contribution plans	50 50				
	,	cipants at the beginning of the pla			5d(1)		12		
		cipants at the end of the plan yea			5d(2)		21		
e Numbe	er of participants that te	rminated employment during the	plan year with accrued b	enefits that were less	5e		C		
Under penal SB or Sched	ties of perjury and othe	incomplete filing of this return, r penalties set forth in the instruct signed by an enrolled actuary, as	tions, I declare that I hav	e examined this return/re	port, includi	ng, if applic	able, a Schedule knowledge and		
		lid electronic signature.	03/02/2018	STEVEN W HARTMA	NN				
HERE	Signature of plan adr	ministrator	Date	Enter name of individ	ual signing	as plan adm	ninistrator		
SIGN			2010		dui orgining i				
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual signing	as employe	r or plan sponsor		
Preparer's n	ame (including firm nar	ne, if applicable) and address (inc	clude room or suite num	ber)	Preparer's	s telephone	number		
For Paperwor	rk Reduction Act Notico	see the Instructions for Form 5500-	SF			c	orm 5500-SF (2016)		
							v 160027		

	Were all of the plan's assets during the plan year invested in eligib	X Yes No								
b	Are you claiming a waiver of the annual examination and report of a	X Yes 🗌 No								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann									
с	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
	Part III Financial Information									
7	Plan Assets and Liabilities									
<u> </u>		_	(a) Beginning (of Year 148410				(b) End of Year 182697		
<u>a</u>	Total plan assets	7a		27				102037		
	Total plan liabilities	7b		148383				182697		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		148383				182697		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)		14061						
	(2) Participants	8a(2)		24375						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		9557						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						47993		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		13654						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		25						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						13679		
i	Net income (loss) (subtract line 8h from line 8c)	8i						34314		
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$	feature co	odes from the List of PI	an Char	racteri	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	cterist	tic Coc	les in t	he instructions:		
Par	t V Compliance Questions									
10	0 During the plan year:						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		,	10-		Х				
	Program)			10a						

	Program)	10a				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	X			12000
d	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		
е	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.).	10e	x			704
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 of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	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	10i				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes	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 Con						Yes 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				•••••			
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	l enter t	he date	of the lette	er ruling	
	gran	ting the waiver	onth _	-	_ Day		Year_		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	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				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	۱
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	5 X N	lo	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	< No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):		13c(2)	EIN(s)		13c(3	B) PN(s))
	. ,			. ,	. /			, ()	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Frust's E	EIN		
14c	Name	e of trustee or custodian					s or custoc 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:		Desig safe h	n-basec arbor	1	Prior y test	ear" AD	Ρ
				"Curre ADP t	ent year est		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
16b		he 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		-			-			of
	letter		ter the	e date	of the m	ost rece	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 separ ce?		from	Ye	s [No		

		1								
Depa	rm 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Em Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of t							
	emal Revenue Service	This form is required to be file Income Security Act of 1974								
	Benefits Security Administration	-	Revenue Code (the Cod	le).		This Form is Open to Public Inspection				
		Complete all entries in a	accordance with the ins	tructions to the Form	5500-SF.	Public Inspection				
Part I	Annual Report	Identification Information								
For calend	iar plan year 2016 or th	scal plan year beginning	01/01/2016	and ending		1/2016				
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)	(Filers check	ing this box must attach a ith the form instructions.)				
		a one-participant plan	a foreign plan		accordance w	in the form instructions.)				
B This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 r	nonths)					
C Check	box if filing under:	Form 5558	automatic extension		X DFVC pr	ogram				
·		special extension (enter descri	iption)			-				
Part II	Basic Plan Info	rmation-enter all requested info	ormation							
1a Name	of plan				1b Three	-digit				
Sterling Group 401(k) Plan						umber 001				
					(PN)					
						ive date of plan				
2a Plan s	ponsor's name (employ	ver, if for a single-employer plan)				L/2011				
Mailing	address (include roon	n, apt., suite no. and street, or P.O.	. Box)			yer Identification Number				
	town, state or province erling Group,	e, country, and ZIP or foreign posta	Il code (if foreign, see inst	ructions)		sor's telephone number				
THE DEC	erring Group,	me.				253-537-3177				
926 96t	h Street East				2d Business code (see instructions)					
					238900					
Tacoma		WA 98445								
3a Plan ad	dministrator's name an	d address 🛛 Same as Plan Spons	sor.		3b Admin	istrator's EIN				
					3c Admin	istrator's telephone number				
4 If the n										
name,	EIN, and the plan num	plan sponsor has changed since the ber from the last return/report.	ne last return/report filed f	or this plan, enter the	4b EIN					
a Sponso		P			4C PN					
5a Total n	umber of participants a	at the beginning of the plan year								
		at the end of the plan year			5b	14 25				
C Numbe	er of participants with a	ccount balances as of the end of th	e plan year (only defined	contribution plans						
comple	ete this item)			·	5c	7				
		icipants at the beginning of the pla			5d(1)	12				
d(2) Tota	I number of active part	icipants at the end of the plan year			5d(2)	21				
e Number than 1	er of participants that te 00% vested	erminated employment during the p	plan year with accrued be	nefits that were less	5e					
Caution: A	penalty for the late of	r incomplete filing of this return/	report will be assessed	unless reasonable car	use is establi	ished.				
Under pena	Ities of perjury and othe	er penalties set forth in the instructi	ons. I declare that I have	examined this return/re	nort including	if applicable a Schedule				
belief, it is tr	ue, correct, and completed and	d signed by an enrolled actuary, as ete.	well as the electronic ver	sion of this return/repor	t, and to the b	est of my knowledge and				
SIGN	STE G	A	3-2-18	Steven W Hart	nann					
HERE	Signature of plan ad	ministrator	Date							
SIGN	grant or prost ou		Date	Enter name of individ	uai signing as	pian auministrator				
HERE	Cianoture of employ									
Signature of employer/plan sponsor Date Enter name of individu Preparer's name (including firm name, if applicable) and address (include room or suite number) Image: Comparent of the sponsor Image: Comparent of the sponsor						vidual signing as employer or plan sponsor Preparer's telephone number				
			and room of suite numbe	' /	riepaiers ti	siephone number				
F D	- Dealer and the second	see the Instructions for Form 5500-5								

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-	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepen and conditi	dent qualified public a	account	ant (IC	PA)			X Yes	
с	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					_	_		Not dete	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Yeai				(b) End of	Year	
а	Total plan assets	7a		148,					18	82,697
	Total plan liabilities	7b			27					
С	Net plan assets (subtract line 7b from line 7a)	7c		148,	383				18	32,697
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	it				(b) Tot	al	
а	Contributions received or receivable from:			14,	061					
	(1) Employers	8a(1)				-		_		
	(2) Participants	8a(2)		24,	575	-				-
	(3) Others (including rollovers).	8a(3)		0	667	-	-			
_	Other income (loss)	8b		9,557						17,993
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	80			-+-			-	-	17,995
	to provide benefits)	8d		13,	654					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			25					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g) 8h									L3,679
I	Net income (loss) (subtract line 8h from line 8c)	et income (loss) (subtract line 8h from line 8c)				34,314				
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$	feature coo	les from the List of PI	an Cha	racteris	stic Co	odes in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	cterist	ic Coo	des in t	he instruct	ions:	
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 Fi	duciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		x				
С	Was the plan covered by a fidelity bond?			10c	х					12,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
e	e 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.).			10e	x					704
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instrue	ctions and 29 CFR	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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)			В	🗌 Ye	s 🗌 No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C			f	Ye	s X No
	ERISA?					
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.		d enter f Da		the letter r Year	uling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		r		
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d			
е	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 No	
	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 broucontrol of the PBGC?	•			Yes 🛛	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plan(s)) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part			4.41			
14a	Name of trust		140	Trust's EIN		
14c	Name of trustee or custodian			Frustee's or telephone r		ı's
Part	IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b	Yes			No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	Desig safe h	n-based		"Prior yea test	" ADP
	401(k)(3) for the plan year? Check all that apply:	"Curre	ent year	"	N/A	
			est			
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio perce test	entage	Avera bene	age fit test	□ N/A
	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?				No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter	enter the date	of the m	nost recent	determina	tion
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 sep service?	parated from	Ye	s [] t	No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Ye	s 🛛 l	No	