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).

2017

This Form is Open to **Public Inspection**

OMB Nos. 1210-0110

1210-0089

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

Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning and ending a multiple-employer plan (not multiemployer) (Filers checking this box must attach a a single-employer plan list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan B This return/report is the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit **EPIC INSURANCE 401K PLAN** plan number (PN) ▶ 001 1c Effective date of plan 01/01/1999 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 45-5606663 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number CALROSE, INC. 425-252-5188 2d Business code (see instructions) 2321 BROADWAY 524210 EVERETT, WA 98201-2321 3b Administrator's EIN **3a** Plan administrator's name and address X Same as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. **4d** PN Sponsor's name C Plan Name 5a 5a Total number of participants at the beginning of the plan year 5_b **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) d(2) Total number of active participants at the end of the plan year..... Number of participants who terminated employment during the plan year with accrued benefits that were less \cap 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 belief, it is true, correct, and complete Filed with authorized/valid electronic signature 06/11/2018 **DON LAYSON** SIGN **HERE** Enter name of individual signing as plan administrator Signature of plan administrator Date **SIGN HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Form 5500-SF 2017 Page **2**

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes		
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (Se								Not dete	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
a	Total plan assets	7a	24	44946				355621	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	assets (subtract line 7b from line 7a)						355621	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Γotal	
a	Contributions received or receivable from: (1) Employers	8a(1)		11362					
	(2) Participants	8a(2)	2	24600					
	(3) Others (including rollovers)	8a(3)	;	34465					
b	Other income (loss)	8b	4	48768					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						119195	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	fits paid (including direct rollovers and insurance premiums ovide benefits)							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	ve service providers (salaries, fees, commissions) 8f 2814							
g	ther expenses 8g 0								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							8520	
<u></u>	Net income (loss) (subtract line 8h from line 8c)						110675		
j	Transfers to (from) the plan (see instructions)								
Pai	Part IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
b	Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10a		X			
С				10c	X			300	000
d		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				Χ			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	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.)			X				20
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-	end.)	10g		Χ			
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 2520.101			10i					

Form 5500-SF 2017	Page 3- 1
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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 complete Sch (Form 5500) and line 11a below)		В	Ye:	s No
11a	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 Code or section ERISA?	n 302 of		Ye	s X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter r Year	uling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
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 left of a 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 brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)

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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection**

For calendar plan year 2017 or fiscal plan year beginning A This return/report is for: a one-participant plan B This return/report is the first return/report an amended return/report an amended return/report an amended return/report special extension (enter description) Part II Basic Plan Information—enter all requested information Epic Insurance 401k Plan Pic Insurance 401k Plan 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) Calrose , Inc. Perent II Broadway Everett WA 98201-2321	mber								
A This return/report is for: a one-participant plan a foreign plan B This return/report is the first return/report the final return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Epic Insurance 401k Plan 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) Calrose	mber								
B This return/report is the first return/report									
the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Epic Insurance 401k Plan 1b Three-digit plan number (PN) 1c Effective date of plan 01/01/1999 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) Cily or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Calrose, Inc. 2321 Broadway 1b Three-digit plan number (PN) 1c Effective date of plan 01/01/1999 2b Employer Identification N (EIN) 45-5606663 2c Sponsor's telephone num 425-252-5188 2d Business code (see instructions)									
C Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Epic Insurance 401k Plan Epic Insurance 401k Plan 1c Effective date of plan o1/01/1999 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) Cily or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Calrose, Inc. 2321 Broadway DFVC program									
Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Epic Insurance 401k Plan 1b Three-digit plan number (PN) ▶ 1c Effective date of plan 01/01/1999 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) Calrose, Inc. 2321 Broadway 2b Employer Identification N (EIN) 45-5606663 2c Sponsor's telephone num 425-252-5188 2d Business code (see instructions) 2d Business code (see instructions)									
Part II Basic Plan Information—enter all requested information 1a Name of plan Epic Insurance 401k Plan 1b Three-digit plan number (PN) 1									
1a Name of plan 1b Three-digit plan number (PN) ▶ Epic Insurance 401k Plan 1c Effective date of plan of 1/01/1999 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) 2b Employer Identification N (EIN) 45-5606663 2c Sponsor's telephone num 425-252-5188 2c Sponsor's telephone num 425-252-5188 2d Business code (see instructions) 2d Business code (see instructions)									
Epic Insurance 401k Plan Plan number (PN)									
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) Calrose, Inc. 2321 Broadway Telefective date of plan 01/01/1999 2b Employer Identification N (EIN) 45-560663 2c Sponsor's telephone num 425-252-5188 2d Business code (see instructions) 524210									
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) Calrose, Inc. 2b Employer Identification N (EIN) 45-5606663 2c Sponsor's telephone num 425-252-5188 2d Business code (see instructions) 524210									
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) Calrose, Inc. 2321 Broadway (EIN) 45-5606663 2c Sponsor's telephone num 425-252-5188 2d Business code (see instructions) 524210									
Calrose, Inc. 22 Sponsor's telephone num 425-252-5188 2321 Broadway 524210	ber								
2d Business code (see instru 524210									
524210	ctions)								
Everett WA 98201-2321									
Tagger									
3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN									
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN									
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.									
a Sponsor's name									
C Plan Name									
5a Total number of participants at the beginning of the plan year	3								
b Total number of participants at the end of the plan year	7								
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	7								
d(1) Total number of active participants at the beginning of the plan year	2								
d(2) Total number of active participants at the end of the plan year	5								
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	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 So 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 belief, it is true, correct, and complete?									
SIGN / Meld () agran () Don Layson									
Signature of plan administrator Date Enter name of individual signing as plan administrator									
SIGN HERE C: 44 of all wilds and a second se									
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Date Enter name of Individual signing as employer or plan s Form 5500-SF. Form 5500-SF.									

	Form 5500-SF 2017	·····	Page 2		W. 1920-14 - 112				
С	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cannuff the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the litt III. Financial Information	an indepe and condi ot use Fo nsurance p	ndent qualified public tions.) orm 5500-SF and mu orogram (see ERISA s	accour st inste	tant (I ad us 4021)?	QPA) e Forn	1 5500.] Yes [] No	_ X Ye	s No
7	Plan Assets and Liabilities	Registra	(a) Danianian	-61/			75. V Pr.	1 . # 3 /	· · · · · · · · · · · · · · · · · · ·
			(a) Beginning	244,			(b) En	d of Year	55,62
	Total plan assets Total plan liabilities	7a 7b		244,	340				33,62
	Net plan assets (subtract line 7b from line 7a)	70 7c		244,	946			3	55,62
8	Income, Expenses, and Transfers for this Plan Year	76	(a) A		740			······································	23,62
	Contributions received or receivable from:		(a) Amou	ΠL			(0)	Total	
	(1) Employers	8a(1)		11,	362				
	(2) Participants	8a(2)		24,	600				
	(3) Others (including rollovers)	8a(3)		34,	465			· .	····
b	Other income (loss)	8b		48,	768			3.54	
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	19,199
d	a trial from the front and the	0.4		5	706				
	to provide benefits)	8d			0				
	Administrative service providers (salaries, fees, commissions)	8e		2	814				
		8f		4,	0				
	Other expenses	8g					1:1.		0.506
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							8,520
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			-			1.	10,675
<u>, </u>	Transfers to (from) the plan (see instructions)	8j						****	
9a b	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe							·	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	***************************************
а	Was there a fallure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Von Program)	oluntary F	iduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not i	nclude transactions	10b		х			
С	Was the plan covered by a fidelity bond?			10c	х				30,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		х			

Х

X

Х

Х

10e

10f

10g

10i

20

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.)....

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

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

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 2017		Page 3-						
						· 			
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum fund (Form 5500) and line 11a below)	ing requirements? (If "Yes," s	ee instructi	ons an	d complete Sc	nedule S	В		Yes No
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 412.									Yes 🛭 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, ar	id 12e below, as applicable.)				w			
	If a waiver of the minimum funding standard for a prio granting the waiver.				. Month	d enter i Day		of the lett Year	er ruling
<u> </u>	you completed line 12a, complete lines 3, 9, and 10	of Schedule MB (Form 550))), and ski	p to lin	e 13.		·		
b	Enter the minimum required contribution for this plan y	ear			· · · · · · · · · · · · · · · · · · ·	12b			
С	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 of a negative amount)					12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?						Yes	No	☐ N/A	
Part	Part VII Plan Terminations and Transfers of Assets								
13a	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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?] Yes	K No
С	If, during this plan year, any assets or liabilities were twhich assets or liabilities were transferred. (See instru		nother plan	(s), ide	ntify the plan(s) to			
1) EIN(s) 13c(3)		3) PN(s)		
