-	Form 5500-SF Short Form Annual Return/Report of Small Emp Department of the Treasury Benefit Plan					OMB Nos. 1210-0110 1210-0089				
	nal Revenue Service	This form is required to be filed				2017				
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).					Internal	This Form is Open to				
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form						Public Inspection				
Part I		Identification Information								
For calenda	ar plan year 2017 or fis	cal plan year beginning 01/01/20			2/31/2017					
A This ret	urn/report is for:	a single-employer plan			king this box must attach a vith the form instructions.)					
B This retu	rn/roport is	a one-participant plan	a foreign plan							
		the first return/report	the final return/report	•						
		an amended return/report	a short plan year retur	n/report (less than 12 m	eport (less than 12 months)					
C Check b	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descri	ption)							
Part II	Basic Plan Info	rmation—enter all requested info	ormation							
1a Name	of plan				1b Thre					
MCCORMIC	K LAND COMPANY, II	NC. 401(K) RETIREMENT PLAN			plan (PN)	number 002				
					. ,	tive date of plan				
						01/01/1994				
		/er, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Box)		2b Employer Identification Number (EIN) 91-0788619					
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MCCORMICK LAND COMPANY INC				2c Sponsor's telephone number					
					2d Business code (see instructions)					
	RMICK WOODS DRIV	ESW			237210					
PORT ORCH	IARD, WA 98367				201210					
3a Plan ad	dministrator's name an	d address X Same as Plan Spons	sor		3b Admi	nistrator's EIN				
			501.							
					3c Admi	nistrator's telephone number				
		plan sponsor or the plan name has nsor's name, EIN, the plan name ar			4b EIN					
a Sponso		isor s name, Ein, the plan name ar	id the plan number nom t	ne last return/report.	4d PN					
C Plan N	ame									
Fa - -					5a					
		at the beginning of the plan year at the end of the plan year			за 5b	6				
		account balances as of the end of the			5c	2				
	,				5d(1)					
d(1) Total number of active participants at the beginning of the plan year				5d(1)	5					
 d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less 						0				
than 1	100% vested				5e	-				
		or incomplete filing of this return, her penalties set forth in the instruct								
SB or Sche		d signed by an enrolled actuary, as								
SIGN	Filed with authorized/	valid electronic signature.	07/05/2018	MELANIE DANISON						
HERE	Signature of plan ad	dministrator	Date	Enter name of individe	ual signing	as plan administrator				
SIGN										
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individe	ividual signing as employer or plan sponsor					

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

 6a Were all of the plan's assets during the plan year invested in eligibility. b 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 If you answered "No" to either line 6a or line 6b, the plan cann C If 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 plan time for the formation of the plan. 	an independ and condition ot use Forn nsurance pro	ent qualified public accountan ns.) 1 5500-SF and must instead gram (see ERISA section 402	t (IQPA) use Form ! 1)?	 5500. Yes ☐ No ☐ Not determined		
Part III Financial Information 7 Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
a Total plan assets	7a	1094565				
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	1094565		83509		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			
 a Contributions received or receivable from: (1) Employers 	8a(1)					
(2) Participants	8a(2)	22430				
(3) Others (including rollovers)	8a(3)					
b Other income (loss)	8b	149687				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			172117		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1182963				
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f	210				
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1183173		
Net income (loss) (subtract line 8h from line 8c)	8i					
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature code	es from the List of Plan Chara	cteristic Coc	les in the instructions:		
b If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	s from the List of Plan Charact	eristic Code	es in the instructions:		
Part V Compliance Questions						
10 During the plan year:				Amount		

	Program)	10a		^	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	Was the plan covered by a fidelity bond?	10c	Х		110000
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		X	
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	
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		x	
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			

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	No
11a	Ent	er 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?					🛛	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the dat ay	te of the le Yea		ling
If y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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?		ΧY	es	No	
	lf "Y	es," 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?						
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(5)	130	:(3) P	N(s)
			<u>) = : ((</u>	,		<u>(()</u>	