Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

Part I	Annual Report	Identification Information	1					
For calend	ar plan year 2017 or fi	scal plan year beginning 01/01/2	2017	and ending 1	2/31/2017			
a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)								
		a one-participant plan	a foreign plan			,		
B This retu	urn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	ionths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC prog	ram		
	T	special extension (enter desc						
Part II	Basic Plan Info	rmation—enter all requested in	formation					
1a Name NORTHWES	•	AZZO CO. 401(K) SAVINGS PLAN	1		1b Three-di plan nun (PN) ▶			
					1c Effective	e date of plan 07/01/1994		
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.0) Box)			r Identification Number		
		e, country, and ZIP or foreign pos		tructions)	(EIN)	91-0552845		
NORTHWES	ST MARBLE & TERRA	ZZO CO.			·	's telephone number 425-644-1666		
					2d Business code (see instructions)			
	KEY POINT BLVD E, WA 98271					238900		
	_,							
3a Plan a	dministrator's name ar	nd address X Same as Plan Spo	nsor.		3b Administ	rator's EIN		
		_			2			
					3C Administ	rator's telephone number		
		e plan sponsor or the plan name h			4b EIN			
	an, enter the plan spo or's name	nsor's name, EIN, the plan name	and the plan number from	the last return/report.	4d PN			
C Plan N					40 1 N			
5a Total	number of participants	at the beginning of the plan year.			5a	15		
		at the end of the plan year			5b	13		
		account balances as of the end of			5c	8		
d(1) Tota	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	12		
	•	rticipants at the end of the plan ye			5d(2)	10		
than 100% vested					0			
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	d unless reasonable ca				
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.								
SIGN	Filed with authorized	/valid electronic signature.	03/08/2018	MARLA D CLOUGH				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as p	olan administrator		
SIGN	Filed with authorized	/valid electronic signature.	03/08/2018	MARLA D CLOUGH				
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing as	employer or plan sponsor		

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 						X Yes ☐ No X Yes ☐ No	
	If you answered "No" to either line 6a or line 6b, the plan cann		,					M les II lio
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the		-					. (See instructions.)
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year
a	Total plan assets	7a		98327			(11)	1674821
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7с	149	98327				1674821
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) 1	otal
а	Contributions received or receivable from: (1) Employers	8a(1)		12795				
	(2) Participants	8a(2)	Ļ	51179				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	18	83603				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						247577
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	(63020				
e	Certain deemed and/or corrective distributions (see instructions)	8e			_			
f	Administrative service providers (salaries, fees, commissions)	8f		8063	_			
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						71083
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						176494
	Transfers to (from) the plan (see instructions)	8j						
Par								
9a 	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K	feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the inst	ructions:
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	V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribudescribed 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.)	? (Do not	include transactions	10b		X		
С	Was the plan covered by a fidelity bond?			10c	Χ			200000
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.)	ner person ne or all of	s by an insurance the benefits under	10e	X			7959
f	Has the plan failed to provide any benefit when due under the plan	n?n		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X			4217
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 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling		
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?		Ye	s 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 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) PN(s)		

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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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	► Complete all entries in ac	cordance with the instruc	tions to the Form 5500-	SF.	породион	
Part I Annual Repor	t Identification Information					
r calendar plan year 2017 or t		01/01/2017	and ending	12/31/2017		
This return/report is for: This return/report is: Check box if filing under:	a single-employer plan a one-participant plan the first return/report an amended return/report Form 5558	a list of participating er a foreign plan the final return/report	an (not multiemployer) (F nployer information in ac n/report (less than 12 mo	cordance with the	form instructions.)	
	special extension (enter desc	ription)				
Part II Basic Plan Inf	formation enter all requested	information				
a Name of plan				1b Three-digit plan numbe		
Northwest Marble	& Terrazzo Co. 401(k) Sa	ıvings Plan		(PN) ►	001	
				1c Effective da 07/01/19		
Mailing Address (include r	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P ince, country, and ZIP or foreign pos	.O. Box)	ructions)	2b Employer Id (EIN) 91-	lentification Number 0552845	
Northwest Marble		stat code (ii foreign, see mat	ructions)	2c Sponsor's telephone number (425) 644-1666		
15303 Smokey Poin	t Blvd			2d Business co 238900	ode (see instructions)	
US Marysville WA 98271						
The state of the s	the along pages as the plan page.	has changed since the last	eturn/report filed for	3c Administrat	or's telephone numbe	
this plan, enter the plan sp	the plan sponsor or the plan name ponsor's name, EIN, the plan name	and the plan number from the	ne last return/report.	4d PN		
a Sponsor's name C Plan Name						
	, , , , , , , , , , , , , , , , , , ,			5a	15	
	nts at the beginning of the plan year nts at the end of the plan year		.51	5b	13	
Number of participants wi	ith account balances as of the end o	of the plan year (only defined	contribution plans	5c	8	
	participants at the beginning of the p			5d(1)	12	
	participants at the end of the plan ye		**************	5d(2)	10	
	ho terminated employment during th	ne plan year with accrued be		5e	0	
Caution: A penalty for the la	ate or incomplete filing of this ret	urn/report will be assesse	d unless reasonable ca	use is establishe	d.	
Under penalties of periury an	d other penalties set forth in the inst ed and signed by an enrolled actuary	tructions. I declare that I hav	e examined this return/re	port, including, if	applicable, a Schedul	
SIGN Marla	D. Clough	3/8/18	Marla D	. Clough		
HERE Signature of plan a	administrator	Date	Enter name of individua	- 1	administrator	
Maria	N. Clough	3/8/18	Marla	O. Cloug	h	
HERE Signature of emplo	over/plan sponsor	Date	Enter name of individua	al signing as empl	oyer or plan sponsor	

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (S	ee instructions)	2000		action (Arth		0.000000.00	XYes	□No
	Are you claiming a waiver of the annual examination and report of a	n independe	ent qualified public acco	ounta	nt (IO	PA)			<u>v</u> 162	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd condition	ıs.)	••••••					X Yes	□No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Form	5500-SF and must in	stead	i use	Form	5500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA secti	ion 40	21)?		Yes Yes	No No	☐ Not d	etermined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	mium filing for this year	_				(5	See instru	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Yea	ar	T		(b) End o	f Year	
а	Total plan assets	7a		98,3	and the second			.,	1,674,	821
b	Total plan liabilities	7b				N I			_, _ , _ ,	
С	Net plan assets (subtract line 7b from line 7a)	7c	1,4	98,3	327				1,674,	821
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t				(b) To		.,13045-5-2
а	Contributions received or receivable from: (1) Employers	0-/4)		10 -						
		8a(1)		12,7						
	(2) Participants	8a(2)		51,1	.79					
ь	(3) Others (including rollovers) Other income (loss)	8a(3)	200		5725EE					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	1:	83,6	03					
d	Benefits paid (including direct rollovers and insurance premiums	8c							247,	577
-	to provide benefits)	8d	ÿ	63,0	20					
е	Certain deemed and/or corrective distributions (see instructions)	8e						77		No. of London
f	Administrative service providers (salaries, fees, commissions)	8f		8,0	63					
g	Other expenses	8g					F2.3		100	F-184
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1			71,	083
	Net income (loss) (subtract line 8h from line 8c)	8i			1				176,	
j	Transfers to (from) the plan (see instructions)	8j				100	and it	THE PERSON NAMED IN		No.
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature codes	from the List of Plan C	hara	cterist	ic Cod	les in th	e instructio	ns:	
	3D 2E 2F 2G 2J 2K									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes f	rom the List of Plan Ch	aract	eristic	Code	s in the	instruction	s:	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A	А	mount	
а	Was there a failure to transmit to the plan any participant contribut	ions within t	he time period				278			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol									
	Program)			10a		х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not inc	lude transactions	10b		х	100			
C	Was the plan covered by a fidelity bond?			10c	х				20	00,000
d		idelity bond,	that was caused	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons be or all of the	y an insurance benefits under	10e	x					7,959
f	Has the plan failed to provide any benefit when due under the plan			10f		х				<u> </u>
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end	.)	10g	х		-			4,217
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instructi	ons and 29 CFR	10h		х				
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-	e required no	otice or one of the	10i						

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	5500		

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Par	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500 and line 11a below)	hedule S	SB Yes X No				
112	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 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a 	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver						
117	ou 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					
<u>C</u>	Enter the amount contributed by the employer to the plan for the 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				
Par	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				
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1:	c(1) Name of plan(s): 13c(2) EIN	۷(s)	13c(3) PN(s)				