Form 5500-SF					олоуее ОМВ №			
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Pla		Retirement 2015				
Department of Labor Employee Benefits Security Administration			6057(b) and 6058(a) of the		rm is Open to c Inspection			
Pension Benefit Guaranty Corporation			nstructions to the Form 55	00-SF.				
Part I Annual Report For calendar plan year 2015 or fi	Identification Information scal plan year beginning 01/01/		and ending 12	/31/2015				
<u> </u>	X a single-employer plan		rer plan (not multiemployer)		king this box	must attach a		
A This return/report is for:	a one-participant plan		g employer information in acc		-			
B This return/report is	the first return/report	the final return/rep						
	an amended return/report	a short plan year	eturn/report (less than 12 mc	onths)				
C Check box if filing under:	Form 5558	automatic extens	on		FVC progra	m		
Dent II Decis Diam Infe	special extension (enter desc							
	prmation—enter all requested ir	formation		1b Three	diait			
1a Name of plan HODGINS STUD WELDING SUP	PLY PROFIT SHARING PLAN				umber	001		
				1c Effecti	ve date of	blan		
	yer, if for a single-employer plan) m, apt., suite no. and street, or P.0				01/01, yer Identific 91-13	ation Number		
	e, country, and ZIP or foreign pos		instructions)	(EIN) 2c Spons		one number		
			-	2d Busine		ee instructions)		
119 S.E. COLUMBIA WAY, STE. ANCOUVER, WA 98661	340				33290	,		
3a Plan administrator's name a	nd address XSame as Plan Spon	sor.		3b Admin	istrator's E	N		
				3c Admin	istrator's te	lephone number		
A 100 10 - 01 20				41				
	e plan sponsor has changed since mber from the last return/report.	the last return/report fi	ed for this plan, enter the	4b EIN 4c PN				
	at the beginning of the plan year.			5a		2		
	at the end of the plan year		1	5b		2		
C Number of participants with	account balances as of the end of	the plan year (defined	benefit plans do not	5c		2		
d(1) Total number of active pa	rticipants at the beginning of the p	lan year		5d(1)		2		
d(2) Total number of active pa	irticipants at the end of the plan ye	ar		5d(2)		2		
e Number of participants that than 100% vested	terminated employment during the	e plan year with accrue	d benefits that were less	5e		0		
Under penalties of perjury and ot SB or Schedule MB completed a	or incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary,	ctions, I declare that I h	ave examined this return/rep	ort, including	g, if applica			
	valid electronic signature.	06/15/2016	GREG HODGINS					
HERE Signature of plan a	administrator	Date	Enter name of individu	al signing as	s plan admi	nistrator		
SIGN HERE								
Signature of emplo	oyer/plan sponsor name, if applicable) and address (i	Date nclude room or suite nu	Enter name of individu	al signing as Preparer's t				
			-					
	ce and OMB Control Numbers, see th		500.05			orm 5500-SF (2015)		

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	Form 5500-SF 2015		Page Z							
b A	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No wider 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No									
I	f you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and mus	t instea	d use	Form	5500.			
C li	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 40	021)?		Yes	No Not determined		
Part	t III Financial Information									
7 F	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar		(b) End of Year			
a 1	Fotal plan assets	293				215401				
b 1	Fotal plan liabilities	7b			0			0		
CN	Net plan assets (subtract line 7b from line 7a)		293	209		215401				
	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total		
a (Contributions received or receivable from: 1) Employers	8a(1)			0					
	2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
	Dther income (loss)	8b		-77	808					
-	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-77808		
d E	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d			0					
e (Certain deemed and/or corrective distributions (see instructions)	8e			0					
f A	Administrative service providers (salaries, fees, commissions)	8f			0					
	Other expenses	8g								
<u>h</u> 1	Fotal expenses (add lines 8d, 8e, 8f, and 8g)					0				
	Net income (loss) (subtract line 8h from line 8c)	8i						-77808		
· · · ·	Fransfers to (from) the plan (see instructions)	8j			0					
Part	IV Plan Characteristics	0]			•					
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Chai	acteris	stic Co	odes in t	the instructions:		
	2A 2E 2F 2G 2J 2K 2R 3D									
<u> </u>	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the list of Pla	n Chara	ICTERIST		ies in tr	ne instructions:		
Part	V Compliance Questions									
10	During the plan year:			1	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 F	iduciary Correction	10a		x				
b	Were there any nonexempt transactions with any party-in-interest			Tou						
	reported on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c	Х			30000		
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		х				
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	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			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 2520.10			10i						

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)						X No
11a	Ente	r the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a				
12	ls th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?		Yes	X No

10j

Did the plan trust incur unrelated business taxable income?

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	(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									
lf	you c	ompleted 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						
-		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 ative amount)		12d						
е	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	Has	a resolution to terminate the plan been adopted in any plan year?			Υe	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
D		e PBGC?				Yes 🗙	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	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 EIN						
14c	Narr	e of trustee or custodian		14d Trustee's or custodian's telephone number						
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Y	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	. ,	Цр	atio ercentage est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No				
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Y€	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A			

Form 5500-SF	Short Form Annua	l Return/Report o Benefit Plan	f Small Employe	8	OMB Nos. 1210-0110 1210-0089					
Department of the Treesury Internal Revenue Service	This form is required to b	e filed under sections 104 a	nd 4065 of the Employee	e 2015						
Department of Labor	- Retirement Income Security									
Employee Benefits Security Administration Fension Benefit Guaranty Corporation	aton internal Revenue Code (ne Code).									
	► Complete all entries in e		ctions to the Form 6500-S	<u>F. </u>						
For calendar plan year 2015 or fis		01/01/2015	and ending	12/31/2015						
A This return/report is for: B This return/report is:	x a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating a a foreign plan the final return/report	lan (not multiemployer) (File mployer information in acco n/report (less than 12 mont	ordance with the f						
C Check box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC program						
Part II Basic Plan Info	prmation enter all requested									
1a Name of plan	NG SUPPLY PROFIT SHARIN			Ib Three-digit plan number						
	TO COLUMN AND AND AND AND AND AND AND AND AND AN		-	(PN) ► IC Effective date 01/01/199						
Mailing Address (Include roo	oyer, if for a single-employer plan) om, apt., suite no, and street or P.C	D. Box)	-		ntification Number					
HODGINS STUD WELDIN	ce, country, and ZIP or foreign pos NG SUPPLY	nai codis (il idraiĝii, sea llisti		C Sponsor's tel (360) 695						
2119 S.E. COLUMBIA	WAY, STE. 340			2d Business code (see instructions) 332900						
US VANCOUVER WA 99661		1								
3a Plan administrator's name a	nd address X Same as Plan Sp	onsor Name	3	3b Administrator	's EIN					
	e plan sponsor has changed since	the last return/report filed fo		3C Administrator 1D EIN	's telephone number					
a Sponsor's name	mber from the last return/report.			IC PN						
	at the beginning of the plan year			5a	2					
	at the end of the plan year			5b	2					
C Number of participants with	account balances as of the end of	the plan year (defined bene	fit plans do not	δς	2					
d(1) Total number of active par	dicipants at the beginning of the pl	an year		5d(1)	2					
	rticipants at the end of the plan yea			5d(2)	2					
	terminated employment during the			5e	0					
Under penalties of perjury and o	or incomplete filling of this retu ther penalties set forth in the instru- and signed by an enrolled actuary, nplete	uctions, I declare that I have	examined this return/repor	t, including, if app						
sign Core	Hughin	6-15-16	GREG HODGINS	· · · · · · · · · · · · · · · · · · ·						
HERE Signature of plan dan	ninistrator ()	Date	Enter name of Individual s	lgning as plan ad	ministrator					
sign C	- Hargan	6-15-16	GREG HODGINS		-					
HERE Signature of employe Preparer's name (including firm)	Mplan sponsor name, if applicable) and address; i	Date Include room or suite numbe	Enter name of individual s ar P	igning as employ reparer's telepho						
For Paperwork Reduction Act	Notice and OMB Control Number	ers, see the instructions fo	or Form 5500-\$F.		Form 5500-SF (2016 v.15012					

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	Form 5500-SF 2015	····	Page 2	· · · · · · · · · · · · · · · · · · ·						
6a 1	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)						ХҮөв	∐ No
	Are you claiming a walver of the annual examination and report of a			Intant	(IQPA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility as If you answered "No" to either line 6a or line 6b, the plan canno						600.		X Yes	
C	If the plan is a defined benefit plan, is it covered under the PBGC inc	surance pri	ogram (see ERISA section	n 402'	1)? .	[Yes	No No	Not d	etermined
Pa	rt III Financial information									
	Plan Assets and Liabilities		(a) Beginning o	fYea		Τ		(b) End (of Year	
	Total plan assets	78	2!	93,2	09				215,	401
	Total plan liabilities	7b			0					0
	Net plan assets (subtract line 7b from line 7a)	7c	2	93,2	09	ļ			215,	401
	Income, Expenses, and Transfers for this Plan Year	(a) Amount				(b) T			otal	
	Contributions received or receivable from: (1) Employers	8a(1)			0	18				
	(2) Participants	. 8a(2)	<u></u>		0					San
	(3) Others (including rollovers)	. 8a(3)			0	1.32				
	Other Income (loss)	. 85		7,80						
C	Total income (add lines 6a(1), 6a(2), 6a(3), and 8b)	. 8c	17.200年代中国的中国			1			(77,8	308)
व	Benefits paid (including direct rollovers and insurance premiums	. 8d			0					
	to provide benefits)	80			0					
	Certain deemed and/or comective distributions (see instructions)	. 8f			0					
	Other expenses				0					
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	. Sh				1				0
-	Net Income (loss) (subtract line 8h from line 8c)								(77,8	108)
	Transfers to (from) the plan (see instructions)	81	i in the state of		0				· · · · ·	
_	rt IV Plan Characteristics	:		A		-				
	If the plan provides pension benefits, enter the applicable pension for	eature codi	as from the List of Plan C	harad	ofistic	Code	as in the	instructi	ons:	
	2A 2E 2F 2G 2J 2K 2R 3D		· · · · · · · · · · · · · · · · · · ·							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aracte	ristic (Codes	In the i	Instructio	ne;	
	rt V Compliance Questions								<u></u>	
10	During the plan year:				Yes	No	N/A		Amount	
<u>10</u> a		tions within	n the time period	Т				<u></u>		
-	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fid	luciary Correction	10a		x				
b	reported on line 10a.)	*** ** ******		105		x				
C				10c	x					30,000
d	by fraud or dishonesty?	*****		10d		x	· . · · · .		w	
e	carrier, Insurance service, or other organization that provides som	ne or all of	the benefits under	100		x	 			
				101		x				
f						<u> </u>				
g				108	<u> </u>	X				
h	2520.101-3.)			101		x				
1	If 10h was enswered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	101						
1	Did the plan frust incur unrelated business taxable income?		a b da pañ e b añ é de deñe de de de de rever e de anter rever Lacar anter de la de de de de de de de de la de de anter de transmission de transmission de transmission de tra	10]						<u></u>
Pa	rt VI Pension Funding Compliance		· · · · · · · · · · · · · · · · · · ·							معدين ويزر بوري
11	is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)						lule SB	(Form	. 🗆 Ye	5 X No
11	a Enter the unpaid minimum required contribution for current year t	from Sched	lute SB (Form 5500) line	40,			11a			
12					or 580	tion 3	02 of E	RISA? .	. 🗆 Ye	s X No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		1			
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.	ons, and ente Day	r the dete of I Ye	the letter ruli ar	ng	
If you completed line 12s, 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 another second	12	b			
c Enter the amount contributed by the employer to the plan for this plan year		<u>c '</u>			
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)	12	d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u> Yes</u> [N/A	
Part VI Plan Terminations and Transfers of Assets					
13a Has a resolution to terminate the plan been adopted in any plan year?		Yes X N	10		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	8			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?			🗌 Yes 🕱] No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)					
13c(1) Name of plan(6):	13c(2) E	EIN(s)	13c(3) P	N(s)	
Part VIII Trust Information				********	
14a Name of bust	14	b Trust's EIN	ļ		
14C Name of trustee or custodian	1.	14d Trustee or custodian's telephone number			
Part IX IRS Compliance Questions		······			
15a is the plan a 401(k) plan:		Yes	No No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employee matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method	ADP/A test	CP	
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?		Yes	[]] No		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410		Ratio Percentage Test	Averag Benefit		
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(s)(4) by combining this plan with any other plans under the permissive aggregation rules?		Yes	No No		
17a Has the Plan been timely amended for all required law changes?		Yes	No (Core		
 17b Date of the last plan amendment/restatement for the required tax law changes was adopted	-	plicable code			
1/C if the plan sponsor is an adopter or a pre-approved master, prototype (Mar), of volume submitter har in the rest advisory letter, enter the date of that favorable letter / / and the letter's senal number. 17d if the plan is an individually-designed plan and recleved a favorable determination letter from IRS, please enter determination letter / / /				albayta ya ana ana ana ana ana ana ana ana ana	
 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has be made), American Samoa, Guarn, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Island 	sen s)?	Yes	No		
19 Were in-service distributions made during the plan year?		Yes	No No		
If Yes, onter amount					
20 Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whether not retired) as required under section 401(a)(9)?	or	Yes	No No	🗋 N/A	