## 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

t I	<b>Annual Report</b>	Identification Information	1								
lendar	plan year 2015 or fi	scal plan year beginning 01/01/2	2015 and ending 12	2/31/2	015						
is retu	rn/report is for:	a single-employer plan	list of participating employer information in accordance with the form instructions)								
<b>B</b> This return/report is											
s retur	n/report is	님 '									
		an amended return/report	a short plan year return/report (less than 12 me	onths)	)						
C Check box if filing under: Form 5558 automatic extension					DFVC program						
	Dania Dian Info		1 /								
		ormation—enter all requested in	formation	41-							
				1b	plan number	004					
				10	` '	001					
				10		1/2012					
ailing	address (include roo	m, apt., suite no. and street, or P.C		2b	Employer Identification Number (EIN) 43-1969065						
		e, country, and ZIP or foreign post	al code (if foreign, see instructions)	2c		hone number 31-5151					
				2d Business code (see instructions)							
316 W. MAIN ST.				224200							
IN, VVA	90001				3312	:00					
lan adı	ministrator's name a	nd address XSame as Plan Spon	sor.	3b	Administrator's I	EIN					
				3с	Administrator's t	elephone number					
			the last return/report filed for this plan, enter the	4b EIN							
a Sponsor's name					4c PN						
otal nu	umber of participants	at the beginning of the plan year									
				5	b	46					
				<b>5c</b> 13							
<b>)</b> Total	number of active pa	rticipants at the beginning of the pl	an year			54					
				5d	(2)	45					
than 10	00% vested					0					
		•	·		0	· ·					
	is returned by the nation of t	is return/report is for:  II Basic Plan Info ame of plan AB RETIREMENT PLAN  an sponsor's name (emplo ailing address (include roo ity or town, state or province is, LLC  MAIN ST. N, WA 98001  an administrator's name and consor's name otal number of participants with omplete this item)  Total number of active pa dumber of participants that han 100% vested	lendar plan year 2015 or fiscal plan year beginning 01/01/2    a single-employer plan     a one-participant plan     b operation plan     b operation plan     c one-participant plan     c one-participant plan     d one-participant plan	Lendar plan year 2015 or fiscal plan year beginning	lendar plan year 2015 or fiscal plan year beginning	lendar plan year 2015 or fiscal plan year beginning					

Deliel, it is t	rue, correct, and complete.	I	T					
	Filed with authorized/valid electronic signature.  06/30/2016  DARYLE CHARLES			SWORTH				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor						
Preparer's name (including firm name, if applicable) and address (include room or suite number)				Preparer's telephone number				
	, , , , , , , , , , , , , , , , , , , ,		,					

	Form 5500-SF 2015		Page <b>2</b>								
<b>b</b> ,	Were all of the plan's assets during the plan year invested in eligib 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 cann	an indeper and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA)  <b>Form</b>	5500.			X Ye	
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?	📙	Yes	No		Not dete	rmined
Par	t III Financial Information	1	•								
7	Plan Assets and Liabilities		(a) Beginning	•				(b) E	nd of	Year	
	Fotal plan assets	. 7a		193	309					125	543
	Fotal plan liabilities	. 7b		100	309					125	F 40
	Net plan assets (subtract line 7b from line 7a)	. 7с	(a) Ama-		309			/1-	\ Ta		040
	Contributions received or receivable from:		(a) Amou	ant				<u> (r</u>	) Tot	.aı	
	1) Employers	. 8a(1)									
	2) Participants	. 8a(2)		42	2457						
	3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	. 8b		1	466						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								43	923
	o provide benefits)	. 8d		93	3745						
е (	Certain deemed and/or corrective distributions (see instructions)	. 8e		17	'944						
f /	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
<u>h</u> -	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								111	
	Net income (loss) (subtract line 8h from line 8c)	. 8i								-67	766
_	Fransfers to (from) the plan (see instructions)	· 8j									
Part											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	i feature co	ides from the List of Pl	an Cha	racteri	stic Cc	ides in 1	the ins	ructio	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uctio	ns:	
Part	•				1			1			
10	During the plan year:  Was there a failure to transmit to the plan any participant contribu	ıtiana withi	n the time neried		Yes	No	N/A			Amount	
а	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					V					
	reported on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond?			10c	X						50000
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 some	her person ne or all of	s by an insurance the benefits under			X					
f	the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan.			10e							
-	· · · · · · · · · · · · · · · · · · ·			10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X					
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 to exceptions to providing the notice applied under 29 CFR 2520.10			10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance					1					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s No
11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding	g requireme	ents of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA	·	Ye	s X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b Trust's EIN				
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
	rianio	of tubics of suctorial		telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACI harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?						N/A	

## 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

2015

This Form is Open to Public Inspection

Part   Annual Report	rt Identification Information							
For calendar plan year 2015 or	fiscal plan year beginning 01/01/201		and ending 12					
	🛛 a single-employer plan		plan (not multiemployer)					
A This return/report is for:	a one-participant plan		mployer information in a	eccordance with the	e form instructions)			
	a one participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report						
- The leading species	an amended return/report	H '	rn/report (less than 12 r	nontha)				
O Ol I I semina and a			muchou (iess mair iz i	· _				
C Check box if filing under:	Form 5558	automatic extension		DFVC	program			
	special extension (enter descrip	· · · · · · · · · · · · · · · · · · ·						
	formation—enter all requested info	ormation						
1a Name of plan				1b Three-digit				
OMNIFAB RETIREMENT PLAN				plan numb	er   001			
				(PN) 1c Effective d				
		01/01/201						
2a Plan sponsor's name (empl	loyer, if for a single-employer plan)			2b Employer I	dentification Number			
Mailing address (include roo	om, apt., suite no. and street, or P.O. nce, country, and ZIP or foreign postal	Box)		(EIN) 43-19				
OMNIFAB, LLC	ice, country, and zip or loreign postal	i code (if foreign, see inst	ructions)	2c Sponsor's	telephone number			
,		(3	253) 931-5151					
4040 W MAIN OT					ode (see instructions)			
1316 W. MAIN ST.				331200				
AUBURN, WA 98001								
3a Plan administrator's name a	and address X Same as Plan Sponso	ρ <b>Γ</b> .		3b Administrat	or's EIN			
	_							
				3c Administrator's telephone number				
4 If the name and/or FIN of th			<del></del> -					
name. EiN. and the plan nu	ne plan sponsor has changed since the umber from the last return/report.	e last return/report filed f	or this plan, enter the	4b EIN				
a Sponsor's name	and the state of t			4c PN				
5a Total number of participants	s at the beginning of the plan year			<b>5a</b> 5				
_	s at the end of the plan year			5b	46			
	account balances as of the end of the							
complete this item)			•••••	5c	13			
d(1) Total number of active pa	articipants at the beginning of the plan	ı year		5d(1)	54			
	articipants at the end of the plan year.			5d(2)	45			
<ul> <li>e Number of participants that</li> </ul>	t terminated employment during the pl	lan year with accrued be	nefits that were less	5e	0			
Caution: A penalty for the late	or incomplete filing of this return/r	aport will be accessed	uniono romanable se					
Under penalties of perjury and of	ther penalties set forth in the instruction	ons. I declare that I have	examined this return/rea	nort including if a	onlicable a Schedule			
SB or Schedule MB completed a belief, it is true, correct, and com	and signed by an enrolled actuary, as a	well as the electronic ver	sion of this return/report	, and to the best o	f my knowledge and			
SIGN X D Chill	Alania H	11/20/11	1x . Dc /- (	105.	. 4			
HERE	WHATOTA	16128/16	x i Daryle C	horleswa				
Signature of plan a	administrator	Date	Enter name of individu	ual signing as plan	administrator			
SIGN HERE								
Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	ual signing as emp	loyer or plan sponsor			
Preparer's name (including firm r	name, if applicable) and address (inclu	ude room or suite numbe	r)	Preparer's teleph	one number			
			ŀ					
Ear Danonwork Badustian Ast Matin	a and AMP A. A. AM							

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6a	the plant and plant and the plant year invested in elig	of an independ by and condition	ent qualified public	accou	ntant (I	QPA)			Yes N
	If the plan is a defined benefit plan, is it covered under the PBGC	insurance pro	gram (see ERISA s	section	4021)?	?[	Yes	∏No ∏	Not determined
	art III Financial Information								
7	Plan Assets and Liabilities	1.50	(a) Beginnir	ng of Y	ear	$\top$		(b) End c	f Year
a	Total plan assets	7a		1933				(4) 2.12	125543
b	Total plan liabilities								
c				1933	309				125543
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	ount				(b) To	tai
а	Contributions received or receivable from:							ië, i i i	
	(1) Employers			40.					
	(2) Participants		<del></del>	424	157	+			
<u>_</u>	(3) Others (including rollovers)		- <del></del>			_			
	Other income (loss)	7	Sarp North	14	66				
_d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c							43923
	to provide benefits)	8d		937	45				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)			179	44				
f	Administrative service providers (salaries, fees, commissions)	8f			-	100	FILE		
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)			10 - 14	1 Tub				111689
i_	Net income (loss) (subtract line 8h from line 8c)				1				-67766
j	Transfers to (from) the plan (see instructions)					No.	aTYPE		
	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	n feature codes	s from the List of Pl	lan Cha	racteri	stic Co	des in t	he instruction	ons:
В	If the plan provides welfare benefits, enter the applicable welfare	feature codes	from the List of Pla	n Char	acterisi	tic Cod	les in the	e instruction	ns:
Par	Compliance Questions								is
10	During the plan year:				Yes	No	N/A	-	mount
а	Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	Voluntary Fidu	ciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interes	t? (Do not incli	ude transactions			х			
	reported on line 10a.)			10b	-	,		<del></del>	
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond.	that was caused	10c	Х				50000
	by fraud or dishonesty?	·····		10d		×	1		
	Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of the	henefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the pla			10f		х			<del></del>
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end.)		10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instructio	ns and 29 CFR	10h		х			111
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	ne required no	tice or one of the	10ii					
j	Did the plan trust incur unrelated business taxable income?			10j					
Part			<u>_</u>	10]					<del></del>
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Yes,	see instructions a	ind com	plete S	Schedi	ule SB (f	Form	Yes No
<u>11a</u>	Enter the unpaid minimum required contribution for all years from	Schedule SB (	Form 5500) line 40	)		J	11a		1.0
12	Is this a defined contribution plan subject to the minimum funding								Yes X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	structions, and Month	enter the	date of t	the letter r	uling	
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line						
	Enter the minimum required contribution for this plan year		12b				
	Enter the amount contributed by the employer to the plan for this plan year		12c		-		
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d		-		
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No	N/A	
	Plan Terminations and Transfers of Assets						
13	Has a resolution to terminate the plan been adopted in any plan year?			☐ Yes	No No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		<del></del>		
b		oht under the c	ontrol		Yes X	No	
С		fy the plan(s) to					
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
_			<u>``</u>		111/11	(5)	
Par	Trust Information		<del></del> .				
14a	Name of trust		14b T	rust's EIN	l	<del> </del>	
					•		
140	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		Yes		No		
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas bar	sign- sed safe bor thod	ADP/ACP test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	rrent year 01(m)-	Yes		No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	ın 410(b):	Rat per test	centage	Average benefit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?	pining	Yes		No		
17a	Has the plan been timely amended for all required tax law changes?		Yes		∏No	∏ N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap	plicable	code	(See in	structions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial r	umber				or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter	ter the date of t	he plan's	s last favo	prable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been slands)?	Yes		No		
19	Were in-service distributions made during the plan year?		Yes		No		
	If "Yes," enter amount	I	19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wh retired), as required under section 401(a)(9)?	ether or not	Yes		No	∏N/A	
	- 14					<del></del>	