For	m 5500-SF	Short Form Annu	oyee	OMB Nos. 121					
	Department of the Headury         This form is required to be filed under sections 104 and 4065 of the Em           Department of Labor         Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058           Employee Benefits Security Administration         Revenue Code (the Code).					2015			
Employee Ber	nefits Security Administration		(ERISA), and sections	6057(b) and 6058(a) of the			orm is Open to c Inspection		
				nstructions to the Form 5	500-SF.				
				and ending 1	2/31/2015				
A This retu		a single-employer plan a one-participant plan							
<b>B</b> This retur	rn/report is	the first return/report an amended return/report			onths)				
C Check be	ox if filing under:	Form 5558		n		FVC progra	am		
Part II	Basic Plan Inforr								
1a Name o	of plan	· · ·			plan n (PN)	umber ve date of			
			). Box)			yer Identifi	cation Number		
		country, and ZIP or foreign post	al code (if foreign, see i	nstructions)	2c Spons				
					2d Busine	ess code (s	ee instructions)		
						4231	00		
3a Plan ad	ministrator's name and	address XSame as Plan Spon	sor.		<b>3b</b> Admini	istrator's E	IN		
					JU Admin				
name,	EIN, and the plan numb		the last return/report file	ed for this plan, enter the	4b EIN 4c PN				
		the beginning of the plan year.			5a		82		
		0 0 1 9			5b		82		
	• •				5c		82		
<b>d(1)</b> Total	I number of active partic	pipants at the beginning of the pl	an year		5d(1)		59		
					5d(2)		51		
than 1	00% vested				5e	iched	0		
Under penal SB or Scheo	lties of perjury and othe dule MB completed and	r penalties set forth in the instru- signed by an enrolled actuary, a	ctions, I declare that I ha	ave examined this return/re	port, including	g, if applica			
SIGN			09/13/2016	DAVID BINFORD					
	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing as	s plan adm	inistrator		
Displayment at the Transport         Displayment at the Transport the Transport         Displayment at the Transport <td>or plan aparas</td>	or plan aparas								
Preparer's n									
For Paperwo	rk Reduction Act Notice a	and OMB Control Numbers, see th	e instructions for Form 5	500-SF.			Form 5500-SF (2015)		

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>6a Were all of the plan's assets during the plan year invested in etc.</li> <li>b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibities of the plan control of the</li></ul>	t of an indeper ility and conditi	ndent qualified public a ions.)	ccount	ant (IQ	PA)			X Yes	
<b>C</b> If the plan is a defined benefit plan, is it covered under the PBG	C insurance p	rogram (see ERISA se	ection 4	021)? .		Yes	No	Not deterr	nined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
<b>a</b> Total plan assets	7a			087		10855	93		
<b>b</b> Total plan liabilities	7b			0					0
<b>C</b> Net plan assets (subtract line 7b from line 7a)	7c		917	087				10855	93
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b) <sup>-</sup>	Total	
a Contributions received or receivable from: (1) Employers	8a(1)		85	5705					
(2) Participants	8a(2)		118	808					
(3) Others (including rollovers)	8a(3)			0					
<b>b</b> Other income (loss)	8b		-6	899					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1976	14
<b>d</b> Benefits paid (including direct rollovers and insurance premium to provide benefits)			24	462					
e Certain deemed and/or corrective distributions (see instructions	s) <b>8e</b>			0					
f Administrative service providers (salaries, fees, commissions)	8f			0					
g Other expenses	8g		4	646					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							291	08
i Net income (loss) (subtract line 8h from line 8c)	8i							1685	06
j Transfers to (from) the plan (see instructions)	····· 8j			0					
Part IV Plan Characteristics									
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	sion feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in t	he instru	ctions:	
<b>B</b> If the plan provides welfare benefits, enter the applicable welfa	are feature cod	es from the List of Plar	n Chara	acterist	ic Coc	les in th	e instruc	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
<ul> <li>Was there a failure to transmit to the plan any participant cont described in 29 CFR 2510.3-102? (See instructions and DOL Program)</li> </ul>	's Voluntary F	iduciary Correction	10a		X	_		,	
<b>b</b> Were there any nonexempt transactions with any party-in-intereported on line 10a.)			10b		х				
<b>C</b> Was the plan covered by a fidelity bond?			10c	х					20000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		х				
<ul> <li>Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides the plan? (See instructions.)</li> </ul>	r other persons some or all of	s by an insurance the benefits under	10e		х				
${f f}$ Has the plan failed to provide any benefit when due under the	plan?		10f		Х				
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amou	int as of year e	nd.)	10q		Х				
h If this is an individual account plan, was there a blackout perio 2520.101-3.)			10h	x					

j	Did	the plan trust incur unrelated business taxable income?	10j						
Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 0) and line 11a below)		•	Scheo	dule SB	(Form	Yes	X No
11a	Ente	er the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0			11a			
12	ls th	his a defined contribution plan subject to the minimum funding requirements of section 412 of t	he Coo	le or se	ection	302 of E	RISA?	Yes	X No

Х

10i

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.....

Form 5500-SF 2015

Page **3 -** 1

-							
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>		
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	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	Trusťs E	IN	
14c	Narr	e of trustee or custodian		14d		's or custodi ne number	an's
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 placory 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?		<b>Y</b>	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 Annual Re	turn/Report of enefit Plan	Small Employee	8	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service			4065 of the Employee		2015						
Department of Labor Employee Benefits Security Administration	bor Administration Administration and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Pull Inspection										
Pension Benefit Guaranty Corporation	<ul> <li>Complete all entries in accord</li> </ul>	ance with the instruct	ions to the Form 5500-SF								
Part I Annual Report I	dentification Information		l l'an	12/31/2015							
or calendar plan year 2015 or fisc		01/01/2015			av must attach						
<ul><li>A This return/report is for:</li><li>B This return/report is:</li></ul>	a one-participant plan										
C Check box if filing under:		automatic extension		DFVC prog	gram						
Part II Basic Plan Info 1a Name of plan Binford Metals 401 (	rmation enter all requested inform	mation		b Three-digit plan number (PN) ► C Effective date 10/01/20	001 e of plan						
2a Plan sponsor's name (emplo Mailing Address (include roo			entification Number								
City or town, state or province Binford Metals L.L.	ce, country, and ZIP or foreign postal co	de (if foreign, see instru		2c Sponsor's telephone number (253) 854-8000							
P.O. Box 219			2	2d Business co 423100	de (see instructions)						
US Auburn WA 98071	nd address 🗴 Same as Plan Sponso			3b Administrato	- CIN						
4 If the name and/or EIN of the	e plan sponsor has changed since the mber from the last return/report.	last return/report filed fo		<ul><li>3c Administrato</li><li>4b EIN</li></ul>	or's telephone number						
a Sponsor's name	mber from the last return report.			4c PN							
	at the beginning of the plan year			5a	82						
h Total number of participants	at the end of the plan year			5b	82						
c Number of participants with	account balances as of the end of the	plan year (defined bene	fit plans do not	5c	82						
d(1) Total number of active pa	rticipants at the beginning of the plan y	ear		5d(1)	59						
Capacity and anticipation of the second second	articipants at the end of the plan year			5d(2)	51						
Number of participants that	terminated employment during the plan	n year with accrued ber	efits that were	5e	0						
Caution: A penalty for the late	e or incomplete filing of this return/r	eport will be assessed	l unless reasonable caus	e is established	l						
II I I I I I I I I I I I I I I I I I I	other penalties set forth in the instruction and signed by an enrolled actuary, as	ins I declare that I have	examined this return/repo	ort, including, if a	pplicable, a Schedule						
Mat			DAVID BINFORD								
HERE Signature of plan ad	ministrator	Date -13-16	Enter name of individual	signing as plan	administrator						
ChA(6)			DAVID BINFORD								
SIGN HERE Signature of employ		Date 9-17-16		signing as employed							
Preparer's name (including firm	n name, if applicable) and address; incl	uue room or suite numb	-								

Form 5500-SF 2015		Page 2						
FORM 3500-SF 2019         Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       IX         Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       IX         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       IX         if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       IY         if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       IY es [No [         rt III       Financial Information       (a) Beginning of Year       (b) End of Y         Total plan lassets       7a       917,087       1         Total plan assets (subtract line 7b from line 7a)       7c       917,087       1         Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Tota         (1) Employers       8a(1)       85,705       (2)         (1) Employers       8a(3)       0       6         (2) Participants       8a(2)       118,808       6         (3) Others (including direct rollovers and insurance premiums to provide benefits)       8c       0       6         (3) Others (including direct rollovers and insurance premiums to provide benefits)       8c       0       6		X	Yes No					
Were all of the plan's assets during the plan year invested in eligible	independent	qualified public accounts	Int (IC	PA)			1.000	
are you claiming a waiver of the annual examination and report of an	Independent	quained public docount					X	Yes No
nder 29 CFR 2520.104-46? (See instructions on waiver eligibility an	t use Form 5	500-SE and must instea	d use	For	n 550	0.		
you answered "No" to either line of or line ob, the plan dame	urance progra	am (see ERISA section 4	021)?			Yes 🗌		Not determine
t III Financial Information	See Street	(a) Beginning of Y	ear			(b) l	End of Ye	ar
	79	Contraction of the Contraction o	Same and				1,	085,593
								0
		917	.087				1,	085,593
							(b) Total	
Income, Expenses, and Transfers for this Plan fear					de la			
(1) Employers	. 8a(1)	1998 St. 199		-	-			
		118		-				
				-				
Other income (loss)	. 8b	(6,	899)					197,614
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						Second Local data	197,014
Benefits paid (including direct rollovers and insurance premiums	8d	24	,46	2				
				0				
				0				
		4	1,64	6				
								29,108
								168,506
				0				
							10	
				Yes	No	N/A	Am	ount
During the plan year:	utions within t	the time period	-	100				
a Was there a failure to transmit to the plan any participant control	Joluntary Fidu	iciary Correction						
			10a		x			
Program)								
p Were there any honexempt transactions with any party in meno- reported on line 10a.)			10b		x			00.0
c Was the plan covered by a fidelity bond?			10c	x				20,0
d Did the plan have a loss, whether or not reimbursed by the plan	's fidelity bond	d, that was caused	10d		x			
by fraud or dishonesty?	other persons	by an insurance		-		Sec.		
carrier insurance service, or other organization that provides so	ome or all or u	le perients under						
During the plan year:       Yes       No       N/A         Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       X         Was the plan covered by a fidelity bond?       10c       X       10d       X       X         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       X         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.)       10f       X         Has the plan failed to provide any benefit when due under the plan?       10f       X       X								
f Has the plan failed to provide any benefit when due under the p	an?		10f		X			
			10g		x			
there a blackout pariod	2 (See instru	ctions and 29 CFR						
2520.101-3.)			10h	X	-			
i us tob was answared "Yes " check the box if you either provided	d the required	notice or one of the						
exceptions to providing the notice applied under 29 CFR 2520.	101-3		10i	x	+			
j Did the plan trust incur unrelated business taxable income?			10j					
art VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requir			t com	plete	Schee	dule SB (F	Form	
	rements? (If "	Yes," see instructions and					in the second second	Yes X
5500) and line 11a below)	•••••	••••••				T		Yes X
<ul> <li>5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current yea</li> <li>12 Is this a defined contribution plan subject to the minimum fundi</li> </ul>	ar from Sched	ule SB (Form 5500) line	40.			11a		Yes X

)

	Form 5500-SF 2015	Page 3-							
	· · · · · · · · · · · · · · · · · · ·					1.11.			
a If	a waiver of the minimum funding standard for a prior year is being among	Mont		enter the	date of the Year	e letter rulin	g		
If you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and skip to line 13							
h Fr	ter the minimum required contribution for this plan year			12b					
c Fr	ter the amount contributed by the employer to the plan for this plan year			12c					
4 0	btract the amount in line 12c from the amount in line 12b. Enter the result (	enter a minus sign to the le	it or a	12d					
ne	gative amount)	deadline?			Yes 🗌	No 🗌	N/A		
e W									
art V	Plan Terminations and Transfers of Assets				es X No	)			
ва н	as a resolution to terminate the plan been adopted in any plan year?			13a					
lf	"Yes," enter the amount of any plan assets that reverted to the employer th	is year							
	lere all the plan assets distributed to participants or beneficiaries, transferre the PBGC?					Yes X	] No		
C If	during this plan year, any assets or liabilities were transferred from this pla	n to another plan(s), identify	the plan(s) to						
W	hich assets or liabilities were transferred. (See instructions.)			c(2) EIN	(s)	13c(3) PI	N(s)		
130	(1) Name of plan(s):		100	-(-)	(-/				
art V	III Trust Information			14h	Trust's EIN				
4a Na	me of trust			140					
		1.1.1							
14c N	ame of trustee or custodian				14d Trustee or custodian's telephone number				
					opnone na				
	une e l'une eurotiene								
Part					'es	No			
15a I	s the plan a 401(k) plan:			-					
15b I	f "Yes," how does the 401(k) plan satisfy the nondiscrimination requirement natching contributions (as applicable) under sections 401(k)(3) and 401(m)(	ts for employee deferrals an	d employer		Design- based safe harbor nethod	ADP/A test	ACP		
n	hatching contributions (as applicable) under sections 40 (k)(3) and 40 (ki)(	2/:		1	lethou				
+.	f ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan y esting method" for nonhighly compensated employees (Treas. Reg. section	1.401(K)-2(a)(2)(ii) and 1.4	01(11)-		res	No No			
2	(a)(2)(ii))?				Ratio				
16a	Check the box to indicate the method used by the plan to satisfy the covera	ge requirements under sect	tion 410(b):		Percentage Test	Avera Benet	ge fit Test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections his plan with any other plans under the permissive aggregation rules?	410(b) and 401(a)(4) by cor	mbining	. □`	Yes	No No			
17a	Has the Plan been timely amended for all required law changes?			· 🗆 `	Yes	No (Se			
17b	Date of the last plan amendment/restatement for the required tax law chan	ges was adopted/	.Enter	the app	licable cod	e (Se	e		
17c	nstructions for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master, prototype (M&F	P), or volume submitter plan	that is subject	to a fav	orable IRS	opinion or	_		
17d	If the plan is an individually-designed plan and recieved a favorable determ	nination letter from IRS, plea	ase enter the d	ate of p	an's last fa	vorable			
	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election une made), American Samoa, Guam, the Commonwealth of the Northern Maria	der ERISA section 1022(i)(2 ina Islands or the U.S. Virgi	) has been n Islands)?		Yes	No			
					Yes	No No			
	If Yes, enter amount		••••••	19					
20	where whe have attained distributions made to 5% owners who have attained	ed age 70 ½ (regardless of )	whether or		Yes	No No			
	not rement as required under section to (a)(o).								