Form 5500-SF	Short Form Annu	•	ort of Small Emplo	oyee	0	MB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be fill	Benefit Pla		-	2	2015
Department of Labor Employee Benefits Security Administr	ation Income Security Act of 1974		6057(b) and 6058(a) of the		This Fo	m is Open to Inspection
Pension Benefit Guaranty Corpora Part I Annual Rep	Complete all entries in ort Identification Information		nstructions to the Form 55	00-SF.		•
For calendar plan year 2015			and ending 12	/31/2015		
A This return/report is for:	a single-employer plan		er plan (not multiemployer) g employer information in ac		-	
B This return/report is	the first return/report an amended return/report	the final return/rep	ort eturn/report (less than 12 mo	onths)		
C Check box if filing under:	X Form 5558 Special extension (enter desc	automatic extensi	on		FVC program	n
Part II Basic Plan	Information—enter all requested in					
1a Name of plan	401(K) PROFIT SHARING PLAN			(PN)	umber	001
					06/01/	
Mailing address (include	mployer, if for a single-employer plan) room, apt., suite no. and street, or P. ovince, country, and ZIP or foreign pos		instructions)	(EIN)	20-370	
RI-TEC MANUFACTURING I				2c Spons	425-251	-8777
915 S. 234TH ST. KENT, WA 98032				20 Busine	ess code (se 33290	e instructions)
3a Plan administrator's nan	ne and address XSame as Plan Spor	ISOT.		3b Admin	istrator's Ell	N
				3c Admin	istrator's tel	ephone number
4 If the name and/or EIN of	of the plan sponsor has changed since	the last return/report fil	ed for this plan, enter the	4b EIN		
	n number from the last return/report.			4c PN		
5a Total number of particip	ants at the beginning of the plan year.			5a		45
	ants at the end of the plan year		,	5b		37
	with account balances as of the end of			5c		27
d(1) Total number of activ	e participants at the beginning of the p	lan year		5d(1)		44
e Number of participants	e participants at the end of the plan ye that terminated employment during th	e plan year with accrue	benefits that were less	5d(2) 5e		34
Caution: A penalty for the Under penalties of perjury ar	late or incomplete filing of this return ad other penalties set forth in the instru- ed and signed by an enrolled actuary,	n/report will be asses actions, I declare that I h	sed unless reasonable cau ave examined this return/rep	se is establ	g, if applicat	
belief, it is true, correct, and		09/19/2016	KYLE WAGONER			-
HERE	an administrator	Date	Enter name of individu	ual signing as	s plan admir	nistrator
SIGN HERE Di f						
	nployer/plan sponsor irm name, if applicable) and address (i	Date nclude room or suite nu	Enter name of individu	ial signing as Preparer's t		
For Paperwork Reduction Act	Notice and OMB Control Numbers, see ti	ne instructions for Form f	:500-SF.		Fc	orm 5500-SF (2015)

-	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							X Yes 🗌 No
	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	and condit	ions.)		· · · · · · · · · · · · · · · · · · ·	, ,		Yes No
	f the plan is a defined benefit plan, is it covered under the PBGC ir							No Not determined
Par	t III Financial Information	· ·	0		,			
_	Plan Assets and Liabilities		(a) Beginning	of Yea	ar	Т		(b) End of Year
	Total plan assets	7a	() _ • g		854			335773
· · ·	Total plan liabilities	7b			0			
С	Net plan assets (subtract line 7b from line 7a)	7c		214	854			335773
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoເ	ınt				(b) Total
а	Contributions received or receivable from:				000			
	(1) Employers	8a(1)			233			
	(2) Participants	8a(2)		114	070			
	(3) Others (including rollovers)	8a(3)			0.07	_		
	Other income (loss)	8b		-	327	_		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		151976
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		29	737			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		1	320			
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						31057
i	Net income (loss) (subtract line 8h from line 8c)	8i				_		120919
j ·	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2J 2K 2F 2G 3D 3B	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acterist	tic Coo	les in th	ne instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribut 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 reported on line 10a.)			10b		х		
С	Was the plan covered by a fidelity bond?			10c		x		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
e	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	х			1786
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	is of year e	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g		х		
i	2520.101-3.) 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							
i	Did the plan trust incur unrelated business taxable income?			10i 10j				
Part	VI Pension Funding Compliance			10]	1	I	1	1

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SE 5500) and line 11a below)	B (Form
11a	Enter the unpaid minimum required contribution 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? Yes X No

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					1					
	(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	Ente	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								
	of th	e PBGC?	-			Yes X	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.)	ify 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	Nam	e of trustee or custodian		14d		's or custodi ne number	an's			
Par	t IX	IRS Compliance Questions								
15a	ls 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 ADI tes	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///////	•				structions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placed 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		Ye	s	No				
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Ye	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w ed), as required under section 401(a)(9)?		Y	es	No	N/A			

Fo	rm 5500-SF	Short Form Annu		t of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
	ntment of the Treasury	This form is required to be file	Benefit Plan	4065 of the Employee Ref	tirement	2015
	epartment of Labor Benefits Security Administration	Income Security Act of 1974		57(b) and 6058(a) of the l		This Form is Open to
	enefit Guaranty Corporation	▶ Complete all entries in		,	0.SF	Public Inspection
Part I	Annual Report I	dentification Information		i dettoria to tile i onin oot		
	ar plan year 2015 or fisc		01/01/2015	and ending	12/3	31/2015
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) (I nployer information in acc		
B This ret	urn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 mor	nths)	
C Charle	box if filing under:					
Check	box ir ming under.	X Form 5558	automatic extension			FVC program
		special extension (enter desc		111		
Part II	Basic Plan Infor	mation-enter all requested in	formation			
1a Name Tri-Tec		401(k) Profit Shar	ing Plan		1b Three- plan ni (PN)	umber 001
						ve date of plan 1 / 2013
		er, if for a single-employer plan)			2b Employ	ver Identification Number
City or	town, state or province,	, apt., suite no. and street, or P.C country, and ZIP or foreign post		ructions)		20-3704188 or's telephone number
Tri-Te	ec Manufacturin	ng LLC			425-	251-8777
6915 s	5. 234th St.				2d Busine 3329	ss code (see instructions) 00
Kent		WA 98032				
3a Plan a	dministrator's name and	address XSame as Plan Spon	SOF.		3b Admini	strator's EIN
					3C Admini	strator's telephone number
name	, EIN, and the plan num	blan sponsor has changed since ber from the last return/report.	the last return/report filed f		4b EIN	
a Spons	or's name				4c PN	
	•	t the beginning of the plan year			5a	45
		t the end of the plan year count balances as of the end of			5b	37
compl	ete this item)				5c	27
• •		cipants at the beginning of the pl		-	5d(1)	44
e Numb	er of participants that te	cipants at the end of the plan year rminated employment during the	plan year with accrued be	nefits that were less	5d(2) 5e	34
Caution: A	penalty for the late or	incomplete filing of this return	/report will be assessed	unless reasonable caus	e is establi	
SB or Sche	alties of perjury and othe dule MB completed and rue, correct, and comple	r penalties set forth in the instruc signed by an enrolled actuary, a etc.	ctions, I declare that I have as well as the electronic ver	examined this return/reporsion of this return/report, a	rt, including and to the b	, if applicable, a Schedule est of my knowledge and
SIGN	EM71		09/08/2016	Kyle Wagoner		
HERE	Signature of plan ad	ninistrator	Date	Enter name of individua	l signing as	plan administrator
SIGN						
HERE	Signature of employe		Date			employer or plan sponsor
		ne, if applicable) and address (ir			-reparer's te	Form 5500-SF (2015)

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No				
b	b 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.)					
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.					
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined				
Pa	rt III Financial Information					

7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year		
а	Total plan assets	7a	21	4,85	54		335,773		
b	Total plan liabilities	7b			0				
с	Net plan assets (subtract line 7b from line 7a)	7c	21	4,85	54		335,773		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)	3	8,23	3				
	(2) Participants	8a(2)	11	4,07	0				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-32	7				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					151,976		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	9,73	7				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		1,32	0				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					31,057		
i	Net income (loss) (subtract line 8h from line 8c)	8i					120,919		
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 3B	feature coo	des from the List of Plan Cha	racteri	stic Co	odes in th	e instructions:		
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	acterist	ic Coo	ies in the	instructions:		
Par	t V Compliance Questions								
10	During the plan year:			Yes	No	N/A	Amount		
а	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)								

	Program)	10a						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
c	Was the plan covered by a fidelity bond?	10c		Х				
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	Х					1,786
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		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х				
1	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						
j	Did the plan trust incur unrelated business taxable income?	10j						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500) and line 11a below)				ule SB (Foi	rm	Yes	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	0			11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	ne Code	e or se	ction 3	02 of ERIS	A?	Yes	X No

Form 5500-SF 2015 Page 3 -		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		
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	ns, and enter the Day	date of the letter ruling Year
If 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	
c 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	
e 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?		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 of the PBGC?	er the control	Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pl which assets or liabilities were transferred. (See instructions.)	an(s) to	
	13c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information 14a Name of trust		ust's EIN
14c Name of trustee or custodian		rustee's or custodian's elephone number
Part IX IRS Compliance Questions	l	
15a Is the plan a 401(k) plan?	Yes	No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employ matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	yer bas	
15c If the ADP/ACP test is used, 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 sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?		No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b	o): Rati perc test	centage
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Yes	No
17a Has the plan been timely amended for all required tax law changes?	Yes	No N/A
for tax law changes and codes).	ter the applicable	\
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is advisory letter, enter the date of that favorable letter and the letter's serial number		
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter		i last favorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has bee made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)		No
19 Were in-service distributions made during the plan year?	📋 Yes	No
If "Yes," enter amount		
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or retired), as required under section 401(a)(9)?	r not 📋 Yes	No N/A

SCHEDULE A	▲	Insura	nce Informati	on		OMB No. 1210-0110
(Form 5500)		This schedule is require	ad to be filed under se	ction 104 of th	a	
Department of the Treasury Internal Revenue Service	/	Employee Retirement				2015
Department of Labor Employee Benefits Security Admir	nistration	File as an	attachment to Form	5500.		
Pension Benefit Guaranty Corpo	pration	Insurance companies pursuant to	are required to provid ERISA section 103(a)	le the informati)(2).	on Thi s	s Form is Open to Public Inspection
For calendar plan year 2015	or fiscal plar	year beginning 01/01,	/2015	and end	0	/2015
A Name of plan Tri-Tec Manufac	turing 4	401(k) Profit Shar:	ing Plan	B Three plan	e-digit number (PN)	001
C Plan sponsor's name as a	shown on line	⇒ 2a of Form 5500		D Employ	yer Identification Nun	nber (EIN)
Tri-Too Manufac	turing I			20-370	4188	
Tri-Tec Manufac		ing Insurance Contract	Coverage, Fees	and Comr	nissions Provide i	nformation for each contract
		Individual contracts grouped a				
1 Coverage Information:						
(a) Name of insurance carrie	ег					
Modern Woodmen	of Amer	ica				
	(c) NAIC	(d) Contract or	(e) Approximate		Policy	or contract year
(b) EIN	code	identification number	persons covered policy or contr		(f) From	(g) To
36-1493430	57541	361493430	34		01/01/2015	12/31/2015
2 Insurance fee and commis descending order of the ar		tion. Enter the total fees and to	tal commissions paid.	List in line 3 t	he agents, brokers, a	nd other persons in
(a) Total am	ount of comn			(b) Tot	al amount of fees pa	id
		1,786				
3 Persons receiving commis		es. (Complete as many entries	i	· · · · ·		
Stephen D Neel	(a) Name ar	nd address of the agent, broke	r, or other person to wh	hom commissio	ons or fees were paid	l
Ste 103 12303 meridan E						
Puyallup	WA	98373				
(b) Amount of sales and	hase	Fe	es and other commiss	ions paid		
commissions paid	Dase	(c) Amount	······································	(d) Purpose		(e) Organization code
	1,190					3
	(a) Name ar	nd address of the agent, broker	or other person to wh	om commissio	une or fees were naid	
Chris Wolpert Ste B-3	(a) Name ar	to address of the agent, bloker	, or other person to wr	ion commissio	ans of lees were paid	
1919 N Pearl St	F-7 7)	09406				
lacoma	WA		as and other commiss	ions naid		
(b) Amount of sales and b commissions paid	base	(c) Amount	es and other commiss	(d) Purpose		(e) Organization code
	Į					1

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organizati code
	(a) randara	(4) + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 +	
(a) Na	me and address of the agent, br	roker, or other person to whom commissions or fees were pa	id
· · ·			
		Fees and other commissions paid	
b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organizat code
(a) Na	me and address of the agent, br	roker, or other person to whom commissions or fees were pa	id
		Fees and other commissions paid	
 b) Amount of sales and base commissions paid 	(c) Amount	(d) Purpose	(e) Organiza code
·			
(a) Nar	ne and address of the agent, br	roker, or other person to whom commissions or fees were pa	id
b) Amount of sales and base		Fees and other commissions paid	(e) Organizat
commissions paid	(c) Amount	(d) Purpose	code
(a) Nar	ne and address of the agent, br	oker, or other person to whom commissions or fees were pa	id
		Fees and other commissions paid	(e) Organizat
b) Amount of sales and base			code
b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	code
	(c) Amount	(d) Purpose	toue

		Schedule A (Form 5500) 2015	Page 3		
Pa	art I	I Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	vidual contracts with each carrier m	nay be treated as a unit fo	r purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	r end	4	
		rent value of plan's interest under this contract in separate accounts at year e			
-		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.	-	6d	
		Specify nature of costs			
	е	Type of contract: (1) □ individual policies (2) □ group deferre (3) □ other (specify) ►	ed annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here 🔹 🕨 🗌]	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	aintained in separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ►			
	b	Balance at the end of the previous year			
	C	Additions: (1) Contributions deposited during the year			
	Ŭ	(2) Dividends and credits			
		(2) Dividends and clouis			
		(4) Transferred from separate account			
		(4) that steried from separate account			
		,			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. <u>7e(3)</u>		
		(4) Other (specify below)	. 7e(4)		
		•			
		(5) Total deductions		7e(5)	
	-	(5) Total deductions Balance at the end of the current vear (subtract line 7e(5) from line 7d)		7e(5)	0
		Belence as the one of the outlent year taubilautility (Fight 1011111112 (U)			

Schedule A (Form 5500) 2015

Pa	art l	Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts	oup of employees of the s urposes if such contracts a	are experienc	e-rated as a unit. W	here contrac	nployee organizations(s), ts cover individual emplo	the yees,
8	Ber	nefit and contract type (check all applicable boxes)						
	a	Health (other than dental or vision)	b Dental	c	Vision		d 🗌 Life insurance	
	e	Temporary disability (accident and sickness)	f 🗌 Long-term disability	y g	Supplemental unem	ployment	h Prescription drug	
	i	Stop loss (large deductible)	i HMO contract	. U.L.	PPO contract		I Indemnity contract	t
	m	Other (specify)	, []]			
9	Exp	erience-rated contracts:						
	а	Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid	1	9a <u>(</u> 2)				
		(3) Increase (decrease) in unearned premium res	erve	9a(3)				
		(4) Earned ((1) + (2) - (3))	······			. 9a(4)		(
	b	Benefit charges (1) Claims paid						
		(2) Increase (decrease) in claim reserves						
		(3) Incurred claims (add (1) and (2))		•••••				(
		(4) Claims charged				. 9b(4)		
	С	Remainder of premium: (1) Retention charges (o						
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs		9c(1)(C)				
		(D) Other expenses		9c(1)(D)				
		(E) Taxes		9c(1)(E)				
		(F) Charges for risks or other contingencies		9c(1)(F)				
		(G) Other retention charges		9c(1)(G)				
		(H) Total retention				. 9c(1)(H)		(
		(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)						
	d							
		(2) Claim reserves	. 9d(2)					
		(3) Other reserves				. 9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)						
10	No	nexperience-rated contracts:						
	а	Total premiums or subscription charges paid to c	arrier			. 10a		
	b	If the carrier, service, or other organization incurre	ed any specific costs in co	nnection with	the acquisition or			
		retention of the contract or policy, other than repo	rted in Part I, line 2 above	, report amo	unt	. <u>10b</u>		

Page 4

Specify nature of costs

Pa	rt IV Provision of Information			
11	Did the insurance company fail to provide any information necessary to complete Schedule A?	Yes	No	
12	If the answer to line 11 is "Yes," specify the information not provided.			

For	rm 5500-SF	Short Form Annu	-	of Small Empl	oyee		OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).					2015
	epartment of Labor enefits Security Administration					This	Form is Open to
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form					500-SF.	Pul	blic Inspection
Part I	Annual Report	dentification Information					- · · ·
For calenda	ar plan year 2015 or fis	cal plan year beginning	01/01/2015	and ending		2/31/20	
		X a single-employer plan		lan (not multiemployer) ployer information in ac			
A This ret	urn/report is for:	a one-participant plan	a foreign plan	ployer mormation in ac	cordance		in instructions;
B This retu	⊥rn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)		
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC prog	gram
		special extension (enter descr	iption)				
Part II	Basic Plan Info	mation—enter all requested inf	ormation				
1a Name	of plan					ree-digit	
Tri-Tec	Manufacturin	g 401(k) Profit Shar	ing Plan			an number	001
					<u> </u>	N) 🕨	
						fective date of 5/01/201	
Mailing	address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.O	. Box)			n <mark>ployer Ide</mark> nt IN) 20-37	ification Number 04188
	town, state or province c Manufacturi	, country, and ZIP or foreign postang LLC	al code (if foreign, see instr	uctions)			phone number
		5				25-251-8	
6915 S	3. 234th St.					32900	(see instructions)
Kent		WA 98032					
3a Plan ad	dministrator's name and	l address XSame as Plan Spons	or.		3b Ad	ministrator's	EIN
					3c Ad	ministrator's	telephone number
		plan sponsor has changed since t ber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b El	N	
a Sponse					4c PN	١	
5a Total r	umber of participants a	at the beginning of the plan year			5a		45
b Total r	number of participants a	at the end of the plan year			5b		37
C Numbe	er of participants with a	ccount balances as of the end of t	he plan year (defined bene	fit plans do not	5c		27
_	-	icipants at the beginning of the pla			5d(1)		44
• •	•	icipants at the end of the plan yea			5d(2)		34
e Numb	er of participants that t	erminated employment during the	plan year with accrued ber	nefits that were less	5e		3
Caution: A	penalty for the late o	r incomplete filing of this return	/report will be assessed	unless reasonable cau	se is est	ablished.	_
SB or Sche	alties of perjury and oth dule MB completed an rue, correct, and comp	er penalties set forth in the instruc d signed by an enrolled actuary, a	tions, I declare that I have s well as the electronic vers	examined this return/rep sion of this return/report	ort, inclu , and to t	ding, if appli he best of m	cable, a Schedule y knowledge and
SIGN	rue, correct, and comp	<u></u>	09/08/2016	Kyle Wagoner			
HERE					uel eignin	a oo plop adi	ministrator
	Signature of plan ac		Date	Enter name of individu	າດເອເດີແມ	y as pian du	
SIGN HERE		. <u></u>					
	Signature of employ	er/plan sponsor me, if applicable) and address (in	Date	Enter name of individu		g as employe r's telephone	
Freparers	name (nouung am na	ine, il applicable) and address (in	orace room of suite number	,	rispare	, o toropriorie	
		<u></u>					Form 5500 SE (2015)

 6a Were all of the plan's assets during the plan year invested in eligib b 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 cannot be addressed to the plan c	an indepe and condi	ndent qualified public a tions.)	ассоип	tant (IC	(PA)		🕺 Yes 🗌 N
 c If the plan is a defined benefit plan, is it covered under the PBGC in 							
Part III Financial Information							<u> </u>
7 Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End of Year
a Total plan assets	. 7a			4,85	4		335,77
b Total plan liabilities	7b				0		
C Net plan assets (subtract line 7b from line 7a)	7c		21	4,85	4		335,77
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Total
a Contributions received or receivable from:			3	8,23	3		
(1) Employers	8a(1)			4,07			
(2) Participants	8a(2)		11	4,07	0		
(3) Others (including rollovers)	8a(3)			_ 20	7		
b Other income (loss)	8b			-32	1		4 5 4 0 5
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80				_		151,97
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2	9,73	7		
e Certain deemed and/or corrective distributions (see instructions)	8e			1 20	0	_	
f Administrative service providers (salaries, fees, commissions)	8f			1,32			
g Other expenses	8g		-		-		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_		31, <u>05</u>
i Net income (loss) (subtract line 8h from line 8c)	8i						120,91
j Transfers to (from) the plan (see instructions)	8j						
 9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 3B B If the plan provides welfare benefits, enter the applicable welfare for a second sec						_	
Part V Compliance Questions						r	
10 During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х		
C Was the plan covered by a fidelity bond?			10c		Х		
c Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
e 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.)	e or all of	the benefits under	10e	X			1,7
f Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X		
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10h		Х		
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10°	ne required	I notice or one of the	10i				
j Did the plan trust incur unrelated business taxable income?			10j				
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	∏ Yes ∏ No
	5500) and line 11a below)	
11a	Enter the unpaid minimum required contribution 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?	Yes X No

	Form 5500-SF 2015 Page 3 -				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			_	
ć	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter the Day		ne letter ru Year	ling
H	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
k	Enter the minimum required contribution for this plan year	12b			
c	Enter the amount contributed by the employer to the plan for this plan year	12c			
C		12d			
e	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?		Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	ontrol		Yes 🛛	No
с 	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	o			
	13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)
Par	t VIII Trust Information				
14a	Name of trust	14b T	rust's EIN		
140	Name of trustee or custodian		Trustee's o telephone	or custodia number	an's
Par	T IX IRS Compliance Questions				
15 a	Is the plan a 401(k) plan?	Ye:	5	No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(rn)(2)?	ba ba	esign- sed safe rbor ethod	ADP test	/ACP
150	If the ADP/ACP test is used, 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 sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- 2(a)(2)(ii))?	Ye:		No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		itio rcentage		rage efit test
16t	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Yes	5	No -	
17a	Has the plan been timely amended for all required tax law changes?	Yes	>	No	N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted			``	structions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subje advisory letter, enter the date of that favorable letter and the letter's serial number		<u> </u>		or
170	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the plan	's last favo	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		No	
19	Were in-service distributions made during the plan year?	Yes	3	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)?	Yes	5	No	N/A

SCHEDULE A		Insuran	ce Information			MB No. 1210-0110		
(Form 55	00)							
Department of the T Internal Revenue			to be filed under section come Security Act of 1974			2015		
Department of L Employee Benefits Securit		File as an a	ttachment to Form 5500),				
Pension Benefit Guarant	y Corporation	 Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). 				This Form is Open to Public Inspection		
For calendar plan year	2015 or fiscal p	lan year beginning 01/01/2	2015	and end	ling 12/31/2			
A Name of plan Tri-Tec Manu	lfacturing	(401(k) Profit Sharin		B Three plan i	-digit number (PN)	001		
C Plan sponsor's nam	e as shown on	line 2a of Form 5500		C Employ	er Identification Numbe	r (EIN)		
Tri-Tec Manu	ifacturing	LLC	2	20-370	4188			
Part Informa	ation Conce	rning Insurance Contract C A. Individual contracts grouped as a						
1 Coverage Information	in:							
(a) Name of insurance	carrier							
Modern Wood	men of Ame	erica						
	(c) NAIC	(d) Contract or	(e) Approximate num		Policy or	contract year		
(b) EIN	code	identification number	persons covered at end of policy or contract year		(f) From	(g) To		
36-1493430	57541	361493430	34		01/01/2015	12/31/2015		
2 Insurance fee and co descending order of		mation. Enter the total fees and tota	al commissions paid. List	in line 3 th	ne agents, brokers, and	other persons in		
	al amount of co			(b) Tot	al amount of fees paid			
		1,786				(
3 Persons receiving co	ommissions and	fees. (Complete as many entries a	as needed to report all per	rsons).				
Stephen D Neel Ste 103	(a) Name	and address of the agent, broker, o	or other person to whom o	commissio	ns or fees were paid			
12303 meridan B	2							
Puyallup	Ţ	NA 98373						
(b) Amount of sales	and base		s and other commissions			-		
commissions	paid	(c) Amount	(d)	Purpose		(e) Organization code		
	1,190					3		
	(a) Name	and address of the agent, broker, c	or other person to whom c	ommissio	ns or fees were paid			
Chris Wolpert Ste B-3								
1919 N Pearl St Tacoma		IA 98406						
(b) Amount of sales and base		Fees and other commissions paid						
commissions		(c) Amount	(d)	Purpose		(e) Organization code		

v. 150123