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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit GLOBAL METAL WORKS & ERECTORS, LLC 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2015 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 45-4910258 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number GLOBAL METAL WORKS & ERECTORS, LLC 253-572-5363 2d Business code (see instructions) 1144 THORNE RD. 331200 TACOMA, WA 98421-3202 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 31 5a Total number of participants at the beginning of the plan year 5b 37 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 37 5c complete this item)..... 24 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 26 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature. 03/03/2017 KAREN L. HOWLETT SIGN

HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date 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

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	Were all of the plan's assets during the plan year invested in eligib		,						X Ye	es No
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Ye	es No
	If the plan is a defined benefit plan, is it covered under the PBGC ir						-	No	Not de	termined
Par	t III Financial Information						_			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		183014					42337	79
b	Total plan liabilities	7b							136	69
С	Net plan assets (subtract line 7b from line 7a)	7c		183014					42201	10
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) ¹	Γotal	
	Contributions received or receivable from:	- 411		136322						
	(1) Employers	8a(1)		89042						
	(2) Participants	8a(2)		09042						
	(3) Others (including rollovers)	8a(3)		21888						
	Other income (loss)	8b		21000	-				24725	:o
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							24123)2
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6564						
	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1692						
	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							82	56
i	Net income (loss) (subtract line 8h from line 8c)	8i				238996				96
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 2A 2E 2J 2K 2F 2G 3D 3H 2T	feature co	des from the List of PI	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ				
С	Was the plan covered by a fidelity bond?			10c	X					35000
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	X					1382
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter	the minimum required contribution for this plan year		12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	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 E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

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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.

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Part I Annual Repor	ቲ ldentification Informatior	1						
For calendar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/2	016			
	X a single-employer plan		plan (not multiemployer) (
A This return/report is for:			employer information in ac	accordance with the form instructions.)				
	a one-participant plan	a foreign plan						
D. This actions to a set in	the first return/report	the final return/report	i .					
B This return/report is				antha)				
	an amended return/report	☐ a snort plan year rett	urn/report (less than 12 m	ontris)				
C Check box if filing under:	Form 5558	automatic extension		DFVC prograi	n			
	special extension (enter desc	ription)						
Part II Basic Plan Inf	ormation—enter all requested in	formation						
1a Name of plan				1b Three-digit				
Global Metal Works		plan numb	er 001					
				(PN)	-1			
				1c Effective d 01/01/2				
2a Plan snonsor's name (emn	loyer, if for a single-employer plan)				dentification Number			
Mailing address (include ro	om, apt., suite no. and street, or P.				4910258			
	nce, country, and ZIP or foreign pos	tal code (if foreign, see ins	structions)	, ,	telephone number			
Global Metal Works	& Erectors, LLC			253-572	•			
1144 Ml D-1				2d Business of	ode (see instructions)			
1144 Thorne Rd.				331200				
Tacoma	WA 98421-320	12						
BADDAWARE SERVICESER	and address X Same as Plan Spo			3b Administra	tor's FIN			
od i jan administrator s name	and address & Came as Flan Ope	11301.						
				3c Administra	tor's telephone number			
	he plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN				
A 150	umber from the last return/report.			4c PN				
a Sponsor's name					31			
5a Total number of participan	ts at the beginning of the plan year							
	ts at the end of the plan year			5b	37			
	h account balances as of the end of			5c	37			
' '	participants at the beginning of the p			5d(1)	24			
				5d(2)	26			
	participants at the end of the plan yearticipants at the end of the plan year terminated employment during the				20			
				5e	C			
Caution: A penalty for the late	e or incomplete filing of this retui	n/report will be assesse	d unless reasonable car	use is establishe	ed.			
Under penalties of perjury and one SR or Schedule MR completed	other penalties set forth in the instru and signed by an enrolled actuary,	ictions, I declare that I hav as well as the electronic v	re examined this return/re rersion of this return/repor	port, including, if t, and to the best	of my knowledge and			
belief, it is true, correct, and cor	nplete.			,				
SIGN	allet	3.3.17	KAREN L. HOWLI	ETT				
HERE Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	n administrator			
SIGN								
HERE	lover/plan anancer	Date	Enter name of individ	ual signing as Am	ployer or plan sponsor			
	loyer/plan sponsor name, if applicable) and address (i			Preparer's telep				
(, , , , , , , , , , , , , , , , , , , ,		*					
1								

Pa	a	6	2

								₽ Vas □ Na		
	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		
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes No		
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and mus	t instea	ad use	Form	1 5500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance	orogram (see ERISA se	ection 4	021)?		Yes	No Not determined		
Pa	rt III Financial Information									
7	Plan Assets and Liabilities	15.00	(a) Beginning	of Year	. [(b) End of Year		
a	Total plan assets	7a		183,				423,379		
b	Total plan liabilities	7b						1,369		
С	Net plan assets (subtract line 7b from line 7a)	7c		183,	014			422,010		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		136,	322					
No.	(2) Participants	8a(2)		89,	042					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		21,	888					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				247,2				
	Benefits paid (including direct rollovers and insurance premiums									
***************************************	to provide benefits)	8d		6,	564		uptaug a			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	100000000000000000000000000000000000000								
f	Administrative service providers (salaries, fees, commissions)	8f		1,692						
<u>g</u>	er expenses									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							8,256		
_ <u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					238,99			
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 2A 2E 2J 2K 2F 2G 3D 3H 2T	feature co	odes from the List of PI	an Cha	racteri	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature co	tes from the List of Pla	n Chara	cterist	lic Cod	des in th	ne instructions:		
-	The plant provides we have selected, since the approache we have to	outuro co.	200 110111 1110 2101 01 7 14							
Pai	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amount		
a	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	•	•	100		х				
	Program) Were there any nonexempt transactions with any party-in-interest			10a				***************************************		
	reported on line 10a.)			10b		X				
	Was the plan covered by a fidelity bond?			10c	Х		14,34	35,000		
d	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		х				
е	Were any fees or commissions paid to any brokers, agents, or oth	-								
	carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e	Х			1,382		
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-	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period?			.,9		₩				

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.....

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. Nesse						
Part						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)				Yes	i 📗 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C		on 302 of	f	☐ Yes	X No
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.		id enter t Dav		the letter ru Year	uling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day		ı caı	
	Enter the minimum required contribution for this plan year		12b			TOWN OF THE PROPERTY OF THE PR
С	Enter the amount contributed by the employer to the plan for this plan year		12c			
BANCHES COMMON	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		100	
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?			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 broucontrol of the PBGC?				Yes X 1	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plan(s) to			
	3c(1) Name of plan(s):	13c(2) EIN(s)		13c(3) P	N(s)
Jacon Science Science						
Part	VIII Trust Information					
14a	Name of trust		14b 1	rust's EIN		
14c	Name of trustee or custodian		14d 1	rustee's or	custodian	's
			1	elephone r	number	
	IV ID0 0 1: 0 4:		l			
Par	IX IRS Compliance Questions	П у		п,	NT	
15a	Is the plan a 401(k) plan? If "No," skip b	Yes		. U	No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		gn-based harbor		"Prior year' test	'ADP
	401(k)(3) for the plan year? Check all that apply:		ent year	, ,	N/A	
		☐ ADP	test		IN//A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ration	o entage	Avera	age fit test [N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	П Уев			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letterand the serial number		r or advi	sory letter,	enter the d	ate of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, eletter	enter the date	of the m	ost recent	determinat	ion
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sep service?		Yes	s [] N	No	
19	Was any plan participant a 5% owner who had attained at least age 70 ⅓ during the prior plan year?	••••	Yes	; <u> </u>	No	