	m 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Employ	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be file	d under sections 104 and 4			2016			
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		ernal	This Form is Open to Public Inspection			
	enefit Guaranty Corporation	Complete all entries in a		uctions to the Form 5500	-SF.				
Part I		dentification Information		02/17	7/2017				
For calenda	ar plan year 2016 or fisca			J		an this have much attach a			
A This ret	urn/report is for:	a single-employer plan		an (not multiemployer) (File ployer information in accor		•			
B This retu	urn/report is	the first return/report an amended return/report	\times the final return/report	n/report (less than 12 mont	hs)				
C Check b	pox if filing under:	 ▼ Form 5558	automatic extension	· · ·	, DFVC pr	ogram			
	Γ	special extension (enter descr	ription)						
Part II	Basic Plan Inform		formation						
1a Name B & C CUST	•				(PN)	number			
2a Plan sr	oonsor's name (emplove	r, if for a single-employer plan)		2	b Emplo	09/01/2010			
Mailing City or	address (include room, town, state or province,	apt., suite no. and street, or P.C country, and ZIP or foreign post		uctions)	(EIN)	80-0108997 sor's telephone number			
Baccost	OM MANUFACTURING,	, INC.				509-535-0049 ess code (see instructions)			
1514 E RIVE SPOKANE, V	RSIDE AVENUE VA 99202			2	u dusini	332700			
3a Plan a	dministrator's name and	address X Same as Plan Spor	nsor.	3	b Admir	histrator's EIN			
					-	istrator's telephone number			
	, EIN, and the plan numb	blan sponsor has changed since per from the last return/report.	the last return/report filed for		b ein c pn				
_		t the beginning of the plan year			5a	4			
		t the end of the plan year			5b				
C Numb	er of participants with ac	count balances as of the end of	the plan year (only defined	contribution plans	5c	C			
	,	cipants at the beginning of the pl			5d(1)	4			
• •		cipants at the end of the plan yea			5d(2)	0			
		rminated employment during the			5e	C			
Caution: A	penalty for the late or	incomplete filing of this return	n/report will be assessed	unless reasonable cause					
SB or Sche		r penalties set forth in the instruct signed by an enrolled actuary, a ste.							
		lid electronic signature.	05/08/2017	AMANDA MIELKE					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individual	signing a	s plan administrator			
SIGN									
HERE	Signature of employe		Date		signing a	s employer or plan sponsor			
Preparer's	name (including firm nar	ne, if applicable) and address (ir	nclude room or suite numbe	r) Pi	reparer's	telephone number			
						E 5500 05 (0040)			

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)						X Yes 🗌 N	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes 🗌 N	No
	If you answered "No" to either line 6a or line 6b, the plan cann									
с	If the plan is a defined benefit plan, is it covered under the PBGC in						_		Not determine	d
Pa	rt III Financial Information				,		4			
7	Plan Assets and Liabilities	Ì	(a) Beginning	of Year				(b) End	of Year	
а		7a		249495				(0	
b	Total plan liabilities	7b		0)				0	
С	Net plan assets (subtract line 7b from line 7a)	7c		249495	;				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:			209						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		837	_					
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		3941						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4987	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		254482						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0)					
f	Administrative service providers (salaries, fees, commissions)	8f		C)					
g	Other expenses	8g		0)					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							254482	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-249495	
j	Transfers to (from) the plan (see instructions)	8j		C)					
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	tic Coo	les in t	he instru	ctions:	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a		itions with	in the time period		1				-	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary l	Fiduciary Correction	10a		Х				
k	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	Х		10000
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	
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	x		42
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		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	Х		
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	10i	Х		

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)					<u> </u>	Yes 🗙 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					·· 🖵	
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	is, and	enter t	he date	of the lette	er ruling
	<u> </u>	ting the waiver			_ Day	′	Year _	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			1		
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			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the least of the matter 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?				X Ye	s N	lo
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					X Yes	No
C		uring 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 p	olan(s)	to			
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3	8) PN(s)
Part	VIII	Trust Information						
		of trust			14b 1	Frust's I	EIN	
14c	Name	e of trustee or custodian					s or custod	lian's
					I	leiepho	ne number	
Par	LIV	IRS Compliance Questions						
Fai							Π	
15a	Is the	plan a 401(k) plan? If "No," skip b	🛛	Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desigi safe h	n-based arbor	1 [Prior yet test	ear" ADP
				"Curre ADP t	ent year' est	13	N/A	
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-					
	letter		nter the	date (of the m	ost rec	ent determi	ination
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 ce?		rom	Yes	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No	

Form 5500-SF	Short Form Ann	-	ll Employee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be fi		molovee Retirement	2016
Department of Labor Employee Benefits Security Administration	Income Security Act of 197	4 (ERISA), and sections 6057(b) and 60	58(a) of the Internal	This Form is Open to
Pension Benefit Guaranty Corporation		· · · ·	he Form 5500 -SF.	Public Inspection
Part Annual Repor				
			nding 03/	17/2017
A This return/report is for:	X a single-employer plan	list of participating employer inform	employer) (Filers check nation in accordance w	ting this box must attach a tith the form instructions .)
		a foreign plan		
B This return/report is	the first return/report	X the final return/report		
	an amended return/report	$\overline{\mathbb{X}}$ a short plan year return/report (less	s than 12 months)	
Check box if filing under:	V Form 5558	automatic extension	DFVC p	rogram
oncor box in ming and on	<u> </u>			
	Benefit Plan			
	ormation—enter all requested		1b Thre	e-digit
1a Name of plan	cturing, Inc. 401(k)	Plan	, , , , , , , , , , , , , , , , , , ,	
	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee I income Security Act of 1974 (ERISA), and sections 8057(b) and 6058(a) of the Revenue Code (the Code). • Complete all entries in accordance with the instructions to the Form 1a Report Identification Information ar 2016 or fiscal plan year beginning 01/01/2017 and ending is for: a single-employer plan an utiple-employer plan (not multiemployer) is for: a one-participant plan a foreign plan s the first return/report X the final return/report (less than 12 to 1/2017) and ending is for: a one-participant plan a foreign plan a foreign plan s the first return/report X to final return/report (less than 12 to 1/2017) and ending is for: a one-participant plan a short plan year return/report (less than 12 to 1/2017) and ending s the first return/report X a short plan year return/report (less than 12 to 1/2017) and mended return/report under: X Form 5558 automatic extension short plan year return/report (less than 12 to 1/2017) include room, apt. suite no. and street, or P.O. Box) secontry, and ZIP or foreign postal code (if foreign, see instructions) Manufacturing, Inc. <			
2a Plan sponsor's name (emp	loyer, if for a single-employer plan) (O. Bax)	2b Emp	over Identification Number
City or town, state or provid	nce, country, and ZIP or foreign po	stal code (if foreign, see instructions)	;	nsor's telephone number
& C Custom Manufa	cturing, Inc.		(50	9) 535-0049
			1	ness code (see instructions)
.514 E Riverside Av	enue		332	2700
		WA 99202		
pokane	and address K Same as Plan St		3b Adm	inistrator's EIN
			3c Adm	inistrator's telephone number
name, EIN, and the plan r	the plan sponsor has changed sind number from the last return/report.	e the last return/report filed for this plan,	1	
a Sponsor's name			5a	
5a Total number of participar	nts at the beginning of the plan yea	r		
in all other strandiningsto wi	th account balances as of the end	of the plan year (only defined contribution	n plans 5c	
complete this item)			- 1/4)	
d(1) Total number of active	participants at the beginning of the	plan year	əu(1)	
d(2) Total number of active	participants at the end of the plan	year	50(2)	
e Number of participants th	nat terminated employment during	the plan year with accrued benefits that w	vere less 5e	
				ing if applicable a Schedule
Under penalties of perjury and SB or Schedule MB completed	l other penalties set forth in the insi d and signed by an enrolled actuar	ructions, I declare that I have examined in y, as well as the electronic version of this	return/report, and to th	e best of my knowledge and
	2	5-2-17 6	Mike Chr	WEN
HERE Signature of pla	n administrator	Date Enter na	me of individual signing	as plan administrator
SIGN ////		3-2-17	IVMY U	g www
HERE Signature of em	ployer/plan sponsor		me of individual signing Prepare	as employer or plan sponso 's telephone number
Preparer s name (including in	m name, in application and address			
				M S
			state of	Form 5500-SF (201

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

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	Were all of the plan's assets during the plan year invested in eligible		
b	Are you claiming a waiver of the annual examination and report of au under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd conditions.)	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan canno		
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance program (see ERISA section 4021)?	Yes No Not determined
Pa	rt III Financial Information		
7	Plan Assets and Liabilities	(a) Beginning of Year	(b) End of Year

7	Plan Assets and Liabilities		(a) Beginning of Year	(D) End of Year
a	Total plan assets	7a	249,495	0
b	Total plan liabilities	7b	0	0
с	Net plan assets (subtract line 7b from line 7a)	7c	249,495	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	209	
	(2) Participants	8a(2)	837	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	3,941	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		4,987
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	254,482	
e	Certain deemed and/or corrective distributions (see instructions)	8e	C	
f	Administrative service providers (salaries, fees, commissions)	<u>8f</u>	0	
	Other expenses	8g	0	
 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		254,482
- <u></u> i	Net income (loss) (subtract line 8h from line 8c)	8i		-249,495
-i	Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b

Part V Compliance Questions

			Yes	No	N/A	Amount
10	During the plan year:			┼ ──		
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		
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	X			10,000
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	the second tension brokers agosts or other persons by an insurance	10e_	x			42
f	Has the plan failed to provide any benefit when due under the plan?	10f		X		
g	Did the plan have any participant loans? (if "Yes," enter amount as of year-end.)	10g		X		
h	2520, 101-3.)	10h	x	L		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the excentions to providing the notice applied under 29 CFR 2520.101-3	10i	x			

Form 5500-SF 2016

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	· · · · · · · · · · · · · · · · · · ·					
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Ye (Form 5500) and line 11a below)		<u>.</u>	edule SE	3	Y	es 🛛 N
11a Enter the unpaid minimum required contributions for all years from Schedule S	SB (Form 5500) line 40		11a	· · · · ·		
12 Is this a defined contribution plan subject to the minimum funding requiremen ERISA?		e or sectior	1 302 of		Y	es 🛛 N
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicat	ie this plan year, and instru	ctions and	enter th	i <u>i e date of</u> i	the letter i	uli na
 a If a waiver of the minimum funding standard for a prior year is being amortized granting the waiver. 		<u>ntn</u>	Day		Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form			12b			
b Enter the minimum required contribution for this plan year		····· <u>·</u> ····				
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 (enegative amount)	•••••	<u></u>	12d		No	N/A
e Will the minimum funding amount reported on line 12d be met by the funding of	seadline?			Yes		
art VII Plan Terminations and Transfers of Assets					<u> </u>	
13a Has a resolution to terminate the plan been adopted in any plan year?				X Yes		
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 control of the PBGC?	I to another plan, or brought	under the	<u></u>	X	Yes	No
 C If, during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.) 	to another plan(s), identify	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				Trust's Ell		
14c Name of trustee or custodian				Trustee's telephone		an s
Part IX IRS Compliance Questions						
		Yes] No	
15a Is the plan a 401(k) plan? If "No," skip b15b How did the plan satisfy the nondiscrimination requirements for employee defendence.			n-base harbor	d	"Prior ye test	ear" ADP
401(k)(3) for the plan year? Check all that apply:			ent yea	r"	N/A	
16a What testing method was used to satisfy the coverage requirements under se year? Check all that apply:	ction 410(b) for the plan	Rational Rational Rational Rational Rational Relationships for the second secon	o entage		erage nefit test	N/
16b Did the plan satisfy the coverage and nondiscrimination requirements of section for the plan year by combining this plan with any other plan under the permission of the plan year by combining the plan with any other plan under the permission of the plan year by combining the plan with any other plan under the permission of the plan year by combining the plan with any other plan under the permission of the plan year by combining the plan with any other plan under the permission of the plan year by combining the plan with any other plan under the permission of the plan year by combining the plan with any other plan under the permission of the plan year by combining the plan with any other plan under the permission of the plan year by combining the plan with any other plan under the permission of the plan year by combining the plan with any other plan under the permission of the plan year by combining the plan with any other plan under the permission of the plan year by combining the plan with any other plan under the permission of the plan year by combining the plan with any other plan under the permission of the plan year by combining the plan with any other plan under the permission of the plan year by combining the plan with any other plan w		Yes] No	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that	t received a lavorable inst					
17b If the plan is an individually-designed plan that received a favorable determin letter	ation letter from the IRS, en	ter the date	or the	most rece		
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained service?	ed age 62 and had not sepa	rated from	Y] No	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ du	ing the prior plan year?		. [] Y	es	No	