Form 5500-SF		Short Form Annua	of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089	
	tment of the Treasury nal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee R				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	ccordance with the instru	uctions to the Form 5500)-SF.	
For calenda	Annual Report IC	lentification Information	016	and ending 12/31	1/2016	
	urn/report is for:	a single-employer plan		an (not multiemployer) (File ployer information in accor	ers check	-
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report	h/report (less than 12 mont	ths)	
C Check I	box if filing under:	Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter descri	, ,			
Part II		mation—enter all requested info	ormation			
1a Name of plan B & C CUSTOM MANUFACTURING INC 401K PLAN					(PN)	number 001
				1	C Effect	tive date of plan 09/01/2010
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O. country, and ZIP or foreign posta		uctions)	(EIN)	oyer Identification Number 80-0108997
	OM MANUFACTURING			2	c Spon	sor's telephone number 509-535-0049
1514 E RIVE SPOKANE, V				2	d Busin	ess code (see instructions) 332700
3a Plan a	dministrator's name and	address 🗙 Same as Plan Spon	sor.	3	b Admir	nistrator's EIN
4 If the r	name and/or EIN of the r	plan sponsor has changed since t	he last return/report filed fo		C Admir	nistrator's telephone number
	, EIN, and the plan numb	per from the last return/report.			C PN	
		the beginning of the plan year			5a	5
		the end of the plan year			5b	4
C Numb	er of participants with ac	count balances as of the end of t	he plan year (only defined	contribution plans	5c	З
d(1) Tota	al number of active partic	cipants at the beginning of the pla	an year		5d(1)	5
		cipants at the end of the plan yea rminated employment during the			5d(2)	4
than	100% vested				5e	-
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return r penalties set forth in the instruc signed by an enrolled actuary, as etc.	tions, I declare that I have	examined this return/repor	rt, includir	ng, if applicable, a Schedule
SIGN	Filed with authorized/va		05/08/2017	AMANDA MIELKE		
HERE	Signature of plan adr	ninistrator	Date	Enter name of individual	signing a	as plan administrator
SIGN						
HERE Preparer's	Signature of employe name (including firm nar	er/plan sponsor ne, if applicable) and address (ind	Date clude room or suite numbe			as employer or plan sponsor telephone number

-	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 cann		,	
с	If the plan is a defined benefit plan, is it covered under the PBGC ir			
	rt III Financial Information		. ,	
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	230440	249495
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	230440	249495
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:		6720	
	(1) Employers	8a(1)		
	(2) Participants	8a(2)	24403	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	23139	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		54262
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	35127	
е	Certain deemed and/or corrective distributions (see instructions).	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	80	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		35207
i	Net income (loss) (subtract line 8h from line 8c)	8i		19055
j	Transfers to (from) the plan (see instructions)	8j	0	
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2T$ $3D$ $2K$	feature co	des from the List of Plan Characterist	ic Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Characteristic	Codes in the instructions:
Pa	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)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 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		
е	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	×			363
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	×			

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 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					ΠY	es 🗙 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 insi	tructior	ns, and	l enter t	he date	of the letter	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		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 litive amount)			12d			
е	Will	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 resolution to terminate the plan been adopted in any plan year?				X Yes	s No)
		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?	-				Yes X	No
C	lf, du	rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b 1	Frust's E	EIN	
14c	Name	e of trustee or custodian			14d 1	Trustee'	s or custodi	an's
							ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
456		en e		Desig	n-based	Ч Г	"Prior ye	ar" ADP
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		safe h	arbor	L	test	
	- ("Curre ADP t	ent year		N/A	
16a	What	testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Ratio				
iou		? Check all that apply:			entage		verage enefit test	N/A
				test			enenii iesi	
16b		ne 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	
17a		plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		n letter	or advi	sory let	ter, enter the	e date of
17b	If the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determir	nation
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 >>?		from	Ye	6	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s [No	

Form 5500-SF	Short Form Annu	ual Return/Report o Benefit Plan	of Small Employee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	ed under sections 104 and 406	5 of the Employee Retirement	2016
Department of Labor Employee Benefits Security Administration	 Income Security Act of 197- 	4 (ERISA), and sections 6057(Revenue Code (the Code).	b) and 6058(a) of the Internal	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instruc	tions to the Form 5500 -SF.	
Part I Annual Report	Identification Information	n		
For calendar plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending 12	2/31/2016
	X a single-employer plan	a multiple-employer plan	(not multiemployer) (Filers che	cking this box must attach a
A This return/report is for:	a one-participant plan	list of participating emploid a foreign plan	oyer information in accordance	with the form instructions .)
B This return/report is	the first return/report	the final return/report		
	an amended return/report		eport (less than 12 months)	
C Check box if filing under:	Form 5558	automatic extension		program
	special extension (enter desc	cription)		
Part II Basic Plan Info	prmation—enter all requested in	nformation		
1a Name of plan			1b Th	ee-digit
B & C CUSTOM MANUFAC	TURING INC 401K PLAN	1		n number
			(PM	4) ▶ <u>CC1</u>
				ective date of plan
	yer, if for a single-employer plan)	0.0	2b Em	ployer Identification Number
Mailing address (include roo	m, apt., suite no. and street, or P. e, country, and ZIP or foreign pos	O, BOX) tal code (if foreign, see instruc	tions)	N) 80-0108997
B & C CUSTOM MANUFAC				onsor's telephone number
B & C COSTON MANOTAC	TORENG THE			09) 535-0049
				siness code (see instructions)
1514 E RIVERSIDE AVE			33	2700
		63.0	00000	
SPOKANE	nd address 🛛 Same as Plan Spo		99202	ninistrator's EIN
			3c Adr	ninistrator's telephone number
4 If the name and/or EIN of the	e plan sponsor has changed since	the last return/report filed for	this plan, enter the 4b EIN	
name, EIN, and the plan nu	mber from the last return/report.			
a Sponsor's name			4C PN	
5a Total number of participants	at the beginning of the plan year		5a	
	at the end of the plan year			
c Number of participants with	account balances as of the end o	f the plan year (only defined co	ontribution plans 50	
	rticipants at the beginning of the p			
	rticipants at the end of the plan ye terminated employment during the			
than 100% vested				abliebod
Caution: A penalty for the late	or incomplete filing of this return her penalties set forth in the instru	ctions. I declare that I have example	amined this return/report inclu	ding if applicable a Schedule
SB or Schedule MBicompleted a	nd signed by an enrolled actuary,	as well as the electronic version	on of this return/report, and to the	he best of my knowledge and
belief, it is true, correct/and com	plete.	5-2-177	Mike Ca	rver
SIGN 0// 0				
HERE Signature of plan a	dministrator		Enter name of individual signing	as plan administrator
		5-2-17	Mike (*	gever
HERE Signature of emplo	ver/nian sponsor	Date	Enter name of individual signing	as employer or plan sponsor
Preparer's name (including firm r	name, if applicable) and address (r's telephone number
		······································		•
			<u>k 1</u>	

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 eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520, 104-46? (See instructions on waiver eligibility	an indepen and conditi	dent qualified public a ons.)	ccounta	int (IQI	PA)		[X Yes No	
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in								lot determined	
	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of Yo	ear	
a	Total plan assets	7a		230,				<u></u>	249,495	
<u> </u>	Total plan liabilities	7b		-	0				C	
	Net plan assets (subtract line 7b from line 7a)	7c		230,	440				249,495	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)			720				· · ·	
	(2) Participants	8a(2)		24,	403					
	(3) Others (including rollovers)	8a(3)			C					
b	Other income (loss)	8b		23,	139					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>							54,262	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		35,					-1710 .	
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			C					
f	Administrative service providers (salaries, fees, commissions)	8f			80					
_ <u>g</u>	Other expenses	8g			<u> </u>					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							35,207	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8 i					19,055			
j	Transfers to (from) the plan (see instructions)	Bj		0						
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D 2K									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan	Chara	cteristi	c Cod	es in t	the instruction	IS:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Ar	nount	
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-interes reported on line 10a.)	t? (Do not i	include transactions	10b		х	ļ			
c	Was the plan covered by a fidelity bond?			10c	х				10,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	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.)	ne or all of t	the benefits under	10e	x				_363	
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-e	end.)	10g		х				
5 h		(See instru	ctions and 29 CFR	10h	x					
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required	I notice or one of the	10i	х		24			

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Part								
		ision Funding Compliance						
11		efined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 00) and line 11a below)			B] Yes	; 🛛 No
11a		unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	ERISA?.	defined contribution plan subject to the minimum funding requirements of section 412 of the Coo] Yes	X No
		complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					•	
	granting t	r of the minimum funding standard for a prior year is being amortized in this plan year, see instru- he waiver.	onth	d enter t Day		Yea		ing
<u>H</u>	you comp	eted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.	1	1			
<u>b</u>	Enter the r	ninimum required contribution for this plan year		12b	ļ			
с	Enter the a	mount contributed by the employer to the plan for this plan year		12c				
d		he amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef amount)		12d				
e	Will the m	inimum funding amount reported on line 12d be met by the funding deadline?			Yes	No No		N/A
Part		n Terminations and Transfers of Assets						
		olution to terminate the plan been adopted in any plan year?			X Yes	3	No	
		enter the amount of any plan assets that reverted to the employer this year						
b	Were all t	he plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	under the			Yes	X	No
С	If, during	this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify sets or liabilities were transferred. (See instructions.)) to	•			
		ne of plan(s):	13c(2	2) EIN(s)		13	c(3) P	N(s)
14a (Name of tr	ust			Trust's E			
14c	Name of Ir	ustee or custodian		140		is or cus ne numb		ίS
Par	LIX IF	RS Compliance Questions						
15a	is the plan	a 401(k) plan? If "No," skip b	Yes			No No		
15b	How did th	the plan satisfy the nondiscrimination requirements for employee deferrals under section or the plan year? Check all that apply:	safe نا		:	rio test	r year	" ADP
	401(K)(3)1			rent year test	r" [N/A		
16a	What testi year? Che	ng method was used to satisfy the coverage requirements under section 410(b) for the plan eck all that apply:	Rat perot	centage		verage enefit te:	st] N/A
	for the pla	an satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) n year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No No		
17a	for the pla If the plan the letter	n year by combining this plan with any other plan under the permissive aggregation rules? is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS o and the serial number	pinion lette	er or adv		ter, ente		
17a	for the pla If the plan the letter	n year by combining this plan with any other plan under the permissive aggregation rules? is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS o	pinion lette	er or adv		ter, ente		
17a 17b	for the plan If the plan the letter If the plan letter Defined B Were any	n year by combining this plan with any other plan under the permissive aggregation rules? is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS o and the serial number	pinion letter	er or adv	nost rec	ter, ente		

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