| For | Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan | | | | | OMB Nos. 1210-01 1210-00 | | | | | |
|----------------------------|---|--|-------------------------------|---------------------------|---|--|--------------------------------|--|--|--|--|
| | rtment of the Treasury mal Revenue Service | This form is required to be filed | | 4065 of the Employee R | etirement | | 2016 | | | | |
| Employee B | epartment of Labor enefits Security Administration | 57(b) and 6058(a) of the b). | | | | | | | | | |
| | enefit Guaranty Corporation | Complete all entries in a | ccordance with the inst | ructions to the Form 5 | 500-SF. | | | | | | |
| For calend | Annual Report Ic | dentification Information al plan year beginning 01/01/20 |)16 | and ending 12 | 2/31/2016 | | | | | | |
| | | a single-employer plan | | an (not multiemployer) (| | king this boy | must attach a | | | | |
| A This ref | turn/report is for: | a one-participant plan | | nployer information in ac | | - | | | | | |
| B This retu | urn/report is | the first return/report | the final return/report | | | | | | | | |
| | [| an amended return/report | a short plan year retur | n/report (less than 12 m | onths) | | | | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | | DFVC p | orogram | | | | | |
| | | special extension (enter descri | , | | | | | | | | |
| Part II | Basic Plan Inform | mation—enter all requested info | ormation | | - | | | | | | |
| 1a Name BUFFELEN | | PANY 401(K) SALARY SAVINGS | PLAN | | 1b Thre plan (PN) | number | 002 | | | | |
| | | | | | | ctive date of 01/01 | | | | | |
| Mailing | g address (include room, | r, if for a single-employer plan) apt., suite no. and street, or P.O. | | ruotiono) | 2b Employer Identification Number (EIN) 91-0639098 | | | | | | |
| | City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BUFFELEN WOODWORKING COMPANY | | | | | 2c Sponsor's telephone number 253-627-1191 | | | | | |
| | 1901 TAYLOR WAY FACOMA, WA 98421 | | | | 2d Business code (see instructions) 321210 | | | | | | |
| | | | | | | | | | | | |
| 3a Plan a | dministrator's name and | address X Same as Plan Spons | sor. | | 3b Admi | inistrator's E | EIN | | | | |
| | | | | | | inistrator's t | elephone number | | | | |
| name | , EIN, and the plan numb | blan sponsor has changed since the sponsor has changed since the last return/report. | ne last return/report filed f | or this plan, enter the | 4b EIN | | | | | | |
| | or's name | | | | 4c PN 5a | | 00 | | | | |
| | | t the beginning of the plan year | | | | | 90 79 | | | | |
| | | t the end of the plan year | | | 5b | 45 | | | | | |
| comp | lete this item) | | | | 5c | | 76 | | | | |
| | | cipants at the beginning of the pla | | | 5d(1) 5d(2) | | 66 | | | | |
| e Numb | per of participants that te | cipants at the end of the plan yea rminated employment during the | plan year with accrued be | nefits that were less | 50(2) 5e | | 1 | | | | |
| | | incomplete filing of this return | | | | hlished | | | | | |
| Under pena SB or Sche | alties of perjury and othe | r penalties set forth in the instruct signed by an enrolled actuary, as | ions, I declare that I have | examined this return/re | port, includi | ing, if applic | able, a Schedule knowledge and | | | | |
| SIGN | SIGN Filed with authorized/valid electronic signature. 07/05/2017 ANGELA MAIN | | | | | | | | | | |
| HERE | Signature of plan adr | ninistrator | Date | Enter name of individ | ual signing | as plan adn | ninistrator | | | | |
| SIGN HERE | | | | | | | | | | | |
| | Signature of employe | er/plan sponsor ne, if applicable) and address (ind | Date | Enter name of individ | | as employe s telephone | | | | | |
| Fieparers | | ne, il applicable) and address (inc | | 51) | Fieparers | | number | | | | |
| | | | | | | | | | | | |

| 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual exami | | | | | | | | | |
|--|---|-------|-----------------------|-----------------|--|--|--|--|--|
| Pa | rt III Financial Information | | | T | | | | | |
| | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year | | | | | |
| a | Total plan assets | 7a | 4222387 | 4222269 | | | | | |
| b | Total plan liabilities | 7b | | | | | | | |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | 4222387 | 4222269 | | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total | | | | | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 0 | | | | | | |
| | (2) Participants | 8a(2) | 102246 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
| b | Other income (loss) | 8b | 280605 | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 382851 | | | | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 378363 | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions). | 8e | 3719 | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 887 | | | | | | |
| g | Other expenses | 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 382969 | | | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | -118 | | | | | |
| j | Transfers to (from) the plan (see instructions) | 8i | | | | | | | |

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | Х | | |
| 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 | | | 500000 |
| 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 | х | | | 20489 |
| 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 | | is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below) | | | | | | Yes 🗙 No | | |
| 11a | Ente | er 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 | , | valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr | uctior | ns, and | d enter t | he date | of the lett | er ruling | | |
| | gran | ting the waiver | onth_ | | _ Day | | _ Year | | | |
| lf | you c | 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 | | | | | |
| 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) | | | | | | | | | | |
| 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 | s XI | No | | |
| | | es," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | | | |
| b | Wer | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC? | nt und | er the | | | Yes | X No | | |
| c | lf, d | uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the 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 | e of trust | | | 14b ⊺ | Frust's E | IN | | | |
| 14c | Name | e of trustee or custodian | | | | | s or custo ne number | | | |
| Par | t IX | IRS Compliance Questions | | | | | | | | |
| 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: | | | ign-based "Prior year" ADF harbor test | | | | | |
| | | | | "Curre ADP t | ent year est | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | N/A | | | |
| 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: | | | | | | centage | | | | |
| 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 | | ter the | e date | of the m | nost rece | ent determ | 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 separce? | | from | Ye | s | 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- | | Short Form Annu | oyee | OMB Nos. 1210-0110 1210-0089 | | | | |
|--|---|--|--|---|--|---|--|--|
| Department of the Trea Internal Revenue Serv | | This form is required to be filed | 4065 of the Employee F | Retirement | 2016 | | | |
| Department of Labor Employee Benefits Security Adr | | Income Security Act of 1974 | (ERISA), and sections 60 Revenue Code (the Cod | 57(b) and 6058(a) of the | Internal | This Form is Open to | | |
| Pension Benefit Guaranty Co | 500-SF. | Public Inspection | | | | | | |
| For calendar plan year 2 | | entification Information | 01/01/2016 | and ending | 10 | /31/2016 | | |
| 1 of calcindal plan year 2 | <u>5 10 01 1130</u> | | | | | this box must attach a | | |
| A This return/report is f | |] a one-participant plan | | | - | ith the form instructions.) | | |
| B This return/report is | /report is I the first return/report I the final return/report I an amended return/report I a short plan year return/report (less than 12 months) | | | | | | | |
| C Check box if filing un | der: [|] Form 5558 | automatic extension | | DFVC p | rogram | | |
| | Ē. | special extension (enter descri | | | | Ū | | |
| Part II Basic Pla | an Inform | nation—enter all requested info | | | | | | |
| 1a Name of plan | | Company 401(k) Salar | | | (PN) 1c Effect | tive date of plan | | |
| Mailing address (inc | lude room, | r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta | | tructions) | 01/01/1987 2b Employer Identification Number (EIN) 91-0639098 | | | |
| Buffelen Woodwo | | | | | 2c Sponsor's telephone number (253) 627-1191 | | | |
| | | | | | 2d Business code (see instructions) 321210 | | | |
| 1901 Taylor Way | ~ | | | | 521 | 210 | | |
| Tacoma | | address 🕅 Same as Plan Spon | | A 98421 | | nistrator's EIN | | |
| | | | | | | nistrator's telephone number | | |
| 4 If the name and/or E | EIN of the p | lan sponsor has changed since t | he last return/report filed | for this plan, enter the | 4b EIN | | | |
| | | er from the last return/report. | | • | 4c PN | а ну уда на да уда и на на село село село село на | | |
| 5a Total number of par | ticipants at | the beginning of the plan year | | | 5a | 90 | | |
| | | the end of the plan year | | | 5b | 79 | | |
| c Number of participa | nts with acc | count balances as of the end of t | he plan year (only defined | d contribution plans | 5c | 45 | | |
| d(1) Total number of a | ctive partic | ipants at the beginning of the pla | an year | | 5d(1) | 76 | | |
| | | ipants at the end of the plan yea | | | 5d(2) | 66 | | |
| | | minated employment during the | | | 5e | 1 | | |
| Caution: A penalty for t Under penalties of perjur | the late or y and other pleted and | incomplete filing of this return penalties set forth in the instruct signed by an enrolled actuary, as | /report will be assessed tions, I declare that I have | I unless reasonable ca e examined this return/re | port, includi | ng, if applicable, a Schedule | | |
| and and a share a start and a start of | rain | - | 6.29.17 | Angela Main | | | | |
| HERE Signature of | of plan adm | inistrator | Date | Enter name of individ | ual signing a | as plan administrator | | |
| SIGN | | | | | | | | |
| HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan s Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number | | | | | | | | |
| | | | , | | | | | |
| For Paperwork Reduction | Act Notice. | see the Instructions for Form 5500- | SF. | | | Form 5500-SF (2016) | | |

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| 6a | Were all of the plan's assets during the plan year invested in eligit | ole assets? | ? (See instructions.) | | | | | | X ۱ | res 🗌 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.) | | | | | | | | x ۲ | res 🗌 No |
| | If you answered "No" to either line 6a or line 6b, the plan can | | | | | | | | <u> </u> | |
| с | If the plan is a defined benefit plan, is it covered under the PBGC ir | | | | | | | | Not c | letermined |
| Pai | t III Financial Information | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning (| of Year | | | | (b) End o | of Year | |
| а | Total plan assets | 7a | 4, | 222, | 387 | 4,222,2 | | | | |
| b | Total plan liabilities | 7b | | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 4, | 222, | 387 | | | | 4, | 222,269 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | t | | | • | (b) To | otal | |
| | Contributions received or receivable from: (1) Employers | 8a(1) | | | 0 | | | | | |
| | (2) Participants | . 8a(2) | | 102, | 246 | | | | | |
| | (3) Others (including rollovers) | . 8a(3) | | | | | | | | |
| b | Other income (loss) | . 8b | | 280, | 605 | | | hojas; | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . <u>8c</u> | | | | | | | | 382,851 |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 378, | 363 | 3 | | | | |
| | Certain deemed and/or corrective distributions (see instructions) | 8e | | | 719 | The second s | | | | |
| | Administrative service providers (salaries, fees, commissions) | 8f | | 887 | | | an and with a situate the constraint for a star to see the second start of the second start of the second start | | | |
| | Other expenses | 8g | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | 382,96 | | | | 382,969 |
| i | Net income (loss) (subtract line 8h from line 8c) | . 81 | | | | | | | | -118 |
| j | Transfers to (from) the plan (see instructions) | - 8j | | | | | | | | |
| Par | t IV Plan Characteristics | | <u>↓</u> | | | | | | <u> </u> | |
| 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 PI | an Cha | racter | istic Co | odes in | the instr | uctions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare f | feature coo | les from the List of Pla | n Chara | acteris | tic Co | des in t | he instru | ctions: | |
| Par | V Compliance Questions | | | | | | | | | eta da canada a statungan tang min filip da ta barat |
| 10 | During the plan year: | | | | Yes | No | N/A | | Amou | nt |
| а | described in 29 CFR 2510.3-102? (See instructions and DOL's \ | Voluntary F | Fiduciary Correction | 40- | | x | | | | |
| b | Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | t? (Do not | include transactions | 10a 10b | | X | | | | |
| c | | | | 10c | Х | | | | | 500,000 |
| d | | ot reimbursed by the plan's fidelity bond, that was caused | | | | 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 | x | | | | | 20,489 |
| f | Has the plan failed to provide any benefit when due under the plan | an? | | 10f | | X | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | as of year- | 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 t exceptions to providing the notice applied under 29 CFR 2520.10 | - | | 10i | | | | | | |

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| Part | VI Pension Funding Compliance | | | | | | | |
|----------|--|-----------|------------------------|--|-----------|-----------------------|---------|--|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below) | | | | | . [] Y | es 🛛 No | |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | | warman and a start of the | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co | | | | : | П Y | es 🛛 No | |
| | ERISA? | ••••• | | ••••• | ••••• | | | |
| | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver | lonth | s, anc | i enter t Day | | of the letter Year | ruling | |
| lf y | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1 | 13. | , | | | | | |
| 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 | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount) | | 12d | | | | | |
| <u> </u> | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | <u> </u> 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 broug control of the PBGC? | | | | | Yes 🕅 | No | |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.) | | | to | | | | |
| 1 | 3c(1) Name of plan(s): | 1 | 3c(2) | EIN(s) | | 13c(3) | PN(s) | |
| | | | | | | | | |
| Part | VIII Trust Information | | | | | | | |
| 14a | Name of trust | | | 14b 1 | Trust's E | IN | | |
| 14c | Name of trustee or custodian | | | 14d Trustee's or custodian's telephone number | | | | |
| Part | IX IRS Compliance Questions | | | | | | , | |
| 15a | Is the plan a 401(k) plan? If "No," skip b | | Yes | | [|] No | | |
| | How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: | | Desigi safe h | n-based arbor | |] "Prior yea | ar" ADP | |
| | | | Curre | nt year' est | <u> </u> |] N/A | | |
| 16a | What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: | 1 1 1 1 1 | Ratio perce test | intage | | verage mefit 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? | | | | | | | |
| | If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter, and the serial number | | | | _ | | | |
| | If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter | nter the | date (| of the m | ost rece | ent determin | ation | |
| | 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 sepa service? | | 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 | 3 |] No | | |