## 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.

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	rt I Annual R	eport lo	lentification Information							
For c	alendar plan year 20	)16 or fisca	al plan year beginning 01/01/2	2016 and ending 1	2/31/201	6				
<b>A</b> T	his return/report is fo	or:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a		_				
			a one-participant plan	a foreign plan			,			
<b>B</b> Th	is return/report is		the first return/report	the final return/report						
			an amended return/report	a short plan year return/report (less than 12 m	nonths)					
<b>C</b> C	heck box if filing und	ler:	Form 5558	automatic extension	DFV	C program				
			special extension (enter desc	,						
Par	•	n Inforr	nation—enter all requested in	formation						
	Name of plan TON/QUILCENE HE	ENERY HA	ARDWARE RETIREMENT PLAI	N	pl	hree-digit lan number PN)	001			
						ffective date of	f plan //2005			
	•	` '	er, if for a single-employer plan) apt., suite no. and street, or P.C	D. Box)			ication Number			
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) INGSTON HENERY HARDWARE, INC.					2c Sponsor's telephone number 360-385-5900				
					<b>2d</b> B	usiness code (	see instructions)			
	MS WAY TOWNSEND, WA 98	3368				4441	30			
<b>3a</b> F	Plan administrator's r	name and	address X Same as Plan Spo	nsor.	<b>3b</b> A	dministrator's I	ΞΙΝ			
					<b>3c</b> A	dministrator's t	elephone number			
				the last return/report filed for this plan, enter the	<b>4b</b> E	in				
	name, EIN, and the   Sponsor's name	plan numb	per from the last return/report.		<b>4c</b> P	'n				
5a -	Total number of part	icipants at	the beginning of the plan year.		5a		21			
b ·	Total number of part	icipants at	the end of the plan year		5b		20			
				the plan year (only defined contribution plans	5c		20			
d(1	) Total number of a	ctive partic	cipants at the beginning of the p	lan year	5d(1	)	21			
				ar	5d(2	2)	18			
е	Number of participa than 100% vested	nts that te	rminated employment during the	e plan year with accrued benefits that were less	5e		1			
Caut	ion: A penalty for the	he late or	incomplete filing of this retur	n/report will be assessed unless reasonable ca	use is es	stablished.				

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.

<u>beliet, it is t</u>	rue, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	07/17/2017	TARA L. HENERY				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Enter name of individu	ual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r )	Preparer's telephone number			

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6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)						X Yes	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	П No
	If you answered "No" to either line 6a or line 6b, the plan cann		,						Ш	Ц
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not deter	rmined
Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				b) End of	Year	
а	Total plan assets	7a		82575					83748	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		82575					83748	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tot	al	
	Contributions received or receivable from:	0=(4)		10000						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)  Other income (loss)	8a(3) 8b		4017						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							14017	
	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d		12443						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			_					
g	Other expenses	8g		401						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					12844			
	Net income (loss) (subtract line 8h from line 8c)	8i							1173	
	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 3D	feature co	odes from the List of Pl	lan Cha	racteri	stic Co	odes in	the instruc	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instruct	ions:	
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 contribudescribed 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.)	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					5000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	-		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		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
If	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(	<b>2)</b> 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	

## 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

Part I		Identification information								
For calen	dar plan year 2016 or f	iscal plan year beginning 01/01/	2016	and ending 12/	/31/2016					
A This re	eturn/report is for:	X a single-employer plan				ing this box must attach a ith the form instructions.)				
	a one-participant plan a foreign plan									
B This return/report is the first return/report the final return/report										
	an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	DFVC pr	ogram							
Part II	Basic Plan Info	special extension (enter de								
1a Name		ormation—enter all requested	Information		dh Ti	.P. 11				
		HARDWARE RETIREMENT PL	AN		1b Three plan r	number 001				
					7	ive date of plan /2005				
Mailir	ng address (include roo	oyer, if for a single-employer plan m, apt., suite no. and street, or F	P.O. Box)			yer Identification Number 72-1551310				
	I HENERY HARDWAR	e, country, and ZIP or foreign po E, INC.	ostal code (if foreign, see inst	ructions)	2c Spons	sor's telephone number (360) 385-5900				
218 SIMS V	VAY				2d Busine 44413	ess code (see instructions)				
PORT TOW	/NSEND, WA 98368									
		nd address X Same as Plan Sp	nonsor		3h Admin	istrator's EIN				
		To de la como de la la cop	onoor,		, diministrator s Env					
					3c Admin	istrator's telephone number				
4 If the	name and/or EIN of the	plan sponsor has changed sinc	e the last return/report filed f	or this plan, enter the	4b EIN					
	sor's name	mber from the last return/report.			4c PN					
	<del> </del>	at the beginning of the plan year	•		5a	21				
		at the end of the plan year			5b	20				
C Numb	per of participants with	account balances as of the end of	of the plan year (only defined	contribution plans	-	20				
comp	lete this item)				5c	20				
		rticipants at the beginning of the			5d(1)	21				
		rticipants at the end of the plan y			5d(2)	18				
than	100% vested	terminated employment during th			5e	1				
_Caution: /	A penalty for the late of	or incomplete filing of this retu	rn/report will be assessed	unless reasonable car	use is establ	ished.				
SB or Sche	edule MB completed ar true_correct, and comp		uctions, I declare that I have as well as the electronic ver	examined this return/repor	port, including t, and to the b	g, if applicable, a Schedule best of my knowledge and				
SIGN HERE	x WWa Katen	m	7.13.17	* Tava l. Ho	nery					
IILIXL	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as	plan administrator				
SIGN HERE										
	Signature of employ	yer/plan sponsor	Date	Enter name of individu	ual signing as	employer or plan sponsor				
Preparers	name (including firm h	ame, if applicable) and address (	include room or suite numbe	r) '	Preparer's to	elephone number				
				}						
For Panerus	Ork Reduction Act Nation	see the Instructions for Farm FEE								

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r.	Were all of the plan's assets during the plan year invested in eligit 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 a second to the plan cannot be seen to the plan cannot be seen as the pla	an independ and condition not use Fort	dent qualified public ons.) m 5500-SF and mu	accou	ntant ( ead us	IQPA)	m 550	 0.	X Yes N
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA	section	4021)	?	Yes	No [	Not determined
P	art III   Financial Information								
	Plan Assets and Liabilities	15 16 - 1	(a) Beginning	of Yea	аг			(b) End of Y	/ear
a		7a		82	575				83748
b		7b							
	Net plan assets (subtract line 7b from line 7a)	7c		82	575				83748
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		100	000				1-15-7
	(2) Participants	8a(2)					7		7
	(3) Others (including rollovers)		<del></del>						
b	Other income (loss)	8a(3)		40	017				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		40	,17				
d		8c 8d		124	43				14017
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g		4	01				24
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	lection in a transity	palifytska sa sa sa					12844
i	Net income (loss) (subtract line 8h from line 8c)	8i							1173
j	Transfers to (from) the plan (see instructions)	8i		7.0			67.7	WIXCE!	1173
Pa	t IV Plan Characteristics	<u> </u>							
9a b	If the plan provides pension benefits, enter the applicable pension of 2E 3D  If the plan provides welfare benefits, enter the applicable welfare fe								
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Am	201101
a	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	luntary Fidu	iciary Correction	10a		х	,	All	nount
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not incl	lude transactions	10b		х			
C	Was the plan covered by a fidelity bond?			10c	х				50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	delity bond,	that was caused	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons by	y an insurance	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		Х			
~	Did the plan have any participant loans? (If "Yes," enter amount as			10g		X		<del></del>	
_ <u>g</u>		-		. 09		- ' '			
	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the			10h		х			

Part	VI	Pension Funding Compliance							
11	ls t (Fo	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and orm 5500) and line 11a below)	comp	lete S	chedule	SB		Ye	s No
11a	En	ter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	ls ER	this a defined contribution plan subject to the minimum funding requirements of section 412 of the 0	code :	or sect	ion 302 d	of		Y	s X No
a	If a	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	struct	ions, a	nd enter	the dat	e of the	letter	ruling
lf	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	Month	<u> </u>	Da	у	Y	ear	
		er the minimum required contribution for this plan year			12b				
c	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d	Sub	ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the pative amount)	left o	a	40.				
		the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	o []	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	s a resolution to terminate the plan been adopted in any plan year?				Ye	s X	No	-
		Yes," enter the amount of any plan assets that reverted to the employer this year							
b	con	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	- 				Yes	s X	No
С	If, d	furing this plan year, any assets or liabilities were transferred from this plan to another plan(s), ideni ch assets or liabilities were transferred. (See instructions.)	ify the	plan(	s) to				
1	3c(1	) Name of plan(s):		13c(2	2) EIN(s)		13	3c(3) F	PN(s)
Part	VIII	Trust Information				_			
		e of trust			1 4 41				
1741	101110	e of trust			140	Trust's I	ΞIN		
14c i	Nam	e of trustee or custodian					s or cus ne numi		's
Part	IX	IRS Compliance Questions	-						
15a	s the	e plan a 401(k) plan? If "No," skip b	[	Yes			No		-
15b	low 101(k	did the plan satisfy the nondiscrimination requirements for employee deferrals under section		safe		L	"Prio test	r year	'ADP
				"Curr	ent year" test		] N/A		
16a \	What year?	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		/erage enefit tes	 st [	N/A
16b i	Oid th	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		
1/a !	f the he le	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS	opinio	n lette	or advis	ory lett	er, enter	r the d	ate of
17b ı		plan is an individually-designed plan that received a favorable determination letter from the IRS, er	ter th	e date	of the m	ost rece	ent deter	minati	on .
V	Vere	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?	rated	from	Yes		] No		<del></del>
		any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No No		<del></del>