Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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		rt Identification Information				
For calend	ar plan year 2016 or	fiscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016	
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) employer information in ac		
	·	a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/repo	rt		
		an amended return/report	a short plan year ref	turn/report (less than 12 m	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension	n	DFVC progra	ım
		special extension (enter desc				
Part II		formation—enter all requested in	formation		1	
1a Name ROBINSON		401K PROFIT SHARING PLAN			1b Three-dig plan numl (PN) ▶	
					1c Effective	date of plan 01/01/1997
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0			2b Employer (EIN)	Identification Number 91-1498637
,	town, state or proving WINDWORD, INC.	nce, country, and ZIP or foreign pos	tal code (if foreign, see in	structions)		s telephone number 09-536-1617
					2d Business	code (see instructions)
2503 S. GEIO SPOKANE, \	GER BLVD. WA 99224-5410					339900
3a Plan a	dministrator's name	and address Same as Plan Spo	nsor.		3b Administra	
ROBINSON	WINDWORD, INC.		GEIGER BLVD. E, WA 99224-5410		3c Administra	91-1498637 ator's telephone number
			_,			09-536-1617
		he plan sponsor has changed since umber from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN	
	or's name				4c PN	
5a Total	number of participan	ts at the beginning of the plan year.			5a	11
		ts at the end of the plan year			5b	12
	er of participants wit lete this item)	h account balances as of the end of	the plan year (only defin	ed contribution plans	5c	7
d(1) Tot	al number of active p	participants at the beginning of the p	lan year		5d(1)	11
		participants at the end of the plan ye			5d(2)	1(
		at terminated employment during the			5e	(
Caution: A	penalty for the late	e or incomplete filing of this retur	n/report will be assesse	ed unless reasonable ca		
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, mplete.				
SIGN	Filed with authorize	d/valid electronic signature.	07/19/2017	JOHN D. ROBINSON		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator
SIGN HERE						
		loyer/plan sponsor	Date			nployer or plan sponsor
r repaiei S	name (including liff)	name, if applicable) and address (i	notate form of Suite Huff	ivei)	Preparer's tele	priorie fiumbel

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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 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	and condit	ions.)						X Ye	es No
	If the plan is a defined benefit plan, is it covered under the PBGC in						-	∏No	☐ Not de	termined
Par	t III Financial Information		· ·							
	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		133109				(17)	1422	13
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		133109)				14221	13
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) 1	otal	
	Contributions received or receivable from:			819						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		3275						
	(3) Others (including rollovers)	8a(3)		5895						
	Other income (loss)	8b		3093					000	20
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							998	39
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		445						
	Certain deemed and/or corrective distributions (see instructions).	8e								
	Administrative service providers (salaries, fees, commissions)	8f		440)					
	Other expenses	8g								
_ <u>.</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							88	35
	Net income (loss) (subtract line 8h from line 8c)	8i							910)4
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	, ,								
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les 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 V Program)	oluntary F	iduciary Correction	10a		Х				
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					15000
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				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g	X					17038
h	2520.101-3.)	· ••••••		10h		X				
i	If 10h was answered "Yes," check the box if you either provided to 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(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	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Capatment of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the insti	nctiona to the Form 5	300-31 .	
Part I Annual Report	t Identification Information	01/01/0016	and ending	12/31/20	16
For calendar plan year 2016 or 1		01/01/2016 a multiple-employer pl			
A This return/report is for:	a single-employer plan	list of participating en	nployer information in a	cordance with the	form instructions.)
,,	a one-participant plan	∐ a foreign plan			
B This return/report is	the first return/report	the final return/report	n/report (less than 12 m	nonths)	
	an amended return/report	a short plan year retui	Tyreport (less than 12 ii		
C Check box if filing under:	X Form 5558	automatic extension		DFVC program	i
	special extension (enter desc				
Part II Basic Plan Inf	ormation—enter all requested in	nformation		1b Three-digit	
1a Name of plan				plan numbe	er 001
ROBINSON WINDWORD, 3	INC. 401K PROFIT SHAR	ING PLAN		(PN) ▶	
	1			1c Effective da 01/01/19	'
On plan	loyer, if for a single-employer plan)			2b Employer k	tentification Number
	and public on and ptroof of P	() Hayi		(EIN)91-1	
City or town, state or proving Robinson Windword,	nce, country, and ZIP or toreign pot	stal code (if foreign, see ins	tructions)	2c Sponsor's to 509-536-	telephone number -1617
	'			2d Business co	ode (see instructions)
2503 S. Geiger Blvd	1.			339900	
Spokane	WA 99224-54	10			AUT
3a Plan administrator's name	and address Same as Plan Sp	onsor.		3b Administrat 91-14986	
ROBINSON WINDWORD,				·	or's telephone number
2503 S. GEIGER BLVD				509-536-	
SPOKANE	WA 99224-5410	- the last setum/seport filed	for this plan, enter the	4b EIN	
name, EIN, and the plan r	the plan sponsor has changed sind number from the last return/report.	e the last returnitebolt med	tor this plan, enter the	4c PN	
a Sponsor's name				-	11
5a Total number of participar	nts at the beginning of the plan year	F			12
 Total number of participar 	nts at the end of the plan year		d seatthuitea plans	'''	
 Number of participants with complete this Item) 	th account balances as of the end	of the plan year (only define	o continuonon piana	5c	
d/1) Total number of active	participants at the beginning of the	plan year		5d(1)	11
d(1) Total number of active	participants at the end of the plan	/ear		5d(2)	1.0
a structure of cartistic anto the	as terminated ampleyment during t	he plan vear with accrued b	enefits that ware less	50	0
Caution: A penalty for the la	te or incomplete filing of this ret	urn/report will be assesse	d unless reasonable c	ause is establishe	annlicable a Schedule
	other penalties set forth in the inst i and signed by an enrolled actuary				
TOTAL CONTRACT BY	///Diete	07/19/201	John D. Robin	nson	
BIGN Classius of plan		Date	Enter name of indiv		an administrator
Lating the Section Signature of plan	n agministrator	Hara			
SIGN SIGN SIGN STATES		<u> </u>	Enter name of India	idual cigning as en	ployer or plan sponsor
	ployer/plan sponsor n name, if applicable) and address	/include room or suite num		Preparer's telet	phone number
Preparer's name (including fire	n name, ir applicable) and address	(Malada 1001) ¢, ¢alia nam	,		

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a walver of the annual examination and report of under 29 CFR 2520.104-487 (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi lot use Fo	ndent qualified public actions.) tions.) orm 5500-SF and must	instea	d use	Form	5500.	X Yes	No No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA se	ction 40)21)? .		Yes	No Not determ	minea
Pa	rt III Financial Information								
7	Plan Assets and Liabilities	特别"弱。	(a) Beginning o				(b) End of Year	2,213
a	Total plan assets	7a		133,	109			14.	4,413
b	Total plan liabilities	7b							2,213
C	Net plan assets (subtract line 7b from line 7a)	7¢		133,	109				2,213
8	Income, Expenses, and Transfers for this Plan Year	inglije i	(a) Amoun	<u> </u>			19800	(b) Total	e 1455-1
а	Contributions received or receivable from:	8a(1)		8	319		สู่ข้าว เหล่า อเมริกัตร์		
	(1) Employers	8a(2)		3,2	275		4個性		per coef
	(2) Participants (3) Others (Including rollovers)	8a(3)			10	etien. Er			74°
	Other income (loss)	8b		5,8	395				
	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				9			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	445						
	Certain deemed and/or corrective distributions (see instructions)	80					Januari		orali
f	Administrative service providers (salaries, fees, commissions)	. 8f			140				
g	Other expenses	. 8g							
<u></u> h				4,3				885	
	Net income (loss) (subtract line 8h from line 8c)				.85	9,1			
-i	Transfers to (from) the plan (see instructions)				3				
	nt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F								
b	If the plan provides welfare benefits, enter the applicable welfare	feature co	des from the List of Pla	n Chara	cteris	tic Cod	des In t	he instructions:	
Pa	rt V Compliance Questions					1	T		
10	During the plan year:				Yes	No	N/A	Amount	
-	Was there a fallure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary	Fiduciary Correction	10a		х			
	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	st? (Do no	t include transactions	10b		х			
	Was the plan covered by a fidelity bond?		,	10c	х	<u> </u>			15,000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity b	ond, that was caused	10d		х	oku, sacili Pigra		
	Were any fees or commissions paid to any brokers, agents, or or carrier, insurance service, or other organization that provides so the plan? (See Instructions.)	ther perso me or all o	ns by an insurance of the benefits under	10÷		х			
	f Has the plan failed to provide any benefit when due under the pl	an?		10f		x			
	g Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g	Х				1.7,038
	h If this is an individual account plan, was there a blackout period? 2520,101-3.)	(See inst	ructions and 29 CFR	10h		х			
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the requir	ed notice or one of the	101					

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Part VI Pension Funding Compliance					T -		
11 Is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and c (Form 5500) and line 11a below).				·····		Yes	∐ No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12 leathle a defined contribution plan subject to the minimum funding requirements of section 412 of the C	ode or	section	302 of			Yes	X No
ERISA?					1		
a If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	101111	ıs, and	enter th Day	ne date	of the lett Year	er ruli	ng
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
b Enter the minimum required contribution for this plan year			12b 12c				
C Enter the amount contributed by the employer to the plan for this plan year							
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	*********		12d		C No.	1	N/A
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ц	Yes	∐ No		W/A
Part VIII 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 brou-	ght und	er the			Yes	ΧN	ф
C. If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident	ify the	ріап(в)	to				
which assets or liabilities were transferred. (See instructions.)			EIN(s)		130	(3) PN	J/#\
13c(1) Name of plan(s):		130(Z)	EIN(5)		100		1(0)
i i							
Part VIII Trust Information							
14a Name of trust			14b '	Frust's E	ΞIN		
A AND TO THE RESIDENCE OF THE PROPERTY OF THE			14d :	Tructee'	s or cust	odlan'	<u> </u>
14c Name of trustee or custodian					ne numbi		•
		ļ					
Rancix IRS Compliance Questions							
1952 Area (1951)	ľ	Yes			No		
15a is the plan a 401(k) plan? If "No," skip b	·····						ACID
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Desig safe h	n-based arbor	³	test	year"	ADP
401(k)(3) for the plan year? Check all that apply:			ent year	"	N/A		
		ADP	test	ļ			
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Ratio			verage	Г] N/A
year? Check all that apply:	···· ⊔	test	entage	⊔ъ	enefit tes	t L	١٣/١
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?		Yes			∏ No		
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS	opinic	n lette	r or adv	isory let	ter, enter	the d	ate of
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS,	enter th	e date	of the n	nost rec	ent deter	minati	on
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 segment to the plan year to an employee who attained age 62 and had not segment to the plan year to an employee who attained age 62 and had not segment to the plan year to an employee who attained age 62 and had not segment to the plan year to an employee who attained age 62 and had not segment to the plan year to an employee who attained age 62 and had not segment to the plan year to the year to the plan year to the plan year to the plan year to the y	parated	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		