Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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**

		dentification Information				
For calendar plan y	ear 2016 or fisc	al plan year beginning 01/01/			2/31/2016	
A This was to make the man		a single-employer plan		plan (not multiemployer)		
A This return/repo	π is for:	a one-participant plan	a foreign plan	employer information in a	ccordance with t	ne iorm instructions.)
	L	_ · · ·				
B This return/repor	t is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)	
C Check box if filir	a under:	Form 5558			DFVC progr	nm.
	.g	special extension (enter desc	automatic extension	l	☐ DF v C plogi	alli
Dart II Basid	Dlan Infor		. ,			
Part II Basic	Fian inion	mation—enter all requested in	nrormation		1b Three-dig	ait
	LDING SUPPL	Y PROFIT SHARING PLAN			plan num	=
					(PN) •	001
					1c Effective	
20 Diam an annual		u if for a circula constant			0h = .	01/01/1995
•	` ' '	er, if for a single-employer plan) apt., suite no. and street, or P.	O. Box)		(EIN)	r Identification Number 91-1351187
		country, and ZIP or foreign pos	tal code (if foreign, see in	structions)		's telephone number
HODGINS STUD WE	LDING SUPPL	Y				60-695-2020
					2d Business	code (see instructions)
2119 S.E. COLUMBIA VANCOUVER, WA 98		10				332900
3a Plan administra	tor's name and	address X Same as Plan Spo	onsor.		3b Administr	rator's EIN
		ь .				
					3c Administr	rator's telephone number
4 If the name and	d/or EIN of the r	olan anangar has abangad sings	the last return/report files	I for this plan, optor the	4h FIN	
		plan sponsor has changed since per from the last return/report.	the last return/report filed	i for this plan, enter the	4b EIN	
a Sponsor's nam	е				4c PN	
5a Total number of	of participants a	t the beginning of the plan year			5a	2
b Total number of	of participants a	t the end of the plan year			5b	2
		count balances as of the end of		ed contribution plans	5c	2
					5d(1)	
• •		cipants at the beginning of the p	-		5d(1)	
		cipants at the end of the plan yearminated employment during the			<u> </u>	
than 100% ve	sted				5e	
Caution: A penalty	for the late or	incomplete filing of this retu	n/report will be assesse	d unless reasonable ca		
		er penalties set forth in the instru signed by an enrolled actuary,				
belief, it is true, corr	ect, and comple	ete.				
0.0.1	th authorized/va	alid electronic signature.	07/19/2017	GREG HODGINS		
HERE Signat	ure of plan adı	ministrator	Date	Enter name of individ	dual signing as p	lan administrator
SIGN						
HERE Signat	ure of employe	er/plan sponsor	Date	Enter name of individ	dual signing as e	mployer or plan sponsor
		ne, if applicable) and address (nclude room or suite num			ephone number

Form 5500-SF 2016 Page **2**

	of the plan's assets during the plan year invested in eligib		,						X Yes	No
	CFR 2520.104-46? (See instructions on waiver eligibility								× Yes	No
-	swered "No" to either line 6a or line 6b, the plan canr n is a defined benefit plan, is it covered under the PBGC in					_	_	Пио	Not deter	mined
	Financial Information	nourance p	riogram (See Entert St	000011 4	021).	····· _	100		_ Not dotor	minod
_	ets and Liabilities		(a) Beginning	of Voor				(b) End o	f Voor	
	n assets	7a		215401				b) Eliu o	217736	
-	n liabilities	7b		0)					
	assets (subtract line 7b from line 7a)	7c		215401					217736	
8 Income, I	Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	tal	
	ions received or receivable from:		(0,7 11110 311					(17)		
(1) Emp	loyers	8a(1)								
(2) Parti	cipants	8a(2)								
	rs (including rollovers)	8a(3)		8835						
	ome (loss)	8b		0030					0025	
	ome (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							8835	
	paid (including direct rollovers and insurance premiums e benefits)	8d		6500						
e Certain d	eemed and/or corrective distributions (see instructions).	8e								
f Administr	rative service providers (salaries, fees, commissions)	8f								
g Other exp	penses	8g								
h Total exp	enses (add lines 8d, 8e, 8f, and 8g)	8h							6500	
i Net incor	ne (loss) (subtract line 8h from line 8c)	8i							2335	
j Transfers	s to (from) the plan (see instructions)	8j								
Part IV P	lan Characteristics									
9a If the pla	n provides pension benefits, enter the applicable pension 2F 2G 2J 2K 2R 2T 3D	n feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ıctions:	
b If the pla	in provides welfare benefits, enter the applicable welfare f	feature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instruc	tions:	
Part V C	Compliance Questions									
10 During	the plan year:				Yes	No	N/A		Amount	
describ	ere a failure to transmit to the plan any participant contributed in 29 CFR 2510.3-102? (See instructions and DOL's \m)	Voluntary F	iduciary Correction	10a		X				
b Were th	here any nonexempt transactions with any party-in-interes	t? (Do not	include transactions	10b		X				
C Was th	e plan covered by a fidelity bond?			10c	X					30000
	plan have a loss, whether or not reimbursed by the plan's			10d		Х				
carrier,	ny fees or commissions paid to any brokers, agents, or other organization that provides son not (See instructions.)	ne or all of	the benefits under	10e		Х				
f Has the	plan failed to provide any benefit when due under the pla	an?		10f		X				
g Did the	plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Χ				
	an individual account plan, was there a blackout period?			10h		X				
i If 10h w	vas answered "Yes," check the box if you either provided to bons to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i						

Form	5500	-SF	201	6

Page 3-	1
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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 c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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 l tive amount)			12d			
		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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	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 brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
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:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		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
	for the	be 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							
	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 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 sepa e?		rom	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?			Ye	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 section 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

		Complete all entries in ac		tions to the rollings	00-51.	
	art I Annual Repor	rt Identification Information	01/01/2016	and ending	12/31/201	 5
	This return/report is for:	x a single-employer plan	a multiple-employer pl a list of participating e	an (not multiemployer) mployer information in	(Filers checking this accordance with the	s box must attach form instructions.)
R	This return/report is:	the first return/report	the final return/report			
	This return/report is.	an amended return/report	a short plan year retur	n/report (less than 12)	months)	
		an amended return/report	a short plant year retur	inteport (1000 than 12)		
С	Check box if filing under:	Form 5558	automatic extension		DFVC pro	ogram
		special extension (enter descr	ription)			
P	art II Basic Plan Inf	formation enter all requested	information			
-	Name of plan	one un requeste			1b Three-digit	
		ING SUPPLY PROFIT SHARIN	G PLAN		plan numbe (PN) ▶	001
					1c Effective da	te of plan
					01/01/19	95
2a	Plan sponsor's name (emp	oloyer, if for a single-employer plan)			2b Employer lo	dentification Number
	Mailing Address (include ro	oom, apt., suite no. and street, or P.0 ince, country, and ZIP or foreign post	O. Box)	uctions)	(EIN) 91-	-1351187
	HODGINS STUD WELD:		tal code (il loreign, see insti	uotions)		elephone number
	HODGINS STOD WELD.	ING SUPPLI			(360) 69	35-2020
						ode (see instructions)
	2119 S.E. COLUMBIA	A WAY, STE. 340			332900	
	US VANCOUVER WA 98661					
3a	Plan administrator's name	and address X Same as Plan Sp	onsor		3b Administrat	or's EIN
					3c Administrat	or's telephone number
					Ale sur	
4	If the name and/or EIN of the name EIN and the plan n	the plan sponsor has changed since number from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	
а	Sponsor's name				4c PN	
		nts at the beginning of the plan year	***************************************		5a	2
b		nts at the end of the plan year				2
C		th account balances as of the end of			5c	0
	complete this item)	***************************************	••••••		••	2
d	(1) Total number of active p	participants at the beginning of the pl	an year	***************************************	5d(1)	2
d	(2) Total number of active r	participants at the end of the plan year	ar		5d(2)	2
_		at terminated employment during the				
е	less than 100% vested	***************************************	***************************************		5e	
C	aution: A penalty for the la	ate or incomplete filing of this retu	rn/report will be assessed	unless reasonable o	ause is established	i.
S	nder penalties of perjury and B or Schedule MB completed elief, it is true, concect, and co	d other penalties set forth in the instru d and signed by an enrolled actuary, omplete.	uctions, I declare that I have as well as the electronic ve	examined this return/ rsion of this return/rep	report, including, if a ort, and to the best o	pplicable, a Schedule of my knowledge and
	1/1/	u ha	7-19-17	GREG HODGINS		
	SIGN	7	Dete	Enter name of individ	lual cianina ac nlan	administrator
-	HERE Signature of plan a	ministrator	Date 17		iuai sigiiiiig as piali	zuminou atol
5	SIGN /	way	(-17-1/	GREG HODGINS		
10000	HERE Signature of employ		Date /	Enter name of individ		
	reparer's name (including fin ikip this question	<mark>m name, if applic</mark> able) and address ((include room o r suite numb	er)	Preparer's teleph Skip this qu	

	Form 5500-SF 2016		Page 2			-			
 6а	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)		•••••				Yes No
b	Are you claiming a waiver of the annual examination and report of an	n independ	dent qualified public accou	ntant	(IQPA	۹)		_	<u> </u>
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at								XYes No
	If you answered "No" to either line 6a or line 6b, the plan canno								_
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	1 402	1)?	······ L	Yes	∐ No L	Not determined
Pa	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of	Year	•			(b) End of	′ ear
а	Total plan assets	7a	21	5,4	01				217,736
b	Total plan liabilities	7b			0				
С	Net plan assets (subtract line 7b from line 7a)	7c	21	5,4	01				217,736
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Tota	ıl
а	Contributions received or receivable from:	90/1\							
	(1) Employers	8a(1) 8a(2)							
	(2) Participants								
b	Other income (loss)	8a(3) 8b		8,8	35				
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		0,0					8,835
	Benefits paid (including direct rollovers and insurance premiums	"							0,033
	to provide benefits)	8d		6,5	00				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u>	Other expenses	8g		_					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6,500
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							2,335
	Transfers to (from) the plan (see instructions)	8j							
$\overline{}$	art IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instructions	i:
\perp	2A 2E 2F 2G 2J 2K 2R 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	s from the List of Plan Cha	racte	ristic (Codes	in the	instructions:	
\Box									
Pa	art V Compliance Questions								
<u>10</u>	During the plan year:				Yes	No	N/A	An	nount
а	, , , ,		· ·						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	,	, i	100		x			
b	Program) Were there any nonexempt transactions with any party-in-interest?			10a					
	reported on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?		••••••	10c	x				30,000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused						
	by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some		,						
	the plan? (See instructions.)			10e		x			
f	,			10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х			
h		-		,					
	2520.101-3.)			10h		х			
İ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					

Form 5500-SF 2016

Page 3 -		

Part	: VI	Pension Funding Compliance				_	
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 15500 and line 11a below)				Yes 🗓	No
		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		1	
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the				Yes 🗵	No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	inatruotiana	and anta	r the data	of the letter mil	
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see i g the waiver			r the date av	Of the letter rul	ing
lf y		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b	Enter tl	ne minimum required contribution for this plan year.	••••••	12b			
С	Enter tl	ne amount contributed by the employer to the plan for the plan year	•••••	12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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 r	resolution to terminate the plan been adopted in any plan year?	•••••	.	Yes	X No	
		" enter the amount of any plan assets that reverted to the employer this year			Ī		
b	Were a	Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro				Yes X No)
		of the PBGC?g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide					
		assets or liabilities were transferred. (See instructions.)	intily the pla	11(3) 10			
13	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		13c(3) PN	(s)
Part	VIII	Trust Information - Skip These Questions			I		
	VIII Name	•		14b	Trust's E	IN	
		•		14b	Trust's E	IN	
14a	Name (of trust					
14a	Name (•				or custodian's	
14a	Name (of trust			Trustee o	or custodian's	
14a	Name o	of trust			Trustee o	or custodian's	
14a 14c	Name o	of trust			Trustee o	or custodian's	
14a 14c Part	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions Ilan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		14 d	Trustee of telephone	or custodian's e number	ear" ADP
14a 14c Part	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions lan a 401(k) plan? If "No," skip b.		Yes Design-t	Trustee of telephone	or custodian's e number No "Prior yet	ear" ADP
14a 14c Part	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions Ilan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-t safe har	Trustee of telephone	or custodian's e number No "Prior ye	ear" ADP
14a 14c Part 15a 15b	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions Ilan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-tsafe har "Current ADP tes Ratio percenta	Trustee of telephone	or custodian's e number No "Prior yet	ear" ADP
14a 14c Part 15a 15b	Name of Name o	IRS Compliance Questions - Skip These Questions John a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: Desting method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes Design-tsafe har "Current ADP tes Ratio	Trustee of telephone	or custodian's e number No "Prior yettest N/A Average	
14a 14c Part 15a 15b 16a 16b	Name of IX Is the p How did 401(k)(c) What to gear? (c) Did the for the If the p	IRS Compliance Questions - Skip These Questions Plan a 401(k) plan? If "No," skip b. Id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: Plan satisfy the coverage requirements under section 410(b) for the plan check all that apply: Plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? In is a master and prototype plan (M&P) or volume submitter plan that received a favorable If		Yes Design-t safe har "Current ADP tes Ratio percentatest Yes	Dased poor year" t	or custodian's enumber No Prior yetest N/A Average benefit test No	□ N/A
14a 14c Part 15a 15b 16a 16b 17a	Name of IX Is the p How did 401(k)(c) What to year? (c) Did the for the left. If the p	IRS Compliance Questions - Skip These Questions Plan a 401(k) plan? If "No," skip b. Id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: Plan satisfy the coverage requirements under section 410(b) for the plan check all that apply: Plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? In is a master and prototype plan (M&P) or volume submitter plan that received a favorable If	1	Yes Design-t safe har "Current ADP tes Ratio percentatest Yes etter or ac	Dased poor year" t	or custodian's enumber No Prior yetest N/A Average benefit test No ter, enter the de	□ N/A ate of
14a 14c Part 15a 15b 16a 16b 17a	Name of Name o	IRS Compliance Questions - Skip These Questions Jan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: John String method was used to satisfy the coverage requirements under section 410(b) for the plan check all that apply: John String method was used to satisfy the coverage requirements under section 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? Jan is a master and prototype plan (M&P) or volume submitter plan that received a favorable leter / / / and serial number _ Jan is an individually-designed plan that received a favorable determination letter from the IRS _ / / / John Stripton of Money Purchase Pension Plan Only: Jan distributions made during the plan year to an employee who attained age 62 and had not serial purpose.	an	Yes Design-t safe har "Current ADP tes Ratio percentatest Yes etter or actate of the	Dased poor year" t	or custodian's enumber No Prior yetest N/A Average benefit test No ter, enter the de	□ N/A ate of
14a 14c Part 15a 15b 16a 17a 17b 18	Name of IX Is the p How did 401(k)(c) What to year? (c) Did the for the letter If the p letter Defined Were a service	IRS Compliance Questions - Skip These Questions blan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: plan satisfy the coverage and nondiscrimination requirements of sections 410(b) for the plan year by combining this plan with any other plan under the permissive aggregation rules? lan is a master and prototype plan (M&P) or volume submitter plan that received a favorable If er / and serial number Benefit Plan or Money Purchase Pension Plan Only:	an	Yes Design-t safe har "Current ADP tes Ratio percentatest Yes etter or actate of the	Dased poor year" t dvisory let	or custodian's enumber No Prior yetest N/A Average benefit test No ter, enter the deent determination	□ N/A ate of