Foi	rm 5500-SF	Short Form Annu	al Return/Repo Benefit Plar	•	yee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		This form is required to be filed			irement	2016		
	epartment of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		nternal	This Form is Open to		
Pension B	enefit Guaranty Corporation	Complete all entries in a	,	,	0-SF.	Public Inspection		
Part I		dentification Information						
For calend	ar plan year 2016 or fisc	al plan year beginning 01/01/2			31/2016			
A This re	turn/report is for:	 a single-employer plan a one-participant plan 		plan (not multiemployer) (Fi employer information in acc		•		
B This ret	urn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 mor	nths)			
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extensio	n 🗌	DFVC pr	ogram		
Part II	Basic Plan Infor	mation—enter all requested inf	,					
1a Name	of plan	OGIES, INC. 401(K) PLAN	omation		(PN)	ive date of plan		
Mailing	g address (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.O			2b Emplo (EIN)	02/11/2015 oyer Identification Number 91-1953841		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ANGELES COMPOSITE TECHNOLOGIES, INC.			nstructions)	2c Sponsor's telephone number 360-452-6776				
	18TH STREET ELES, WA 98362				2d Busine	ess code (see instructions) 336410		
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spon	ISOF.			nistrator's EIN		
		blan sponsor has changed since to ber from the last return/report.	the last return/report file	d for this plan, enter the	4b ein			
a Spons	or's name				4c PN			
5a Total	number of participants a	t the beginning of the plan year			5a	103		
b Total	number of participants a	t the end of the plan year			5b	105		
		ccount balances as of the end of t		······	5c	100		
d(1) Tot	al number of active parti	cipants at the beginning of the pla	an year	·····	5d(1)	88		
• •		cipants at the end of the plan yea erminated employment during the			5d(2) 5e	79		
than	100% vested					-		
Under pen SB or Sche	alties of perjury and othe	r incomplete filing of this return er penalties set forth in the instruct I signed by an enrolled actuary, a ete.	tions, I declare that I ha	ve examined this return/repo	ort, includir	ng, if applicable, a Schedule		
SIGN	Filed with authorized/va	alid electronic signature.	09/20/2017	MICHAEL D. RAUCH				
HERE	Signature of plan ad	ministrator	Date	Enter name of individua	al signing a	s plan administrator		
SIGN			5410					
HERE		· · ·						
Preparer's	Signature of employed name (including firm name)	er/plan sponsor me, if applicable) and address (in	Date clude room or suite nun			is employer or plan sponsor telephone number		
Eas Des 1	and Darkerting Ant Notice	see the Instructions for Form 5500	<u>ег</u>			Form 5500-SE (2016)		

60		la ana sta 2 d	(Casingtrustions)	Yes No
	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	and condition	ons.)	Yes No
	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 in	nsurance pr	ogram (see ERISA section 4021)?	. Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1196377	1479660
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	1196377	1479660
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:	- (I)	115929	
	(1) Employers	8a(1)	198448	
	(2) Participants	8a(2)	190440	
	(3) Others (including rollovers)	8a(3)	04004	
b	Other income (loss)	8b	84334	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		398711
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	110563	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	4865	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		115428
i	Net income (loss) (subtract line 8h from line 8c)	8i		283283
j	Transfers to (from) the plan (see instructions)	8j		
Ра	rt IV Plan Characteristics		·	
9a	If the plan provides pension benefits, enter the applicable pension 2A $2E$ $2F$ $2G$ $2J$ $2K$ $3D$	feature coo	les from the List of Plan Characteristic	Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es 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		
С	Was the plan covered by a fidelity bond?	10c		Х		
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	×			1827
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			24167
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 cor n 5500) and line 11a below)						Yes 🗌 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 Cod					Іп	Yes 🗙 No				
	ERIS (If ")	A? /es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					🖵					
а	lf a w	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruing the waiver.		s, and	l enter t Day		of the let Yea	-				
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13										
b	b Enter the minimum required contribution for this plan year											
с	Enter	nter the amount contributed by the employer to the plan for this plan year										
d	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	t of a		12d							
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	es 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				
	lf "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 brought ol of the PBGC?					X Yes	No				
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify n assets or liabilities were transferred. (See instructions.)	the p	olan(s)	to							
1	3c(1)	Name of plan(s):	1	3c(2)	EIN(s)	N(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 custo					
Part						ciepno	ne numbe	•1				
	t IX	IRS Compliance Questions					ne numbe					
15a				Yes			ne numbe					
15b	Is the How o	IRS Compliance Questions		Desigi safe h	n-basec arbor		No	year" ADP				
15b	Is the How o 401(k)	IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		Desigi safe h "Curre ADP t	n-basec arbor ent year' est		No "Prior					
15b	Is the How o 401(k) What	IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section		Desigi safe h "Curre ADP t Ratio	n-basec arbor ent year' est	· [No "Prior test	year" ADP				
15b 16a 16b	Is the How o 401(k) What year? Did th for the	IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: use 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?		Design safe h "Curre ADP t Ratio perce test Yes	n-basec arbor ent year est entage	I [No "Prior test N/A verage enefit test	year" ADP				
15b 16a 16b 17a	Is the How o 401(k) What year? Did th for the the le	IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te 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? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op tter/ and the serial number		Design safe h "Curre ADP t Ratio perce test Yes	n-basec arbor ent year est entage or advis	I [A boot in the second secon	No "Prior test N/A verage enefit test No ter, enter	year" ADP				
15b 16a 16b 17a 17b	Is the How of 401(k) What year? Did th for the the le lf the letter	IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) and 401(a)(4) te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of tter/ and the serial number plan is an individually-designed plan that received a favorable determination letter from the IRS, enter		Design safe h "Curre ADP t Ratio perce test Yes	n-basec arbor ent year est entage or advis	I [A boot in the second secon	No "Prior test N/A verage enefit test No ter, enter	year" ADP				
15b 16a 16b 17a 17b 18	Is the How of 401(k) What year? Did th for the If the letter Define Were	IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te 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? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op tter/ and the serial number	Dinior	Desig safe h "Curre ADP t Ratio perce test Yes letter date o	n-basec arbor ent year est entage or advis	I [A br	No "Prior test N/A verage enefit test No ter, enter	year" ADP				

				The second s			
	n 5500-SF	Short Form Annu	al Return/Report o Benefit Plan	of Small Emplo	yee	(OMB Nos. 1210-0110 1210-0089
	nent of the Treasury al Revenue Service	This form is required to be file	d under sections 104 and 40				2016
Employee Ben	artment of Labor nefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6057 Revenue Code (the Code).	(b) and 6058(a) of the I	nternal		orm is Open to ic Inspection
Pension Ben	efit Guaranty Corporation	Complete all entries in a	accordance with the instru	ctions to the Form 55	00-SF.		
Part I	Annual Report	Identification Information					
For calenda	r plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending	12/31	1/2016	
A This retu	irn/report is for:	X a single-employer plan a one-participant plan	a multiple-employer plan list of participating emp a foreign plan	n (not multiemployer) (F ployer information in acc			
B This retur	rn/report is	the first return/report	☐ the final return/report ☐ a short plan year return/	/report (less than 12 mc	inths)		
					indito)		
C Check b	ox if filing under:	X Form 5558	automatic extension	[DFVC pro	ogram	
		special extension (enter desci	ription)				
Part II	Basic Plan Info	prmation-enter all requested in	formation				
1a Name o					1b Three	diait	
	24	CHNOLOGIES, INC. 401	(K) PLAN			umber	001
					1c Effecti 02/11	ive date c L/2015	
2a Plan sp	onsor's name (emplo	oyer, if for a single-employer plan)					fication Number
Mailing	address (include roo	om, apt., suite no. and street, or P.C			and the second se	91-195	
		ce, country, and ZIP or foreign post ECHNOLOGIES,INC.	tal code (if foreign, see instru	ictions)		sor's telep	phone number
2138 WE	ST 18TH STRE	ET			2d Busine 33641		(see instructions)
PORT AN		WA 98362					
3a Plan ad	Iministrator's name a	ind address 🛛 Same as Plan Spo	nsor.		3b Admin	histrator's	EIN
					3c Admin	histrator's	telephone number
4 If the n name,	ame and/or EIN of th EIN, and the plan nu	e plan sponsor has changed since umber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN		
a Sponso	or's name				4c PN		
5a Total n	umber of participants	s at the beginning of the plan year.			5a		103
		s at the end of the plan year			5b	10.17	105
C Numbe	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c		
		articipants at the beginning of the p			5d(1)		100
		articipants at the end of the plan ye			5d(2)		88
e Numb	er of participants that	t terminated employment during the	e plan year with accrued ber	efits that were less	5e		79
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	se is estab	lished.	L.
Under pena SB or Sche	alties of perjury and o	ther penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have	examined this return/ren	oort, includin	ng, if appl	cable, a Schedule ly knowledge and
SIGN	INP	//	9/20/2017	MICHAEL D. RAU	JCH		
HERE	Signature of high		101000				
01011	Signature of plan	aunumstrator	Date	Enter name of individu	ual signing a	as plan ac	ministrator
SIGN HERE					_		
		oyer/plan sponsor	Date	Enter name of individ			
Preparer's i	name (including firm	name, if applicable) and address (i	include room or suite numbe	r)	Preparer's	telephon	e number
	and Destanding Ast Mat	ing and the Instructions for Form FEC					

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b	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a 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	an independ and condition ot use Form	dent qualified public adons.) m 5500-SF and must	ccounta	ant (IQ d use	PA) Form	5500.		X Ye	
	rt III Financial Information	isurance pro	Syram (see ERISA se	CIIOTI 40	JZ I)? .	····· [res			lemmed
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End o	of Year	
a	Total plan assets	7a	the second s	196,3	377					79,660
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	196,3	377				1,4	79,660
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t				(b) To	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		115,9	929					
	(2) Participants	8a(2)		198,4	148					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		84,3	334	-				1925 CAR
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3	398,711
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		110,	563					
е	Certain deemed and/or corrective distributions (see instructions)	8e				2010			Comment of the spine	
f	Administrative service providers (salaries, fees, commissions)	8f		4,8	865					
g	Other expenses	8g							The second	2 7 3
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								L15,428
i	Net income (loss) (subtract line 8h from line 8c)	8i							2	283,283
j	Transfers to (from) the plan (see instructions)	8j				172	1		Rich	
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature coo	les from the List of Pla	an Chai	racteris	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plan	n Chara	acterist	tic Coo	des in t	he instru	ctions:	
Pa	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
a	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 Fi	duciary Correction	10a		x				
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
c	Was the plan covered by a fidelity bond?			10c		x				
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
6	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	he benefits under	10e	x					1,827
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
ç	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g	x					24,167
ł	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g		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	notice or one of the	10i						

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Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum fund (Form 5500) and line 11a below)	ing requirements? (If "Yes," see instructions and o	complete Sche	edule SI	В		Yes [No
11a Enter the unpaid minimum required contributions for a			11a				
12 Is this a defined contribution plan subject to the minin ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, ar		ode or sectior	n 302 of		. 🛛	Yes 2	< No
 a If a waiver of the minimum funding standard for a prio granting the waiver. 	r year is being amortized in this plan year, see ins	tructions, and	enter t Dav		of the lette Year	er rulin	g
If you completed line 12a, complete lines 3, 9, and 10			Duy				_
b Enter the minimum required contribution for this plan y	ear		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 left of a negative amount) 							
e Will the minimum funding amount reported on line 12				Yes	No	N	A
Part VII Plan Terminations and Transfers of							
13a Has a resolution to terminate the plan been adopted in ar				Ves		No	
If "Yes," enter the amount of any plan assets that reve			13a				
b Were all the plan assets distributed to participants or control of the PBGC?	aht under the			X Yes [No		
C If, during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See instr	transferred from this plan to another plan(s), iden						
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 custone number		
Part IX IRS Compliance Questions							_
15a Is the plan a 401(k) plan? If "No," skip b		Yes		[No		
15b How did the plan satisfy the nondiscrimination require 401(k)(3) for the plan year? Check all that apply:	ments for employee deferrals under section	a start	esign-based "Prior year" AD afe harbor Est				
		ADP t	ent year est	.,	N/A		
16a What testing method was used to satisfy the coverage year? Check all that apply:	e requirements under section 410(b) for the plan	Ratio	entage		verage enefit test		N/A
16b Did the plan satisfy the coverage and nondiscrimination for the plan year by combining this plan with any other	r plan under the permissive aggregation rules?	Yes			No		_
17a If the plan is a master and prototype plan (M&P) or vo the letter and the serial n	lume submitter plan that received a favorable IRS umber						
17b If the plan is an individually-designed plan that receive letter		enter the date	of the n	nost rece	ent determ	ninatio	1
18 Defined Benefit Plan or Money Purchase Pension Pla Were any distributions made during the plan year to a service?	in employee who attained age 62 and had not ser	parated from	Ye	s [No		
19 Was any plan participant a 5% owner who had attained			∏ Ye	s	No		