## 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		t Identification Information			0/01/0010	
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016	
		🔀 a single-employer plan		olan (not multiemployer)		
A This ret	urn/report is for:	a one-participant plan	_ ' ' "	mployer information in a	ccordance with the fo	orm instructions.)
		a one-participant plan	a foreign plan			
D T1:		the first return/report	the final return/report			
D This retu	urn/report is		(1 )			
		an amended return/report	a snort plan year retu	rn/report (less than 12 m	nontns)	
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program	
		special extension (enter desc	cription)		_	
Part II	Basic Plan Inf	ormation—enter all requested in				
1a Name		Cities an requested in	Homaton		<b>1b</b> Three-digit	
		C. CASH BALANCE PLAN			plan number	
					(PN) <b>•</b>	002
					1c Effective date	
					01/	/01/2015
	ponsor's name (empl		2b Employer Idea			
		om, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign pos		tructions)	(24)	-1118012
	CHINE WORKS, INC		(g,	,	2c Sponsor's tel	ephone number 02-1032
12605 NF 17	8TH SUITE A		2d Business code	,		
	LE, WA 98072				33	3510
3a Plan a	dministrator's name a	and address 🛛 Same as Plan Spo	onsor.		<b>3b</b> Administrator'	s EIN
		_				
					<b>3c</b> Administrator	s telephone number
					<b>3C</b> Administrator	s telephone number
					<b>3C</b> Administrator	s telephone number
					<b>3C</b> Administrator	s telephone number
		he plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	s telephone number
name,	, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN	s telephone number
name, <b>a</b> Sponso	, EIN, and the plan no or's name	umber from the last return/report.			4b EIN 4c PN	
a Sponso	, EIN, and the plan noor's name	umber from the last return/report.			4b EIN 4c PN 5a	9
name, <b>a</b> Sponso <b>5a</b> Total r <b>b</b> Total r	, EIN, and the plan noor's name  number of participant number of participant	umber from the last return/report.  ts at the beginning of the plan year			4b EIN 4c PN	9
a Sponso 5a Total r b Total r c Number	EIN, and the plan nor's name  number of participant number of participant er of participants with	umber from the last return/report.  ts at the beginning of the plan year  ts at the end of the plan year  n account balances as of the end of	f the plan year (only define	d contribution plans	4b EIN 4c PN 5a	9
name, a Sponso 5a Total r b Total r c Number comple	EIN, and the plan noor's name  number of participant number of participant er of participants with ete this item)	umber from the last return/report.  Its at the beginning of the plan year.  Its at the end of the plan year  In account balances as of the end of	f the plan year (only define	d contribution plans	4b EIN 4c PN 5a 5b 5c	9
name, a Sponso 5a Total r b Total r c Numbo compl d(1) Total	EIN, and the plan noor's name number of participant number of participant er of participants with ete this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year the plan year account balances as of the end of the plan year the plan year.	f the plan year (only define	d contribution plans	4b EIN  4c PN  5a  5b  5c  5d(1)	9 8
name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total	EIN, and the plan noor's name  number of participant of participant of participants with lete this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year	f the plan year (only define	d contribution plans	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)	9 8
name, a Sponso 5a Total r b Total r c Number compl d(1) Total d(2) Total e Number	EIN, and the plan noor's name  number of participant of participant of participants with lete this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the	f the plan year (only define blan year earear with accrued b	d contribution plans	4b EIN  4c PN  5a  5b  5c  5d(1)	9 8
name, a Sponsor 5a Total r b Total r c Number completed (1) Total d(2) Total	EIN, and the plan noor's name number of participant or active pal number of active participants that one participants that appendix or the later or participants or participants that penalty for the later or participants or participants that appendix or the later or participants or	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the por incomplete filing of this return	olan year (only define blan yeareare plan year with accrued b	d contribution plans enefits that were less	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established.	9 8 8
name, a Sponsor  5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A	EIN, and the plan noor's name number of participant or participant or participant with lete this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the or incomplete filing of this returbther penalties set forth in the instru	olan year (only define blan yeareare plan year with accrued b	d contribution plans enefits that were less d unless reasonable ca	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. eport, including, if app	9 8 8 1 Dilicable, a Schedule
name, a Sponsor b Total r c Number completed d(1) Total r d(2) Total r e Number than r Caution: A Under penass or Schel	EIN, and the plan noor's name number of participant number of participants with lete this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the post terminated employment dur	olan year (only define blan yeareare plan year with accrued b	d contribution plans enefits that were less d unless reasonable ca	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. eport, including, if app	9 8 8 1 Dilicable, a Schedule
name, a Sponsor b Total r c Number complete d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Schebelief, it is to	EIN, and the plan noor's name number of participant number of participants with lete this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the post terminated employment dur	olan year (only define blan yeareare plan year with accrued b	d contribution plans enefits that were less d unless reasonable ca	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. eport, including, if app	9 8 8 1 Dilicable, a Schedule
name, a Sponsor b Total r c Number completed d(1) Total r d(2) Total r e Number than r Caution: A Under penass or Schel	EIN, and the plan noor's name number of participant number of participants with the et this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the error incomplete filing of this return the penalties set forth in the instruand signed by an enrolled actuary, mplete.	olan year (only define olan yeareare plan year with accrued beare plan year with accrued beare plan year will be assessed actions, I declare that I have as well as the electronic version of the second	enefits that were less d unless reasonable ca e examined this return/report ersion of this return/report	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. eport, including, if apprt, and to the best of	9 8 8 1 Dlicable, a Schedule my knowledge and
name, a Sponsor 5a Total r b Total r c Number complete d(1) Total d(2) Total r e Number than a Caution: A Under pena SB or Schebelief, it is total sign HERE	EIN, and the plan noor's name number of participant number of participants with lete this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the error incomplete filing of this return the penalties set forth in the instruand signed by an enrolled actuary, mplete.	olan year (only define blan yeareare plan year with accrued b controlled the controlled that I have as well as the electronic version.	enefits that were less d unless reasonable ca e examined this return/report	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. eport, including, if apprt, and to the best of	9 8 8 1 Dlicable, a Schedule my knowledge and
name, a Sponsor 5a Total r b Total r c Number complete d(1) Total d(2) Total r e Number than r Caution: A Under pena SB or Schele belief, it is total sign. SIGN HERE	EIN, and the plan noor's name number of participant number of participants with the et this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the error incomplete filing of this return the penalties set forth in the instruand signed by an enrolled actuary, mplete.	olan year (only define olan yeareare plan year with accrued beare plan year with accrued beare plan year will be assessed actions, I declare that I have as well as the electronic version of the second	enefits that were less d unless reasonable ca e examined this return/report ersion of this return/report	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. eport, including, if apprt, and to the best of	9 8 9 8 1 Dlicable, a Schedule my knowledge and
name, a Sponso 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A Under pena SB or Schelbelief, it is total SIGN HERE SIGN HERE	EIN, and the plan noor's name number of participant number of participants with ete this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the post terminated employment during the post terminated by an enrolled actuary, mplete.  In account balances as of the end of the plan year terminated employment during the post terminated employment during the post terminated by an enrolled actuary, mplete.  In account balances as of the plan year terminated employment during the post terminated employment during the post terminated employment during the post terminated employment account to the plan year terminated employment during the plan terminated employment during the plan year terminated employment durin	f the plan year (only define plan year	enefits that were less  d unless reasonable ca e examined this return/report ersion of this return/report ROD BROWE  Enter name of individ	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. eport, including, if apprt, and to the best of dual signing as plan and dual signing as employed.	9 8 9 8 1 Dilicable, a Schedule my knowledge and administrator
name, a Sponso 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A Under pena SB or Schelbelief, it is total SIGN HERE SIGN HERE	EIN, and the plan noor's name number of participant number of participants with ete this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the post terminated employment during the post terminated by an enrolled actuary, mplete.  In account balances as of the end of the plan year terminated employment during the post terminated employment during the post terminated by an enrolled actuary, mplete.  In account balances as of the plan year the post terminated employment during the post terminated employment during the post terminated employment actuary, mplete.  In account balances as of the plan year the plan year the plan year the plan year.	f the plan year (only define plan year	enefits that were less  d unless reasonable ca e examined this return/report ersion of this return/report ROD BROWE  Enter name of individ	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. eport, including, if apprt, and to the best of dual signing as plan and approximately appro	9 8 9 8 1 Dilicable, a Schedule my knowledge and administrator
name, a Sponso 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A Under pena SB or Schelbelief, it is total SIGN HERE SIGN HERE	EIN, and the plan noor's name number of participant number of participants with ete this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the post terminated employment during the post terminated by an enrolled actuary, mplete.  In account balances as of the end of the plan year terminated employment during the post terminated employment during the post terminated by an enrolled actuary, mplete.  In account balances as of the plan year terminated employment during the post terminated employment during the post terminated employment during the post terminated employment account to the plan year terminated employment during the plan terminated employment during the plan year terminated employment durin	f the plan year (only define plan year	enefits that were less  d unless reasonable ca e examined this return/report ersion of this return/report ROD BROWE  Enter name of individ	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. eport, including, if apprt, and to the best of dual signing as plan and dual signing as employed.	9 8 9 8 1 Dilicable, a Schedule my knowledge and administrator
name, a Sponso 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A Under pena SB or Schelbelief, it is total SIGN HERE SIGN HERE	EIN, and the plan noor's name number of participant number of participants with ete this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the post terminated employment during the post terminated by an enrolled actuary, mplete.  In account balances as of the end of the plan year terminated employment during the post terminated employment during the post terminated by an enrolled actuary, mplete.  In account balances as of the plan year terminated employment during the post terminated employment during the post terminated employment during the post terminated employment account to the plan year terminated employment during the plan terminated employment during the plan year terminated employment durin	f the plan year (only define plan year	enefits that were less  d unless reasonable ca e examined this return/report ersion of this return/report ROD BROWE  Enter name of individ	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. eport, including, if apprt, and to the best of dual signing as plan and dual signing as employed.	9 8 9 8 1 Dilicable, a Schedule my knowledge and administrator
name, a Sponso 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A Under pena SB or Schelbelief, it is total SIGN HERE SIGN HERE	EIN, and the plan noor's name number of participant number of participants with ete this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the post terminated employment during the post terminated by an enrolled actuary, mplete.  In account balances as of the end of the plan year terminated employment during the post terminated employment during the post terminated by an enrolled actuary, mplete.  In account balances as of the plan year terminated employment during the post terminated employment during the post terminated employment during the post terminated employment account to the plan year terminated employment during the plan terminated employment during the plan year terminated employment durin	f the plan year (only define plan year	enefits that were less  d unless reasonable ca e examined this return/report ersion of this return/report ROD BROWE  Enter name of individ	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. eport, including, if apprt, and to the best of dual signing as plan and dual signing as employed.	9 8 8 1 Dilicable, a Schedule my knowledge and administrator

Form 5500-SF 2016 Page **2** 

<b>6a</b> Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)					X	Yes No	
<b>b</b> Are you claiming a waiver of the annual examination and report of								, L	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility		,					-	Yes No	
If you answered "No" to either line 6a or line 6b, the plan cannot C If the plan is a defined benefit plan, is it covered under the PBGC in					_	_		ot determined	
	risurance p	ologialii (see EKISA se	ection 4	1021) !	^	168		ot determined	
Part III   Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Ye		
a Total plan assets	7a		253697				3	64542	
<b>b</b> Total plan liabilities	7b 7c		252607	,			2	64542	
C Net plan assets (subtract line 7b from line 7a)		253697	-			3	004042		
8 Income, Expenses, and Transfers for this Plan Year	<u> </u>						(b) Total		
Contributions received or receivable from:     (1) Employers	8a(1)		109085	5					
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	8b		1760	)					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	10845	
<b>d</b> Benefits paid (including direct rollovers and insurance premiums									
to provide benefits)	8d								
<b>e</b> Certain deemed and/or corrective distributions (see instructions).	8e								
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
Net income (loss) (subtract line 8h from line 8c)	8i						1	10845	
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 1C	feature co	odes from the List of Pl	lan Cha	ıracteri	istic Co	odes in	the instruction	ns:	
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare f	feature cod	les from the List of Pla	n Char	acteris	tic Cod	des in t	he instructions	S:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A	Am	ount	
a Was there a failure to transmit to the plan any participant contribu									
described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	-	•	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interes:			104						
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?									
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	10d		X						
Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son	ne or all of	the benefits under			×				
the plan? (See instructions.)			10e		X				
g Did the plan have any participant loans? (If "Yes," enter amount a			10f		X				
h If this is an individual account plan, was there a blackout period?	-		10g						
2520.101-3.)	`		10h						
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						

Form 5500-SF 2016	
FUIII 3300-3F ZU IU	

Pension Funding Compliance	
Form 5500-SF 2016	Page <b>3-</b> 1

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)					X	Yes No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			0
12	ERIS	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Co SA?				:		Yes X No
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ting the waiver	lonth _	ns, and	d enter t Day		of the lette Year_	er ruling
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
<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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the leative amount)			12d			
<u>e</u>	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 X 1	lo
	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	No
С	If, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identich assets or liabilities were transferred. (See instructions.)			) to			
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(	<b>3)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust				Trust's E 0839720		
14c	Name	e of trustee or custodian					s or custoone number	
Part	: 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) (3) for the plan year? Check all that apply:		safe h		L	Prior y	ear" ADP
				"Curre	ent year test	"	N/A	
16a		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		verage enefit test	□ N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) to plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le							
	letter		nter 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 sepace?		from	Yes	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	

## **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2016

This Form is Open to Public

Inspection

File as an attachment to Form 5500 or 5500-SE

		F File as all	allacinnent to Form 5	2200 01 2200	Jr.			
Fc	or calendar plan year 2016 or fiscal pla	n year beginning 01/0	1/2016		and ending	12/31	1/2016	
	Round off amounts to nearest doll							
	Caution: A penalty of \$1,000 will be	assessed for late filing of thi	is report unless reasona	able cause is	established	l		
	Name of plan	AOU DALANOE DI AN		В	Three-dig	jit		
	BEAVER MACHINE WORKS, INC. CA	ASH BALANCE PLAN			plan num	ber (PN)	•	002
С	Plan sponsor's name as shown on line	 e 2a of Form 5500 or 5500-9	SF	D	Employer	Identifica	tion Number (E	:IN)
	BEAVER MACHINE WORKS, INC.	7 2d 01 1 01111 0000 01 0000 0	<b>5.</b>		Linployor	91-1118		,
						01 1110	5012	
Ε	Type of plan: X Single Multiple-	A Multiple-B	F Prior year plan	n size: X 100	or fewer	101-5	00 More th	an 500
F	Part I Basic Information							
1	Enter the valuation date:	Month 12 Day		16				
2	Assets:							
	a Market value					2a		255457
	<b>b</b> Actuarial value					2b		255457
3	Funding target/participant count bre	akdown		(1) Numb participa		` '	ted Funding arget	(3) Total Funding Target
	a For retired participants and benef	ficiaries receiving payment		papc	0		0	0
	<b>b</b> For terminated vested participant	:S			0		0	0
	<b>C</b> For active participants				8		221943	224827
	<b>d</b> Total				8		221943	224827
4				П				-
-	<b>a</b> Funding target disregarding preson	,	., .,			4a		
	<b>b</b> Funding target reflecting at-risk as					al.		
	status for fewer than five consecu							
5	Effective interest rate					5		4.80 %
6	Target normal cost					6		109000
Sta	atement by Enrolled Actuary							
	To the best of my knowledge, the information supple accordance with applicable law and regulations. Ir	n my opinion, each other assumption						
	combination, offer my best estimate of anticipated	experience under the plan.						
	SIGN							
	HERE						10/13/201	7
	Si	ignature of actuary					Date	
	JUSTIN F.J. GREINDL, FSA, EA, MAA	<u>A</u>					17-07528	<u> </u>
	Type o	or print name of actuary				Most re	ecent enrollmer	nt number
-	FIDUS ACTUARIAL SOLUTIONS, LLC	<u> </u>					480-550-88	
	4944 N COMEZ AVE	Firm name			Tel	ephone r	number (includ	ing area code)
	4814 N GOMEZ AVE TAMPA, FL 33614							
	,	Address of the firm						
lf th	ne actuary has not fully reflected any re	gulation or ruling promulgate	ed under the statute in a	completing th	is schedule	check t	he box and see	<u> </u>
	tructions	galation of raining promitingate	ou under the statute III t	complouing th		, 5115010 1	Don and do	· 📙

Pa	art II	Begin	ning of Year	Carryov	er and Prefund	ling Ba	lances								
									(a) C	arryover balance	•	(b) F	refundir	ng bala	nce
7		Ū	0 , ,		able adjustments (lir		•				0				0
8				-	nding requirement (I						0				0
9	Amount	remaining	g (line 7 minus line	€ 8)							0				0
10	Interest	on line 9 i	using prior year's	actual retu	rn of <u>0.00</u> %						0				0
11					to prefunding baland										
	<b>a</b> Prese	nt value o	f excess contribut	ions (line 3	38a from prior year)									34	745
	<b>b(1)</b> Int	erest on t	he excess, if any,	of line 38a	a over line 38b from e interest rate of	prior yea	r								0
	<b>b(2)</b> Int	erest on I	ine 38b from prior	year Sche	edule SB, using prior	r year's a	ctual								
															0
	C Total a	ivailable a	t beginning of curre	ent plan yea	ar to add to prefunding	g balance								34	745
	<b>d</b> Portio	n of (c) to	be added to prefi	unding bala	ance										0
12	Other re	ductions i	n balances due to	elections	or deemed elections	3					0				0
13	Balance	at beginn	ing of current yea	ır (line 9 +	line 10 + line 11d – l	line 12)		0 0					0		
Р	Part III Funding Percentages														
14	Funding	•		_									14	11	3.62%
15 Adjusted funding target attainment percentage										15	10	8.15%			
16										80.00%					
17	If the cui	rent value	e of the assets of	the plan is	less than 70 percen	nt of the fu	unding targ	get, en	er suc	ch percentage			17		%
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls										
18	Contribu			•	ar by employer(s) ar	nd emplo	yees:								
(1)	(a) Dat //M-DD-Y		<b>(b)</b> Amount p employer		(c) Amount paid employees	d by	(a) I (MM-DE	Date D-YYY	Y)	(b) Amount p employer	-	(0	Amoui emplo		by
	7/06/2017	,	- 1 -2	9085		0	,		,	- 1 -3	(-)			,	
0	9/15/2017	7		100000		0									
							Totals ►	1	8(b)		109085	18(c)			0
19	Discount	ted emplo	yer contributions	– see instr	uctions for small pla	ın with a v	/aluation da	late aft	er the	beginning of the	year:				
	<b>a</b> Contri	butions a	llocated toward ur	npaid minir	num required contrib	butions fr	om prior ye	ears			19a				0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date											0				
	<b>C</b> Contri	butions all	ocated toward min	imum requi	red contribution for co	urrent yea	r adjusted t	to valua	ation d	ate	19c			105	5609
20	Quarterly	y contribu	tions and liquidity	shortfalls:											
	a Did th	e plan ha	ve a "funding sho	rtfall" for th	e prior year?									Yes	X No
	<b>b</b> If line	20a is "Y	es," were required	d quarterly	installments for the	current ye	ear made ir	n a tim	ely m	anner?				Yes	No
	<b>C</b> If line	20a is "Y	es," see instructio	ns and con	mplete the following										
		(1) 1	•		Liquidity shortfall	as of end	of quarter	of this			1		(A) A+L		
		(1) 1s	<u> </u>		(2) 2nd				(3)	3rd			(4) 4th	<u> </u>	

Segment:         0.65 %         0.7/A, full yield curve used           21b         0         0         22         65           te         Substitute         Yes         No         No           red attachment							
N/A, full yield curve used							
21b							
22   65     te							
te							
See instructions regarding required   Yes   No   No   No   No   No   No   No   N							
Yes       No         Yes       No         required attachment       Yes       No         Years       No         28       0         years       29       0         30       0         31b       30630         ding Balance       Installment         0       0         al       33         0       0							
Yes       No         Yes       No         required attachment       Yes       No         Years       No         28       0         years       29       0         30       0         31b       30630         ding Balance       Installment         0       0         al       33         0       0							
Yes       No         Yes       No         required attachment       Yes       No         Years       No         28       0         years       29       0         30       0         31b       30630         ding Balance       Installment         0       0         al       33         0       0							
required attachment.							
required attachment.							
27       Years							
Years     28     0       years     29     0							
years         29         0							
31a 109000 31b 30630 ding Balance Installment 0 0 0 0 0 0 0							
31b 30630 ding Balance Installment  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
31b 30630 ding Balance Installment  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
31b 30630 ding Balance Installment  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
ding Balance Installment  0 0 0 0 al 33							
0 0 0 0 al 33 0							
0 0 al 0							
al 0							
33 0							
5 - 33) <b>34</b> / 78370							
·							
ling balance Total balance							
Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)							
37							
38a 27239							
38a 27239 es 38b 0							
38a 27239 28 38b 0 39 0 40 0							
38a 27239 25 38b 0 39 0 40 0							
38a 27239 28 38b 0 39 0 40 0 uctions)  2 plus 7 years 15 years							
38a 27239 25 38b 0 39 0 40 0							
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							

# Schedule SB, line 26 - Schedule of Active Participant Data

Beaver Machine Works, Inc. Cash Balance Plan 91-1118012/001

For the plan year 01/01/2016 through 12/31/2016

#### **Years of Credited Service**

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29		2								
30 to 34										
35 to 39		1								
40 to 44		1								
45 to 49										
50 to 54		1								
55 to 59		1								
60 to 64		2								
65 to 69										
70 & up										

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Beaver Machine Works, Inc. Cash Balance Plan 91-1118012 / 001

For the plan year 01/01/2016 through 12/31/2016

Valuation Date: 12/31/2016

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target

for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5%

interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.55
Segment 2	6 - 20	3.76
Segment 3	> 20	4.73

Segment rates as of September 30, 2015 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA										
Segment #	Year	Rate %								
Segment 1	0 - 5	4.43								
Segment 2	6 - 20	5.91								
Segment 3	> 20	6.65								

Pre-Retirement - Mortality Table - None

Turnover/Disability - None Salary Scale - None

Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%

Expense Load - None Ancillary Ben Load - None

Post-Retirement - Mortality Table - 16C - 2016 Combined - IRC 430(h)(3)(A)

Cost of Living - None

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

**Discrimination Test Assumptions:** 

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5% CB Projection Rate - 5

Post-Retirement - Interest - 8.5%

Mortality Table - G71M - 1971 Group Annuity (male)

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

# Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Beaver Machine Works, Inc. Cash Balance Plan 91-1118012 / 001

For the plan year 01/01/2016 through 12/31/2016

#### 401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2016

OMB No. 1210-0110

This Form is Open to Public Inspection

Description		▶ File as a	in attachment to Form	5500 or 550	0-SF.				
Name of plan   Beaver Machine Works   Inc. Cash Balance   Plan   Beaver Machine Works   Inc.	For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending						12/31/2016		
A Name of plan Beaver Machine Works, Inc. Cash Balance Plan  B Three-digit plan number (PN)  002  C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  D Employer Identification Number (EIN)  Beaver Machine Works, Inc.  91-1118012  E Type of plan:  Single  Multiple A  Multiple B  F Prior year plan size:  100 or fewer  101-500  More than 500  Part I Basic Information  1 Enter the valuation date:  Month  12  Day  31  Year  2016  2 Assets:	Round off amounts to nearest doll	ar.							
Beaver Machine Works, Inc. Cash Balance Plan  C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Beaver Machine Works, Inc.  E Type of plan: Single Multiple Mu	Caution: A penalty of \$1,000 will be	assessed for late filing of t	his report unless reasor	nable cause i	s established	l			
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  Beaver Machine Works, Inc.  E Type of plan. Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500  Part I Basic Information  1 Enter the valuation date: Month 12 Day 31 Year 2016  2 Assets:  a Market value.  2 A 255, 457  b Actuarial value.  2 A 255, 457  5 Actuarial value.  2 A 255, 457  3 Funding target/participants count breakdown  a For retired participants and beneficiaries receiving payment.  0	•	В	Three-dig	ıit					
Beaver Machine Works, Inc.  E Type of plan: Signige Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500  Part I Basic Information  1 Enter the valuation date: Month 12 Day 31 Year 2016  2 Assets: 2 2a 2.55, 457  b Actuarial value 2 2b 255, 457  b Actuarial value (1) Number of participants count breakdown Port of the plan is not retired participants and beneficiaries receiving payment 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Beaver Machine Works, Inc. Cash Balance Plan					ber (PN	) ▶	002	
Beaver Machine Works, Inc.  E Type of plan: Signige Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500  Part I Basic Information  1 Enter the valuation date: Month 12 Day 31 Year 2016  2 Assets: 2				114			White I		
Beaver Machine Works, Inc.  E Type of plan: Signige Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500  Part I Basic Information  1 Enter the valuation date: Month 12 Day 31 Year 2016  2 Assets: 2	C Discount of the control of the con				1011				
E Type of plan   Single   Multiple-A   Multiple-B   F Prior year plan size:   100 or fewer   101-500   More than 500    Part I Basic Information  1 Enter the valuation date:   Month   12   Day   31   Year   2016    2 Assets:	C Plan sponsors name as snown on line	2a of Form 5500 or 5500	-SF	טן	Employer	Identifica	ation Number (E	EIN)	
Part   Basic Information   1   Enter the valuation date:   Month   12   Day   31   Year   2016	Beaver Machine Works,	Inc.		91	-111801	2			
Part   Basic Information   1   Enter the valuation date:   Month   12   Day   31   Year   2016	E Type of plan: V Single D Multiple	A D Atultinia D	E Discount		20 (-	П 404			
1 Enter the valuation date: Month 12 Day 31 Year 2016 2 Assets: a Market value		4   Multiple-B	F Prior year pla	an size: X 10	DO or tewer	101-	More th	an 500	
Assets:  a Market value. b Actuarial value c									
a Market value		Month 12 Day	y <u>31</u> Year	2016					
Description	2 Assets:								
Funding target/participant count breakdown  a For retired participants and beneficiaries receiving payment  b For terminated vested participants  c For active participants  d Total  tf the plan is in at-risk status, check the box and complete lines (a) and (b)  a Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding transition rule for plans that have been in at-risk status.  5 Effective interest rate  5 4 4.80%  6 109,000  Statement by Enrolled Actuary  To be best of my knowledge, the information supplied in this schedule and accordance with special seasonship with	a Market value					2a		255,457	
a For retired participants and beneficiaries receiving payment	<b>b</b> Actuarial value					2b		255,457	
b For terminated vested participants 0 0 0 0 0 0 0 0 C For active participants 8 221,943 224,827 d Total 8 221,943 224,827 d If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 24 8 4 8 4 8 4 8 4 8 4 8 4 8 4 8 4 8	3 Funding target/participant count bre	akdown				. ,		• •	
C For active participants 8 221,943 224,827  d Total 8 221,943 224,827  4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4a Funding target disregarding prescribed at-risk assumptions 4a Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b Feffetive interest rate 5 4 80%  6 Target normal cost 5 4.80%  6 Target normal cost 6 109,000  Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable was and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.  SIGN  HERE  10/13/2017  Date 1707528  Type or print name of actuary  Just in F. J. Greindl, FSA, EA, MAAA  Type or print name of actuary  Fidus Actuarial Solutions, LLC  Firm name	a For retired participants and benefit	iciaries receiving payment			0		0	0	
d Total 8 221,943 224,827  4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4a  b Funding target disregarding prescribed at-risk assumptions 4a b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b  5 Effective interest rate 5 4 4.80% 6 Target normal cost 5 4.80% 6 Target normal cost 6 10.9,000  Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.  SIGN HERE  10/13/2017  Date  10/13/2017  Date  1707528  Type or print name of actuary  Most recent enrollment number fidus Actuarial Solutions, LLC  480-550-8820  Telephone number (including area code)  4814 N Gomez Ave  Tampa  FL 33614  Address of the firm	<b>b</b> For terminated vested participants	s			О		0	0	
d Total 8 221,943 224,827  4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4a  b Funding target disregarding prescribed at-risk assumptions. 4a  b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 4b  5 Effective interest rate. 5 4.80% 6 Target normal cost 6 109,000  Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.  SIGN HERE  Justin F.J. Greindl, FSA, EA, MAAA 1707528  Type or print name of actuary  Most recent enrollment number fiduces and regulations. In LC  480-550-8820  Firm name  Telephone number (including area code)  4814 N Gomez Ave  Tampa FL 33614  Address of the firm	C For active participants				8	8 221,943		224,827	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	d Total				8	221,943			
a Funding target disregarding prescribed at-risk assumptions.  b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.  5 Effective interest rate.  5 Effective interest rate.  5 4 .80% 6 Target normal cost.  Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.  SIGN  HERE  Justin F.J. Greindl, FSA, EA, MAAA  To77528  Type or print name of actuary  Fidus Actuarial Solutions, LLC  Firm name  Telephone number (including area code)  4814 N Gomez Ave  Tampa  FL 33614  Address of the firm				П					
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		-	, , , , ,			12			
status for fewer than five consecutive years and disregarding loading factor		•							
5 Effective interest rate	status for fewer than five consecu	tive years and disregardin	g loading factor			" 4b			
Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.  SIGN HERE  Justin F.J. Greindl, FSA, EA, MAAA  Type or print name of actuary  Type or print name of actuary  Fidus Actuarial Solutions, LLC  Firm name  Firm name  Telephone number (including area code)  4814 N Gomez Ave  Tampa  FL 33614  Address of the firm								4.80%	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.  SIGN HERE  10/13/2017  Date  1707528  Type or print name of actuary  Fidus Actuarial Solutions, LLC  Firm name  Telephone number (including area code)  4814 N Gomez Ave  Tampa  FL 33614  Address of the firm	6 Target normal cost					. 6		109,000	
accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.    SIGN	-								
SIGN HERE  10/13/2017  Signature of actuary  Justin F.J. Greindl, FSA, EA, MAAA  Type or print name of actuary  Fidus Actuarial Solutions, LLC  Firm name  Telephone number (including area code)  4814 N Gomez Ave  Tampa  FL 33614  Address of the firm	To the best of my knowledge, the information supp accordance with applicable law and regulations. In	lied in this schedule and accompar	nying schedules, statements and	d attachments, if	any, is complete	and accura	ite. Each prescribed	assumption was applied in	
HERE  Signature of actuary  Justin F.J. Greindl, FSA, EA, MAAA  Type or print name of actuary  Fidus Actuarial Solutions, LLC  Firm name  Firm name  Telephone number (including area code)  4814 N Gomez Ave  Tampa  FL 33614  Address of the firm	combination, offer my best estimate of anticipated	experience under the plan.			or the plan an		io expositione, and	- Cooli Calor Goodinpaolis, III	
Justin F.J. Greindl, FSA, EA, MAAA 1707528  Type or print name of actuary Most recent enrollment number 480-550-8820  Firm name Telephone number (including area code)  4814 N Gomez Ave  Tampa FL 33614  Address of the firm	SIGN	$\infty$ .							
Type or print name of actuary  Fidus Actuarial Solutions, LLC  Firm name  Firm name  Telephone number (including area code)  Tampa  FL 33614  Address of the firm	HERE	さから					10/13/20	17	
Type or print name of actuary  Fidus Actuarial Solutions, LLC  Firm name  Telephone number (including area code)  4814 N Gomez Ave  Tampa  FL 33614  Address of the firm	( Sig	nature of actuary					Date		
Fidus Actuarial Solutions, LLC  Firm name  Firm name  Telephone number (including area code)  4814 N Gomez Ave  Tampa  FL 33614  Address of the firm	Justin F.J. Greindl, FSA, EA, MAAA				1707528				
Firm name Telephone number (including area code)  4814 N Gomez Ave  Tampa FL 33614 Address of the firm	Type or	print name of actuary				Most re	ecent enrollmen	t number	
4814 N Gomez Ave  Tampa FL 33614  Address of the firm	• • • • • • • • • • • • • • • • • • • •				480-550-8820				
Tampa FL 33614 Address of the firm		Firm name			Tel	ephone i	number (includi	ng area code)	
Address of the firm	4814 N Gomez Ave						,		
Address of the firm	Tampa FL 33	614							
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see			-						
	If the actuary has not fully reflected any red	julation or ruling promulga	ted under the statute in	completing th	nis schedule	check t	he box and see	П	

Part II Beginning of Year Carryover and Prefunding Balances  (a) Carryover balance  (b) Prefunding  7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	g balance (() () () () () () () () () () () () ()	
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	(	
year)	34,749	
10 Interest on line 9 using prior year's actual return of	34,74	
11 Prior year's excess contributions to be added to prefunding balance:  a Present value of excess contributions (line 38a from prior year)	34,74	
a Present value of excess contributions (line 38a from prior year)	34,74	
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of	34,74	
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return	(	
C Total available at beginning of current plan year to add to prefunding balance	(	
d Portion of (c) to be added to prefunding balance	34,745	
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 12)		
Part III Funding Percentages		
	113.62%	
	108.15%	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	80.00%	
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	%	
Part IV Contributions and Liquidity Shortfalls		
18 Contributions made to the plan for the plan year by employer(s) and employees:		
	(c) Amount paid by	
(MM-DD-YYYY)         employer(s)         employees         (MM-DD-YYYY)         employer(s)         employer           07/06/2017         9,085         0         0         0	665	
09/15/2017 100,000 0		
Totals ► 18(b) 109,085 18(c)	(	
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	(	
b Contributions made to avoid restrictions adjusted to valuation date	(	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	105,609	
20 Quarterly contributions and liquidity shortfalls:		
2 Did the plan baye a "funding chartfell" for the prior year?	Yes X No	
a Did the plan have a "funding shortfall" for the prior year?		
	Yes No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	Yes No	
<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	Yes No	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost									
21	Discount	rate:	_						
	<b>a</b> Segme	Segment rates:         1st segment: 4.43 %         2nd segment: 5.91 %         3rd segment: 6.65 %					N/A, full yield curve used		
	b Applicable month (enter code)						0		
22	Weighted	average retire	ement age			22	65		
23	Mortality	table(s) (see	instructions) X Pres	scribed - combined Pres	cribed - separate	Substitu	te		
Pa	art VI	Miscellane	<u>U</u>	<u>U</u>	· E	<u> </u>			
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment								
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment								
26	Is the pla	n required to p	provide a Schedule of Active F	Participants? If "Yes," see instructi	ons regarding required a	ttachment	X Yes No		
27				r applicable code and see instructi		27			
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years	L			
			•	ears		28	0		
29	Discounte	ed employer c	ontributions allocated toward	unpaid minimum required contribu	tions from prior years	29	0		
30	Remainin	g amount of u	inpaid minimum required cont	ributions (line 28 minus line 29)		30	0		
Pá	art VIII	Minimum	Required Contribution	For Current Year		•			
31			d excess assets (see instruction						
	<b>a</b> Target r	normal cost (li	ne 6)			31a	109,000		
	<b>b</b> Excess	assets, if app	licable, but not greater than li	ne 31a		31b	30,630		
32	Amortizat	ion installmen	its:		Outstanding Bala	nce	Installment		
	a Net sho	ortfall amortiza	ation installment			0	0		
	<b>b</b> Waiver	amortization i	installment			0	0		
33				er the date of the ruling letter grant) and the waived amount		33	0		
34	Total fund	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	78,370		
				Carryover balance	Prefunding balar	ice	Total balance		
35			se to offset funding	C		0	0		
36						36	78,370		
	Additional cash requirement (line 34 minus line 35)  Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37	105,609				
38			s contributions for current yea						
			-			38a	27,239		
	<ul><li>a Total (excess, if any, of line 37 over line 36)</li><li>b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances</li></ul>			38b	0				
39				39	0				
40	, , , , , , , , , , , , , , , , , , , ,			40	0				
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)									
41 If an election was made to use PRA 2010 funding relief for this plan:									
	a Schedule elected								
	<b>b</b> Eligible	plan year(s) f	for which the election in line 4	1a was made		200	08 2009 2010 2011		
42	Amount o	f acceleration	adjustment			42			
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43			

#### 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.

1210-0089

2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I		Identification Information							
For calend	dar plan year 2016 or f	iscal plan year beginning	01/01/2016	and ending	12/31/				
A This as			this box must attach a						
A This return/report is for:    list of participating employer information in accordance with the form instructions   a one-participant plan   a foreign plan									
<b>B</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 progr	am					
		Form 5558 special extension (enter descri	automatic extension		☐ Di VO piogi	am			
Part II	Basic Plan Info	prmation—enter all requested inf							
1a Name		ciner an requested in	omation	,	1b Three-di	nit			
	•	, Inc. Cash Balance P	lan		plan num				
					1c Effective date of plan 01/01/2015				
2a Plan s	sponsor's name (emplo	oyer, if for a single-employer plan)	5		T	r Identification Number			
City o	ig address (include roo ir town, state or provinc	m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posts	. B0x) al code (if foreign, see inst	ructions)	(EIN)91-1118012				
	Machine Work		codo (ii ioioigii, coo iiioi	doubliby	<b>2c</b> Sponsor's telephone number 425-402-1032				
12605	NE 178th Suite	e A			<b>2d</b> Business code (see instructions) 333510				
Woodin	ville	WA 98072							
3a Plan a	administrator's name a	nd address 🏻 Same as Plan Spon	sor.		3b Administrator's EIN				
						ator's telephone number			
4 If the	name and/or EIN of the	e plan sponsor has changed since t	he last refurn/report filed f	or this plan, enter the	4b EIN				
name	e, EIN, and the plan nui	mber from the last return/report.	no lact rotal incoport inca is	or this plan, enter the					
				·	4c PN	,			
		at the beginning of the plan year			. 5a				
D Total C Numb	number of participants	at the end of the plan year			. 5b				
comp	el of participants with the letter this item)	account balances as of the end of the	ne plan year (only defined	contribution plans	5c				
		rticipants at the beginning of the pla			5d(1)	9			
<b>d(2)</b> Tot	tal number of active pa	rticipants at the end of the plan year	r		5d(2)	{			
e Numi	ber of participants that	terminated employment during the	plan vear with accrued be	nefits that were less	5e	1			
Caution: A	A penalty for the late	or incomplete filing of this return	report will be assessed	uniess reasonable ca	use is establish	ed.			
SB or Sche	alties of perjury and otled edule MB completed ar true, correct, and comp	ner penalties set forth in the instruct nd signed by an enrolled actuary, as plete.	ions, I declare that I have swell as the electronic ver	examined this return/re sion of this return/repor	port, including, it t, and to the bes	applicable, a Schedule t of my knowledge and			
SIGN	B. Br	mu.		Rod Brewer	Rod E	brower			
HERE	Signature of plan a	dministrator	Date / 0-/3-/7	Enter name of individ	ual signing as pl	an administrator			
SIGN	16-Bro	mer_		Rod Brewer		rower			
HERE	Signature of emplo	yer/plan sponsor	Date 10-13-17	Enter name of individ		nployer or plan sponsor			
Preparer's	name (including firm n	ame, if applicable) and address (inc	lude room or suite numbe	r)	Preparer's tele				
					i i				

## Schedule SB, Part V Summary of Plan Provisions

#### Beaver Machine Works, Inc. Cash Balance Plan 91-1118012 / 001

For the plan year 01/01/2016 through 12/31/2016

**Employer:** Beaver Machine Works, Inc.

Type of Entity - S-Corporation

EIN: 91-1118012 TIN: Plan #: 001 Plan Type: Cash Balance

Dates: Effective - 01/01/2015 Year end - 12/31/2016 Valuation - 12/31/2016

Top Heavy Years - 2016

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction. However, those employed

on 12/31/2015 enter on 12/31/2015

Retirement: Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits

Pay Credits - Classification Pay Credit Formula

A 100% of compensation limited to \$100,000

B 2% of compensation C 2% of compensation

Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) plan actuarial equivalence interest and mortality

Death Benefit - Present Value of Accrued Benefit

**Top Heavy Minimum:** Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$265,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Joint with 50% Survivor Benefit

Vesting Schedule: 100% vested in 3 years.

Service is calculated using all years of service except years prior to plan effective date and age 18

Present Value of Accrued Benefit: Based on the Hypothetical Account Balance.

# Schedule SB, Part V Summary of Plan Provisions

### Beaver Machine Works, Inc. Cash Balance Plan 91-1118012 / 001

For the plan year 01/01/2016 through 12/31/2016

#### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 16E - 2016 Applicable Mortality Table for 417(e) (unisex)

## (Rev. August 2012)

Department of the Treasury Internal Revenue Service

to prepare this application.

Signature ▶

Part I Identification

## Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions. ▶ Information about Form 5558 and its instructions is at www.irs.gov/form5558 OMB No. 1545-0212

File With IRS Only

_	Name of files when administrators as plan anamons (and instructions)	_	Tilawa.	: -1 4:4		!	\			
Α	Name of filer, plan administrator, or plan sponsor (see instructions)  Beaver Machine Works, Inc.  Number, street, and room or suite no. (If a P.O. box, see instructions)  12605 NE 178th Suite A			B Filer's identifying number (see instructions)  Employer identification number (EIN) (9 digits XX-XXXXXXX)						
				91-1118012  Social security number (SSN) (9 digits XXX-XX-XXXX)						
	City or town, state, and ZIP code	i	oociai	Securit	ty flumber (551)	i) (3 digits XXX	700-7000)			
	Woodinville, WA 98072									
С	Plan name		Plan		Pla	n year endi	ng —			
	- Idiridino	n	umbe	er	MM	DD	YYYY			
	Beaver Machine Works, Inc. Cash Balance Plan	0	0	2	12	31	2016			
Pai	t II Extension of Time To File Form 5500 Series, and/or Form 89	55-S	SA							
1	Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	first F	orm (	5500 s	series return/	report for the	e plan listed			
2	I request an extension of time until			•	nstructions).					
3	I request an extension of time until 10 / 15 / 2017 to file Form 8		,		structions).					
	Note. A signature IS NOT required if you are requesting an extension to file Form	n 895	5-SS/	٩.						
Par	The application is automatically approved to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which the and/or line 3 (above) is not later than the 15th day of the third month after the notation of Time To File Form 5330 (see instructions)	this ex	ktensi	on is						
4	I request an extension of time until/ to file Form 5 You may be approved for up to a 6 month extension to file Form 5330, after the		al due	e date	of Form 533	0.				
а	Enter the Code section(s) imposing the tax	•	а							
b	Enter the payment amount attached				>	b				
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/a	ameno	dment	date	•	С				
5	State in detail why you need the extension:									
Under	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on	this for	m are	true, co	orrect, and com	plete, and that	I am authorized			

Date ▶