For	rm 5500-SF	Short Form Annua	l Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury mal Revenue Service	This form is required to be filed		065 of the Employee Re	etirement	2017
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (B		7(b) and 6058(a) of the		This Form is Open to
Pension Be	enefit Guaranty Corporation	Complete all entries in ac	cordance with the instr	uctions to the Form 55	00-SF.	Public Inspection
Part I		dentification Information				
For calend	ar plan year 2017 or fis	cal plan year beginning 01/01/20			2/31/2017	
A This ret	turn/report is for:	X a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)
B This rate	urn/report is	a one-participant plan	a foreign plan			
	um/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram
		special extension (enter descrip	otion)			
Part II	Basic Plan Infor	mation—enter all requested info	rmation			
1a Name	•				1b Thre	5
THERMATE	CH NORTHWEST, INC	C. RETIREMENT SAVINGS PLAN			plan (PN)	number 011
				-	, ,	tive date of plan
						11/01/1998
		rer, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Box)		•	oyer Identification Number 91-1728564
City or	town, state or province	, country, and ZIP or foreign postal		ructions)	(EIN)	nsor's telephone number
THERMATE	CH NORTHWEST, INC					253-984-1818
					2d Busir	ness code (see instructions)
10312 SALE LAKEWOOD	S ROAD S.), WA 98499-8755					238900
3a Plan a	dministrator's name and	d address 🗙 Same as Plan Spons	or.		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
		plan sponsor or the plan name has			4b EIN	
•	lan, enter the plan spon or's name	sor's name, EIN, the plan name an	d the plan number from th	ne last return/report.	4d PN	
C Plan N					TU FN	
5a Total	number of participants a	at the beginning of the plan year			5a	57
		at the end of the plan year		-	5b	52
		ccount balances as of the end of th		•	5c	49
d(1) Tot	al number of active part	ticipants at the beginning of the plar	n year		5d(1)	43
• •		ticipants at the end of the plan year		E CARACTER CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR C	5d(2)	39
		terminated employment during the p			5e	1
Caution: A	A penalty for the late o	r incomplete filing of this return/	report will be assessed	unless reasonable cau		
SB or Sche		er penalties set forth in the instructi d signed by an enrolled actuary, as lete.				
SIGN		valid electronic signature.	03/16/2018	SANDRA GUILEY		
HERE	Signature of plan ac		Date	Enter name of individu	ual signing	as plan administrator
SIGN					;g	
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor
-			-		5 5	

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6a b c	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 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 If "Yes" is checked, enter the My PAA confirmation number from the	an indeper and condit ot use Fo surance p	ndent qualified public accountant (tions.) orm 5500-SF and must instead us orogram (see ERISA section 4021)	IQPA) [Ves] No Se Form 5500. ? Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	2679964	3001010
b	Total plan liabilities	7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	2679964	3001010
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	294381	
	(2) Participants	8a(2)	70786	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	290079	

b	Other income (loss)	8b	290079	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		655246
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	329349	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	4851	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		334200
i	Net income (loss) (subtract line 8h from line 8c)	8i		321046
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	feature co	des from the List of Plan Characte	eristic Codes in the instructions:

a	If the	plan	provid	les p	ension	benet	its,	enter th	e applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	2E	2F	2G	2J	2K	3D	2A	2R	2T	

b	If the plan	provides welfare	benefits, enter	the applicable	welfare feature	e codes from	the List of I	Plan Characteri	stic Codes in the instructions
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Part	t V Compliance Questions				
10	During the plan year:		Yes	No	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		X	
C	Was the plan covered by a fidelity bond?	10c	Х		500000
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		X	
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	X		11345
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		116270
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	. 10h		X	
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			

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this 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 left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

Form 5	5500-SF	Short Form Annual			of Small Emplo	oyee	C	OMB Nos. 1210-0110 1210-0089
	of the Treasury venue Service	This form is required to be filed u		nefit Plan ctions 104 and 406	35 of the Employee Re	tirement		2017
	ent of Labor Security Administration	Income Security Act of 1974 (E	ERISA), a	and sections 6057(Code (the Code).	b) and 6058(a) of the l	Internal		orm is Open to lic Inspection
Pension Benefit G	uaranty Corporation	Complete all entries in according to the second	cordanc	e with the instruc	tions to the Form 55	00-SF.	1 dbi	
Part I An	nual Report lo	dentification Information						
For calendar pla	n year 2017 or fisc	al plan year beginning 0)1/01/		and ending		31/2017	
A This return/re	eport is for:	X a single-employer plan	list of		(not multiemployer) (F loyer information in acc			
B This return/re	portis [
	l	the first return/report an amended return/report		ial return/report rt plan year return/i	report (less than 12 mo	onths)		
C Check box if	filing under: [Form 5558	□ □ autor	natic extension	ſ		program	
• • • • • • • • • • • • •		special extension (enter descript			I			
Part II Ba	sic Plan Infor	mation-enter all requested infor						
1a Name of pla			intation			1b Thre	ee-digit	
-		INC. RETIREMENT SAVI	INGS E	PLAN			number	011
							ctive date o	
2a Plan spons	or's name (employ	er, if for a single-employer plan)	_					ification Number
Mailing add	ress (include room	, apt., suite no. and street, or P.O.	Box)	favaian and instru	otiono)	(EIN)91-172	28564
	n, state or province H NORTHWEST	, country, and ZIP or foreign postal , INC.	I CODE (II	toreign, see instru	cuons)		nsor's tele -984-18	phone number
10312 SAL	ES ROAD S.						iness code	(see instructions)
						200.	000	
LAKEWOOD	istrator's name and	WA 98499-8755 d address X Same as Plan Spons				3b Adm	ninistrator's	EIN
						3c Adn	ninistrator's	telephone number
4 If the name	and/or EIN of the	plan sponsor or the plan name has	s change	ad since the last rei	urn/report filed for	4b EIN	1	
this plan, e	enter the plan spon	isor's name, EIN, the plan name an	nd the pla	an number from the	e last return/report.	4d PN		
c Plan Name								
5a Total num	ber of participants	at the beginning of the plan year				5 a		5
b Total num	ber of participants	at the end of the plan year				5b		5
C Number of complete	f participants with a this item)	account balances as of the end of the	the plan y	year (only defined o	contribution plans	5c		4
d(1) Total nu	umber of active par	ticipants at the beginning of the pla	an year			5d(1)		4
d(2) Total ni	umber of active par	ticipants at the end of the plan year	ar		21 July 1 July 1 July 1	5d(2)		3
than 1009	% vested	terminated employment during the				5 e		
Caution: A per Under penaltie SB or Schedule	nalty for the late on s of perjury and othe MB completed ar	or incomplete filing of this return ner penalties set forth in the instruct ad signed by an enrolled actuary, as	tions, I d	will be assessed un leclare that I have a	unless reasonable ca examined this return/re	eport, inclu	ding, if app	licable, a Schedule ny knowledge and
SIGN	, correct, and com	applie		3/16/18	SANDRA GUILEY			
	ignature of plan a	dmInistrator		Date	Enter name of individ		g as plan a	dministrator
SIGN								
HERE	ignature of emplo	yer/plan sponsor		Date	Enter name of individ	dual signin	g as emplo	yer or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🗌 Yes 🗌 No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
Pa	rt III Financial Information	

Plan Assets and	Liabilities	1 FI ^C - 1	(a) Beginning of	Year		(b) End of Y	
a Total plan assets		7a	2,6	79,9	64			3,001,010
Total plan liabilitie	es	7b						
Net plan assets (subtract line 7b from line 7a)	7c	2,6	79,9	64			3,001,010
Income, Expense	es, and Transfers for this Plan Year	an Thé	(a) Amount				(b) Total	
	eived or receivable from:	8a(1)		94,3			1	
(2) Participants.		8a(2)		70,7	86	1.1		
(3) Others (inclu	ding rollovers)	8a(3)				1.00		
10.0	ss)	8b	2	90,0	79			
c Total income (ad	d lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1.				655,246
	cluding direct rollovers and insurance premiums ts)	8d	3	29,3	49			
e Certain deemed	and/or corrective distributions (see instructions)	8e			-	1.1		de la composición de
f Administrative se	ervice providers (salaries, fees, commissions)	8f		4,8	51		_	<u> </u>
g Other expenses.		8g			_			1.
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		12.00				334,200
Net income (loss	s) (subtract line 8h from line 8c)	8i						321,046
J Transfers to (from Part IV Plan C Ja If the plan provin 2E 2F 2G	m) the plan (see instructions) haracteristics des pension benefits, enter the applicable pension 2J 2K 3D 2A 2R 2T des welfare benefits, enter the applicable welfare t							
J Transfers to (from Part IV Plan C Pa If the plan proving 2E 2F 2G b If the plan proving Part IV	haracteristics des pension benefits, enter the applicable pension 2J 2K 3D 2A 2R 2T des welfare benefits, enter the applicable welfare t	feature cod						
jTransfers to (fromPart IVPlan CPart IVPlan provingPart VComplexityPart VComplexity	haracteristics des pension benefits, enter the applicable pension 2J 2K 3D 2A 2R 2T des welfare benefits, enter the applicable welfare t liance Questions	feature cod					he instructio	
Transfers to (from Part IV Plan C a If the plan provint 2E 2F 2G b If the plan provint Part V Comple 0 During the plan a Was there a far described in 2	haracteristics des pension benefits, enter the applicable pension 2J 2K 3D 2A 2R 2T des welfare benefits, enter the applicable welfare t liance Questions	feature code feature code utions within Voluntary Fie	s from the List of Plan		cterist	ic Codes in t	he instructio	ons:
Transfers to (from Part IV Plan C a If the plan proving 2E 2F 2G b If the plan proving Part V Compl 0 During the plan a Was there a fan described in 2 Program) b Were there any	haracteristics des pension benefits, enter the applicable pension 2J 2K 3D 2A 2R 2T des welfare benefits, enter the applicable welfare to liance Questions in year:: ilure to transmit to the plan any participant contributes of CFR 2510.3-102? (See instructions and DOL's to	feature code feature code utions within Voluntary Fig	the time period duciary Correction	Chara	cterist	No	he instructio	ons:
 Transfers to (from Part IV Plan Classical Plan Providence of the plan plan a Was there a far described in 2 Program) Were there any reported on line of the plan providence of the plan providence of the plan providence of the plan plan a was there a far described in 2 Program)	haracteristics des pension benefits, enter the applicable pension 2J 2K 3D 2A 2R 2T des welfare benefits, enter the applicable welfare to liance Questions hyear: ilure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's to y nonexempt transactions with any party-in-interest	feature code feature code utions within Voluntary Fid	the time period duciary Correction	Chara	cterist	No X	he instructio	ons:
j Transfers to (from Part IV Plan C a If the plan provint 2E 2F 2G b If the plan provint Part V Comple O During the plan a Was there a fand described in 2 Program) b Were there any reported on lint C Was the plan has b Did the plan has	haracteristics des pension benefits, enter the applicable pension 2J 2K 3D 2A 2R 2T des welfare benefits, enter the applicable welfare to liance Questions in year: ilure to transmit to the plan any participant contribu- 99 CFR 2510.3-102? (See instructions and DOL's to y nonexempt transactions with any party-in-interest e 10a.)	feature code feature code utions within Voluntary Fid s fidelity bon	the time period duciary Correction nclude transactions id, that was caused	Chara 10a 10b	Yes	No X	he instructio	ons:
j Transfers to (from Part IV Plan C a If the plan provint 2E 2F 2G b If the plan provint Part V Comple O During the plan a Was there a fand described in 2 Program) b Were there any reported on lint C Was the plan d Did the plan has by fraud or dis e Were any feess carrier, insurant	haracteristics des pension benefits, enter the applicable pension 2J 2K 3D 2A 2R 2T des welfare benefits, enter the applicable welfare to liance Questions n year: ilure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's ' y nonexempt transactions with any party-in-interest e 10a.) covered by a fidelity bond? ave a loss, whether or not reimbursed by the plan's	feature code feature code utions within Voluntary Fid s fidelity bon ther persons me or all of t	the time period duciary Correction nclude transactions id, that was caused by an insurance he benefits under	Chara 10a 10b 10c	Yes	NO X X	he instructio	ons:
j Transfers to (from Part IV Plan C a If the plan provint 2E 2F 2G b If the plan provint Part V Compl O During the plan A Was there a fand described in 2 Program) b Were there any reported on lint C Was the plan d Did the plan has by fraud or dis e Were any feess carrier, insurar the plan? (See	haracteristics des pension benefits, enter the applicable pension 2J 2K 3D 2A 2R 2T des welfare benefits, enter the applicable welfare to liance Questions n year: ilure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's ' y nonexempt transactions with any party-in-interest e 10a.) covered by a fidelity bond? ave a loss, whether or not reimbursed by the plan's honesty? or commissions paid to any brokers, agents, or of the service, or other organization that provides sources	feature code feature code utions within Voluntary Fid s fidelity bon ther persons me or all of t	the time period duciary Correction helude transactions id, that was caused by an insurance he benefits under	Chara 10a 10b 10c 10d	Yes	NO X X	he instructio	ons: ount 500,000
j Transfers to (from Part IV Plan C Part IV Plan C Pa If the plan provint 2E 2F 2G b If the plan provint Part V Complet O During the plan a Was there a far described in 2 Program) b Were there any reported on lint C Was the plan has by fraud or dis e Were any feess carrier, insurar the plan? (See f Has the plan fr	haracteristics des pension benefits, enter the applicable pension 2J 2K 3D 2A 2R 2T des welfare benefits, enter the applicable welfare to liance Questions in year: ilure to transmit to the plan any participant contribu- to CFR 2510.3-102? (See instructions and DOL's ' y nonexempt transactions with any party-in-interess e 10a.)	feature code feature code utions within Voluntary Fie st? (Do not ir s fidelity bon ther persons me or all of t	the time period duciary Correction nclude transactions id, that was caused by an insurance he benefits under	Chara 10a 10b 10c 10d	Yes	No X X X X	he instructio	ons: ount 500,000
j Transfers to (from Part IV Plan C Part IV Plan C Part IV Plan C Part V Compl D If the plan provided Part V Compl D During the plan a Was there a far described in 2 Program) b Were there any reported on lin C Was the plan has by fraud or dis e Were any fees carrier, insurar the plan? (See f Has the plan has h If this is an ind	haracteristics des pension benefits, enter the applicable pension 2J 2K 3D 2A 2R 2T des welfare benefits, enter the applicable welfare to liance Questions n year: ilure to transmit to the plan any participant contribu- 29 CFR 2510.3-102? (See instructions and DOL's y nonexempt transactions with any party-in-interess e 10a.) covered by a fidelity bond? ave a loss, whether or not reimbursed by the plan's honesty? or commissions paid to any brokers, agents, or or nce service, or other organization that provides sola instructions.)	feature code feature code utions within Voluntary Fid t? (Do not ir s fidelity bon ther persons me or all of t an? as of year-e ? (See instru	the time period duciary Correction nclude transactions d, that was caused by an insurance he benefits under nd.)	Chara 10a 10b 10c 10d 10e 10f	Yes X X	No X X X X	he instructio	ons: Dunt 500,000 11,345

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Part V	/I Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)	Schedu	le SE	3		Yes 🗍 N
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		1a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?	ection 30)2 of			Yes 🛛 N
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	, and er	nter ti Day	ne date	of the let Year	ter ruling
lfj	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				_	
b	Enter the minimum required contribution for this plan year	1	2b			
	Enter the amount contributed by the employer to the plan for this plan year	14	2c			
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)	1	2d		-	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 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	X	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?				Yes	X No
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	an(s) to				
		3c(2) E	IN(s)		130	:(3) PN(s)
-						
<u> </u>						
			_			