	rm 5500-SF	Short Form Annu	t of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury rnal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and	4065 of the Employee Retire	rement	2017				
Employee B	epartment of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the Inte	ternal	This Form is Open to Public Inspection				
Pension B	enefit Guaranty Corporation			tructions to the Form 5500)-SF.	r ubic inspection				
Part I		Identification Information			4/0047					
For calend	For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 Image: single-employer plan Image: single-employer plan Image: single-employer plan Image: single-employer plan									
A This re	turn/report is for:	X a single-employer plan	list of participating e	mployer information in accor		-				
B This rot	urn/report is	a one-participant plan	a foreign plan							
		the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 mont	ths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter desc	ription)	_						
Part II	Basic Plan Info	rmation—enter all requested in	formation							
1a Name				1	b Three					
HUMMINGE	BIRD PRECISION MAC	CHINE 401(K) PROFIT SHARING	PLAN		pian i (PN)	number 001				
				1	· · /	tive date of plan				
				12/29/2010						
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)	2	b Emplo (EIN)	oyer Identification Number 26-2122444				
City or		e, country, and ZIP or foreign post		tructions) 2	2c Sponsor's telephone number					
				2	d Busin	360-252-2737 less code (see instructions)				
2610 WILLA	METTE DR NE			2	u Dusin	334500				
SUITE - A LACEY, WA	98516-1329					334300				
		nd addressa V Cama, as Dian Chai		3	b Admir	nistrator's EIN				
Ja Plania	idministrator s name an	nd address 🗙 Same as Plan Spor	nsor.	3	D Aamii	histrator s Ein				
				3	3c Administrator's telephone number					
1 If the	nome and/or FIN of the	e plan sponsor or the plan name ha	an abangad since the last	roturn/roport filed for	b EIN					
		nsor's name, EIN, the plan name a			4D EIN					
•	sor's name			4	4d PN					
C Plan N	lame									
5a Total	number of participants	at the beginning of the plan year			5a	14				
		at the end of the plan year			5b	18				
C Numb	per of participants with a	account balances as of the end of	the plan year (only define	d contribution plans	5c	18				
	,	rticipants at the beginning of the pl			5d(1)	9				
		rticipants at the end of the plan ye	•	-	5d(2)	13				
• •		terminated employment during the			5e	1				
than	100% vested	or incomplete filing of this return	n/ronort will be accessed			-				
Under pen SB or Sche	alties of perjury and oth	her penalties set forth in the instru- nd signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/repor	rt, includii	ng, if applicable, a Schedule				
SIGN		valid electronic signature.	02/28/2018	NORMAN SALMON						
HERE	Signature of plan a	Ŭ	Date	Enter name of individual	signing	as plan administrator				
SIGN		valid electronic signature.	02/28/2018	NORMAN SALMON	Signing d	a plan dominiorator				
HERE	Signature of emplo	J. J	Date		signing	as employer or plan sponsor				
For Paperw		e, see the Instructions for Form 550			orgining d	Form 5500-SF (2017)				

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)	X Yes No						
b	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 cannot use Form 5500-SF and must instead use Form 5500.									
С	C 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	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	823242	1133697						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	823242	1133697						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from:	8a(1)	89650							
	(1) Employers									
	(2) Participants	8a(2)	87809							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	138776							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		316235						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5655							
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	125							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		5780						

h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		5780				
i	Net income (loss) (subtract line 8h from line 8c)	8i		310455				
j	Transfers to (from) the plan (see instructions)	8j						
Par	Part IV Plan Characteristics							
0.2	If the plan provides panetion benefits, enter the applicable panetion feature codes from the List of Plan Characteristic Codes in the instructions							

vides pension	benefits, er	nter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
F 2G 2J	2K 2R	3D
	•	vides pension benefits, en ⁼ 2G 2J 2K 2R

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	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) 10)a	×	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.))b	x	
С	Was the plan covered by a fidelity bond?)c X		150000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?)d	x	
e	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.)10)e	x	
f	Has the plan failed to provide any benefit when due under the plan?	Df	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.))g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.))h	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	Di		

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Page 3- 1

Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No		
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a						
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No		
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Ente	r the minimum required contribution for this plan year	12b						
С	Ente	r 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 left of a ative amount)	12d						
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No		N/A		
Part '	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?		Ye	es X	No			
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a						
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					×I	No		
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to						
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	: (3) F	'N(s)		

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	Form 5500-SF	/ee OMB Nos. 1210 1210						
	Department of Labor mployee Benefits Security Administration Pension Benefit Guaranty Corporation	Inspection						
		Complete all entries in accordance with the instructions to the Form 5500)-SF.					
		lentification Information						
For	r calendar plan year 2017 or fisca			2/31/2017				
	This return/report is for:	g a single-employer plan a multiple-employer plan (not multiemployer) (la list of participating employer information in ar a foreign plan a one-participant plan a foreign plan the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 metricipating that that the final return/report formation)	ccorda	ince with the for				
C	Check box if filing under:	Form 5558 automatic extension	ſ	DFVC progra	m			
0			l					
		special extension (enter description)						
	Part II Basic Plan Inform	nation enter all requested information	4 10					
Id		n Machine 401(k) Profit Sharing Plan	*	Three-digit plan number (PN) ►	001			
_			1c	Effective date o 12/29/2010	f plan			
2a	Mailing Address (include room	r, if for a single-employer plan) , apt., suite no. and street, or P.O. Box) country, and ZIP or foreign postal code (if foreign, see instructions)	2b	2b Employer Identification Number (EIN) 26-2122444				
	Hummingbird Precisio		2c Sponsor's telephone number (360) 252-2737					
	2610 Willamette Dr NE Suite - A US Lacey WA 98516-1329							
3a	Plan administrator's name and	address 🔀 Same as Plan Sponsor	3b Administrator's EIN					
			3c	Administrator's	telephone number			
4		lan sponsor or the plan name has changed since the last return/report filed for	4b	EIN				
	this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 4d PN							
5a	Total number of participants at	the beginning of the plan year	5 a		14			
b		the end of the plan year	5 b)	18			
С		count balances as of the end of the plan year (only defined contribution plans	50	;	18			
d	(1) Total number of active partic	ipants at the beginning of the plan year	5d(1)	9			
d	(2) Total number of active partic	ipants at the end of the plan year	5d(2)	13			
e		minated employment during the plan year with accrued benefits that were	50	e	1			
C	aution: A penalty for the late of	r incomplete filing of this return/report will be assessed unless reasonable cau	se is	established.				
U	nder penalties of perjury and othe	er penalties set forth in the instructions, I declare that I have examined this return/rep I signed by an enrolled actuary, as well as the electronic version of this return/report	port, in	cluding, if applic				
	VIn 1	Same DISCLOUR NORMAN SALMON						

SIGN		-2/28/2018	NORMAN SALMON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	h 12	2/28/2018	Norman J.Salmon
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

Page 2

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)					•••••	X Yes	No
b	Are you claiming a waiver of the annual examination and report of an									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and							•••••	X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cannot									
С	If the plan is a defined benefit plan, is it covered under the PBGC ins									
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	mium filing for this year					(See instruc	ctions.)
Pa	art III Financial Information		8							
7	Plan Assets and Liabilities		(a) Beginning of	Year	r			(b) End o	of Year	
a	Total plan assets	7a		3,2		1		. ,	1,133,	697
b	Total plan liabilities	7b	1	- / -						
С	Net plan assets (subtract line 7b from line 7a)	7c	82	3,2	42	1			1,133,	697
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) T		
a	Contributions received or receivable from:						Contrat.	and the second second		
	(1) Employers	8a(1)		39,6		-	and seein the			
	(2) Participants	8a(2)	8	87,8	09					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	13	38,7	76					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			a shafe	_			316,	235
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5,6	55					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f				Constant of				
-				1	25					
g h	Other expenses	8g			2.5		5,780			
i	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	8h							310,	
+		8i							310,	400
D	Transfers to (from) the plan (see instructions)	8j				1.000				
	art IV Plan Characteristics									
30	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Cr	aract	eristic	Code	es in the	Instructio	ons:	
	2A 2E 2F 2G 2J 2K 2R 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	iracte	ristic	Codes	in the i	nstruction	IS:	
P	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a		ions within	the time period		100	110			Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo									
	Program)			10a		x				
b	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				1	50,000
C	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	,		10d		x				
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of th	ne benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		x				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		x				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i						

Form 5500-SF 2017

Page	3 -	
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Par	VI	Pension Funding Compliance							
11	Is this (Form	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500 and line 11a below)	complete Sch	hedule S	SB	Yes [K No		
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12	ERISA?								
а		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	- t t'-	1 1		<u></u>			
u		iver of the minimum funding standard for a prior year is being amortized in this plan year, see in g the waiver		Da enter		Year	ling		
lf y		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Da	у				
b		he minimum required contribution for this plan year.		12b					
с	Enter t	he amount contributed by the employer to the plan for the plan year		12c					
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)									
е	Will the	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🗌	No 🗌 M	J/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	•••••	13a					
b		Ill the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	•		- Y	es X N	D		
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden assets or liabilities were transferred. (See instructions.)	tify the plan(s	s) to		2			
1:	Bc(1) Na	ime of plan(s):	13c(2) El	IN(s)		13c(3) PN	(S)		