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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		<u> Identification Information</u>	1								
For calend	lar plan year 2017 or f	iscal plan year beginning 01/01/	2017	and ending 1	2/31/2017						
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)											
		a one-participant plan	a foreign plan								
B This ret	urn/report is	the first return/report									
an amended return/report a short plan year return/report (less than 12 months)											
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	m					
	T	special extension (enter desc	. ,								
Part II	Basic Plan Info	ormation—enter all requested in	nformation		1						
1a Name MACHINE 8	•	JSTRIES LLC 401K PLAN			1b Three-dig plan numb (PN) ▶						
					1c Effective of	date of plan 12/01/2007					
		oyer, if for a single-employer plan)			2b Employer	Identification Number					
		om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos		structions)	(EIN) 20-2994737						
	FABRICATION INDU			33337	2c Sponsor's telephone number 253-395-3630						
					2d Business	code (see instructions)					
7032 S 1967 KENT, WA 9					332900						
3a Plan a	administrator's name a	and address X Same as Plan Spo	onsor.		3b Administra	ator's EIN					
					3c Administra	ator's telephone number					
4 If the	name and/or EIN of th	e plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN						
•	lan, enter the plan spo sor's name	onsor's name, EIN, the plan name	and the plan number from	the last return/report.	4d PN						
C Plan N					TU FIN						
5a Total	number of participants	s at the beginning of the plan year.			5a (
		s at the end of the plan year			5b						
		account balances as of the end of			5c	45					
d(1) Tot	tal number of active pa	articipants at the beginning of the p	lan year		5d(1)						
d(2) Total number of active participants at the end of the plan year					5d(2) 37						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						3					
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable car							
SB or Scho		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.									
SIGN		d/valid electronic signature.	06/12/2018	PATTY ESHENKO							
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator					
SIGN											
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	f individual signing as employer or plan sponsor						

Form 5500-SF 2017 Page **2**

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No No		
b	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.)								s ∏ No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
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										
Pai	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	l of Year			
а	Total plan assets	. 7a	132	29404				1487089			
b	Total plan liabilities	. 7b		0		0					
С	Net plan assets (subtract line 7b from line 7a)	. 7c	132	29404				1487089			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total			
а	Contributions received or receivable from:	90(4)		18678							
	(1) Employers	8a(1)		59744	\dashv						
	(2) Participants	8a(2)	`	0							
	Other income (loss)	` '	11	66278							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		00270				244700			
	Benefits paid (including direct rollovers and insurance premiums	. 60						244700			
	to provide benefits)										
е	Certain deemed and/or corrective distributions (see instructions)	d and/or corrective distributions (see instructions) 8e 751									
f	Administrative service providers (salaries, fees, commissions)	nistrative service providers (salaries, fees, commissions) 8f									
g	ner expenses										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	otal expenses (add lines 8d, 8e, 8f, and 8g)						87015			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						157685			
j_	Transfers to (from) the plan (see instructions)										
	Part IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D 3H	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the ins	tructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the insti	ructions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	Ī	Amount			
<u>по</u>	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period		103	110		Amount			
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest			Toa							
	reported on line 10a.)			10b		Χ					
С				10c	X			2000	000		
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X					
е	Were any fees or commissions paid to any brokers, agents, or other carrier, incurance service, or other organization that provides some	•	,								
	carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)							1;	389		
f	f Has the plan failed to provide any benefit when due under the plan?					X					
<u>_</u>	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)							15	773		
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
	,,										

Form 5500-SF 2017	Page 3- 1		
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Part	VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)										
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40										
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r ruling					
lf y	you 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	12b								
С	Enter the amount contributed by the employer to the plan for this 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)	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	s X N	0					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a								
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?										
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to								
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)						

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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		rt Identification Information			81 882	333 10				
For calenda	r plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/	2017				
A This return/report is for. a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
	•	a one-participant plan	a foreign plan							
B This retu	ım/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 to	oox if filing under:	Form 5558	automatic extension DFVC program							
0 186	5/40	special extension (enter desc	1.00							
Part II	Basic Plan Inf	formation—enter all requested in	nformation		Tan _					
1a Name		TOU INDUMENTAL			1b Three-digit plan number					
		ION INDUSTRIES			(PN) •	001				
LLC 401	IK PLAN				1c Effective date of plan 12/01/2007					
2a Plan so	oonsor's name (emp	oloyer, if for a single-employer plan)	F100		The second section of the section of the second section of the section of the second section of the second section of the second section of the section of	dentification Number				
Mailing	address (include ro	orn, apt., suite no. and street, or P.	O. Box)		(EIN)20-2					
MACHINE	town, state of provide & FABRICAT	nce, country, and ZIP or foreign pos ION INDUSTRIES	stal code (if foreign, see instr	uctions)	2c Sponsor's telephone number (253) 395–3630					
LLC					The Control of the Co	ode (see instructions)				
7032 S	196TH ST					et aug en la la versión de la consecución de la consecución de la consecución de la consecución de la versión				
KENT			WA	98032	332900					
3a Plan ac	iministrator's name	and address X Same as Plan Spo	onsor.	- 1846 	3b Administrator's EIN					
3c Administrator's telephone number										
4 If the r	name and/or EIN of tan, enter the plan sp	the plan sponsor or the plan name I ponsor's name, EIN, the plan name	has changed since the last re and the plan number from th	tum/report filed for le last return/report.	4b EIN					
300	or's name				4d PN					
C Plan N	ame									
5a Total r	number of participan	ats at the beginning of the plan year			. 5a					
		its at the end of the plan year			. 5b	51				
C Numb	er of participants wit	th account balances as of the end o	of the plan year (only defined		5c	45				
		participants at the beginning of the								
		participants at the end of the plan y			5d(2)	37				
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e				
Caution: A	penalty for the lat	te or incomplete filing of this retu other penalties set forth in the instr	irn/report will be assessed	unless reasonable ca	use is establishe	o. applicable, a Schedule				
SB or Sche	edule MB completed true, correct, and co	and signed by an enrolled actuary,	, as well as the electronic ver	sion of this return/repo	rt, and to the best	of my knowledge and				
SIGN	Patty	Estento	06-12-2018	PATTY E	SHENKO	es se de				
HERE	Signature of plan	administrator	Date	Enter name of indivi	dual signing as pla	n administrator				
SIGN HERE	3000 M	200	AND MANAGEMENT TO THE PROPERTY OF THE PROPERTY			ESSE IN				
HEKE	Signature of emp	oloyer/plan sponsor	Date	Enter name of indivi	ividual signing as employer or plan sponsor					

	Form 5500-SF 2017		Page 2				
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in "Yes" is checked, enter the My PAA confirmation number from the	an indepen and conditi iot use For nsurance pr	dent qualified public a ons.)	t instea	ant (IC I d us e 021)?	PA) Form 550	Yes No No Not determined
Pai	rt III Financial Information		3 2000	¥:-			7.7 M
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year
а	Total plan assets	7a		329,			1,487,089
b	Total plan liabilities	7b	23		0	T.M. 6.3	C
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	329,	104		1,487,089
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t		ANGENIA CO	(b) Total
	Contributions received or receivable from:	10270727201		2020 D			
	(1) Employers	8a(1)		18,	100000000000000000000000000000000000000		400000
	(2) Participants	8a(2)		59,			\$5 - 2003/\$80000000
1200	(3) Others (including rollovers)	8a(3)		166,	0		****
	Other income (loss)	8b		100,	270	200	244,700
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d		86,	139		244,700
	Certain deemed and/or corrective distributions (see instructions)	8e			751		
150	Administrative service providers (salaries, fees, commissions)	8f		8	125		187.A.N.O
	Other expenses	8g	10	700	0		
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				ASSESSMENT OF THE LAB	87,015
	Net income (loss) (subtract line 8h from line 8c)	18					157,685
j	Transfers to (from) the plan (see instructions)	8]					300 100 to 100 t
Par	rt IV Plan Characteristics				- 1.50	J#1.00	
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D 3H	feature coo	les from the List of Pl	an Cha	racteri	stic Codes	in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Chara	cteris	tic Codes ir	the instructions:
Par	t V Compliance Questions					10 - 55	
10	During the plan year:		375.00		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary Fi	duciary Correction	10a		x	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not ii	nclude transactions	10b		х	
С	Was the plan covered by a fidelity bond?	***************		10c	x		200-000

10d

10e

10f

10g

10h

X

X

X

X

1,389

15,773

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

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.....

the plan? (See instructions.)...

<u> </u>	Form 5500-SF 2017	····	Page 3-					
Part '	VI Pension Funding Compliance						-	12-11
11	Is this a defined benefit plan subject to minimum for (Form 5500) and line 11a below)					2000	_ Y	'es 🛭 No
11a	Enter the unpaid minimum required contributions to	for all years from Schedule SE	(Form 5500) line 40	4,1,14,4,1,1,14,1,14,1,1	11a	0		
12	Is this a defined contribution plan subject to the m ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d			Code or section	302 o		□ Y	es 🛭 No
а	If a waiver of the minimum funding standard for a granting the waiver.	prior year is being amortized is	n this plan year, see i		d enter t Day		the lette Year	rruling
lfy	you completed line 12a, complete lines 3, 9, and						8	Ti.
b	Enter the minimum required contribution for this pla	ın year			12b			
c	Enter the amount contributed by the employer to th	e plan for this plan year		***************************************	12c			05000
đ	Subtract the amount in line 12c from the amount in negative amount)		37 5 5		12d			0.0
е	Will the minimum funding amount reported on line	12d be met by the funding de	adline?			Yes	No	N/A
Part '	VII Plan Terminations and Transfers	of Assets						
13a	Has a resolution to terminate the plan been adopted in	n any pian year?				Yes	ΧN	0
80	If "Yes," enter the amount of any plan assets that	reverted to the employer this y	/ear		13a			X. 100
b	Were all the plan assets distributed to participants control of the PBGC?						Yes X	No
С	If, during this plan year, any assets or liabilities we which assets or liabilities were transferred. (See in		o another plan(s), ide	ntify the plan(s)	to			

13c(1) Name of plan(s):

13c(2) EIN(s)

13c(3) PN(s)