	rm 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089						
Inte	Department of Labor Benefits Security Administration	This form is required to be filed Income Security Act of 1974		2017 This Form is Open to						
	Benefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	Revenue Code (the Code	,	Public Inspection					
Part I		dentification Information								
For calence	dar plan year 2017 or fisc	cal plan year beginning 01/01/2			2/31/2017					
A This re	eturn/report is for:		er) (Filers checking this box must attach a a accordance with the form instructions.)							
<b>B</b> This ret	turn/report is	a one-participant plan the first return/report	a foreign plan							
		an amended return/report	· · ·	urn/report (less than 12 m	nonths)					
C Check	box if filing under:	☐ Form 5558 ☐ special extension (enter description)	automatic extension		DFVC p	rogram				
	-									
Part II		mation—enter all requested info	ormation							
1a Name	•	LY PROFIT SHARING PLAN			1b Three plan	e-digit number				
HODGINS (	STOD WELDING SUPPL		(PN)							
					1c Effect	tive date of plan 01/01/1995				
Mailin	ig address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.O		otructiono)	2b Empl (EIN)	oyer Identification Number 91-1351187				
	STUD WELDING SUPPL	e, country, and ZIP or foreign posta _Y	ai code (il loreign, see ins	sirucions)	2c Spor	sor's telephone number 360-695-2020				
	OLUMBIA WAY, STE. 3	340			2d Business code (see instructions) 332900					
VANCOUVE	ER, WA 98661									
3a Plan a	administrator's name and	d address $ imes$ Same $$ as Plan Spon	isor.		<b>3b</b> Admi	nistrator's EIN				
					3c Admi	nistrator's telephone number				
4 If the	name and/or EIN of the	plan sponsor or the plan name ha	is changed since the last	return/report filed for	4b EIN					
this p		sor's name, EIN, the plan name a			<b>4d</b> PN					
C Plan I										
5a Total	number of participants a	at the beginning of the plan year			5a	2				
<b>b</b> Total	number of participants a	at the end of the plan year			5b	2				
		ccount balances as of the end of t			5c	2				
<b>d(1)</b> To	tal number of active part	ticipants at the beginning of the pla	an year		5d(1)	2				
<b>d(2)</b> ⊺o	tal number of active part	ticipants at the end of the plan yea	ar		5d(2)	2				
than	than 100% vested					0				
Under per	nalties of perjury and oth	r incomplete filing of this return er penalties set forth in the instruc	tions, I declare that I hav	e examined this return/re	port, includi	ng, if applicable, a Schedule				
	edule MB completed and true, correct, and compl	d signed by an enrolled actuary, a lete.	s well as the electronic v	ersion of this return/repor	rt, and to the	best of my knowledge and				
SIGN HERE	Filed with authorized/v	valid electronic signature.	06/25/2018	GREG HODGINS						
neke	Signature of plan ad	Iministrator	Date	Enter name of individ	lual signing a	as plan administrator				
SIGN	Filed with authorized/v	valid electronic signature.	06/25/2018	GREG HODGINS						
HERE	Signature of employ		Date	Enter name of individ	lual signing a	as employer or plan sponsor				
For Paperv	vork Reduction Act Notice	e, see the Instructions for Form 5500	- <b>э</b> г.			Form 5500-SF (2017) v.170203				

e Certain deemed and/or corrective distributions (see instructions)

f Administrative service providers (salaries, fees, commissions) .....

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

i Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions) .....

g Other expenses.....

2A 2E 2F 2G 2J 2K 2R 2T 3D

Part IV Plan Characteristics

j

9a

<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li></ul>								
_ Pa	rt III Financial Information							
_/	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
<u>a</u>	Total plan assets	7a	217736	219821				
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	217736	219821				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	2085					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		2085				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						

8e

8f

8g

8h

8i

8j

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

2085

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)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	Was the plan covered by a fidelity bond?	10c	Х		30000
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	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
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			

r

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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		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
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		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	1 ×	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	<b>:(3)</b> P	'N(s)

-	orm 5500-SF	Short Form Annua	l Return/Repo Benefit Plan		f Small Employe	ж		OMB Nos. 1210-0110 1210-0089		
	Department of the Traduury Internal Revenue Service	This form is required to b	e filed under sections '	104 an	nd 4065 of the Employee		1	2017		
	Department of Labor ree Benefits Security Administration son Benefit Guaranty Corporation	•	nternal Revenue Code	(the C	Code).	ļ		is Open to Public spection		
Par		Complete all entries in a dentification information		BUUC	BOINS TO BIR FORM 5500-	or. 1				
	lendar plan year 2017 or fisc		01/01/201	7	end ending	12/	31/2017			
_		a single-employer plan	a multiple-emplo	yer pla	an (not multiemployer) (Fi nployer information in acc					
3 Th	s return/report is:	the first return/report	the final return/re		n/report (less than 12 mor	nths)				
C Ch	eck box if filing under.	Form 5558	autometic extens	alon		Π	DFVC progra	I		
		special extension (enter desc								
Раг		mation enter all requested	information			41		1		
	ame of plan	G SUPPLY PROFIT SHARIN	C DIAN			pla	ree digit an aumber			
	ODGING SIOD HELDIN	g gyeeni enveli binaan			-	1c Ef	N) ► fective date o L/01/1995			
N	2 Plan sponsor's name (employer, if for a single employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box)					2b Employer Identification Number (EIN) 91-1351187				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HODGINS STUD WELDING SUPPLY					2c Sponsor's telephone number (360) 695-2020					
	119 S.E. COLUMBIA 1	WAY, STE. 340					isiness code 32900	(see instructions)		
	S VANCOUVER NA 98661	d address 🗶 Same as Plan Sp	0.0POF			3h Ad	ministrator's	EIN		
					ŀ	3c Ad	lministrator's	telephone number		
<b>4</b> II	the name and/or EIN of the	plan sponsor or the plan name h	as changed since the !	est ret	turn/report filed for	4b El	N			
a s	ils plan, enter the plan spon: ponsor's name lan Name	sor's name, EIN, the plen name a	nd the plan number fro	om the	1	4d PN	1			
58 7	otal number of participants a	It the beginning of the plan year				5a	1	2		
		t the end of the plan year				Sb		2		
		ccount balances as of the end of				5c		2		
		cipants at the beginning of the pla			L.	5d(1)		2		
d(2)	Total number of active parti	cipants at the end of the plan yea	۳			5d(2)		2		
		eminated employment during the				5e		0		
Unde SB o	r penalties of periury and oth	or Incomplete filing of this return or penalties set forth in the instru- id signed by an enrolled actuary, data.	ctions, I declare that I	have	examined this return/repo	nt, inclu	ding, if applic	able, a Schedule Knowledge and		
sig		less-	6-25-1	8	GREG HODGINS					
HER	17 311	Highrator	Date ( 2 \$-(	27	Enter name of individual : GREG BODGINS	signing	as plan admi	nistrator		
SIG		plan ponsor	Date	<del>~</del> +	Enter name of individual	signing	as employer	or plan sponsor		

For Paperwork Reduction Act Notice, see the instructions for Form \$590-SF.

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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

STUD WELDING SUPPLY

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PAGE 03/04

X Yes No

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ь	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an	nd conditio	ns.)			********			XYes	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 ins	urance pr	ogram (see ERISA section	1402	1)? .		Yes	No No	Not d	etermined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pr	emium filing for this year						(See instru	ctions.)
-										
	art III   Financial Information		(a) Basissing of	Van		1		(b) End	of Voor	
7	Plan Assets and Liablittles		(a) Beginning of			+		(0) 200		
<u>a</u>	Total plan assets	78	21	7,7	36	+			219,	821
Ь	Total plan liabilities	<u>7b</u>				<u> </u>				
	Net plan assets (subtract line 7b from line 7a)	7c		7,7	36	<u> </u>			219,	821
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) T	otal	
а	Contributions received or receivable from: (1) Employees	8a(1)				12.				•
	(1) Employers	8a(2)				+				
	(2) Participants									· • • •
<u> </u>	(3) Others (including rollovers)	8a(3) ≅⊾		2,0	0 E	1			· ·	
b	Other income (loss)	<u>86</u>		2,4					·····	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	anda geographication			+ -			. 2,	085
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				·	·.	12	· .	
-	Certain deemed and/or corrective distributions (see instructions)	8e				1		· · ·		
Ť	Administrative service providers (salarles, fees, commissions)	8f				1. 1				·· ·· · ·
g	Other expenses	8g							••	· · · ·
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2	085
÷	Net income (loss) (subtract line 8h from line 8c)	81							<b>2</b> ,	085
_ل_	Transfers to (from) the plan (see instructions)	8j								
_	art IV   Plan Characteristics									
9a	if the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Ch	aract	erístic	Code	s in the	e instructi	ons:	
	2A 2E 2F 2G 2J 2K 2R 2T 3D					_				
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture code	s from the List of Plan Cha	racte	ristic (	Codes	in the	instructio	ns:	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	<ul> <li>Was there a failure to transmit to the plan any participant contributi</li> </ul>	ions withir	n the time period				. •			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fie	luciary Correction				1 1			
	Program)			10a		x				
k	Were there any nonexempt transactions with any party-in-Interest?			105		x				
	reported on line 10a.)					<u>^</u>		· · ·		20.000
	Was the plan covered by a fidelity bond?			10c	x		<u>   </u>			30,000
	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 other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of t	he benefits under	10a		x				
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 e	nd.)	10g		x	1			
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)		******	10h		x				
Í	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required -3	notice or one of the	101						· · ·

	Form	5500-SF 2017		Page 3 -								
Parl	VI	Pension Funding Compliance	2									
11	Is this a (Form 5	defined benefit plan subject to minimum 500 and line 11a below)	n funding requirements? (If "Yes,	see instructions	s and c	amplete Sch	hedule :	SB		Yes [	X	No
11a		e unpaid minimum required contribution					11a					
12	ERISA7	defined contribution plan subject to the					on 302 (	of		Yes [	X	No
a	If a wai	rer of the minimum funding standard for the waiver	a prior year is being amortized in	n this plan year, s	see ins Mo	Inuctions, an		the date o	f the l		ling	
lf y		slated line 12a, complete lines 3, 9, an										
b	Enter th	e minimum required contribution for this	plan year				126					
c	Enter th	e amount contributed by the employer to	o the plan for the plan year		*******		12c					
d		t the amount in line 12c from the amoun e emount)	t in line 12b. Enter the result (er				12d		-			
e	Will the	minimum funding amount reported on li	ne 12d be met by the funding de	adline?	********			Yes 🛄	No		I/A	
Part	VI	Plan Terminations and Trans	fers of Assets									
13a	Has a r	asolution to terminate the plan been ado	pted in any plan year?				[	Yes	X	No		
	if "Yes,"	enter the amount of any plan assets the	at reverted to the employer this y	ear			13a					
b		I the plan assets distributed to participar of the PBGC?		o another plan, or	r broug	ht under the		י <u>ר</u>	'es	XN	0	
c		g this plan year, any assets or ilabilities seets or liabilities were transferred. (See	·····	o another plan(s)	, identi	ly the plan(s	s) to					
1:	3c(1) Na	πe of plan(\$):				13c(2) Ël	N(s)		13	:(3) PN	(s)	