-	5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089		
	t of the Treasury evenue Service	This form is required to be filed	under sections 104 and 4			2017		
	nent of Labor s Security Administration	Income Security Act of 1974 (	ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection		
	Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.	Fublic hispection		
		dentification Information						
For calendar pl	an year 2017 or fisc	al plan year beginning 01/01/20			/31/2017			
A This return/	report is for:	X a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)		
<b>B</b> This return/r	eport is	a one-participant plan	a foreign plan					
		the first return/report	the final return/report					
	l	an amended return/report	a short plan year return	n/report (less than 12 mc	onths)			
C Check box	if filing under:	Form 5558	automatic extension	[	DFVC p	rogram		
		special extension (enter descrip	otion)					
Part II B	asic Plan Infor	mation—enter all requested info	rmation					
<b>1a</b> Name of p					1b Thre			
FABRICATION	SPECIALTIES LTD 4	401K PLAN			plan (PN)	number 001		
					,	tive date of plan		
0						07/01/2011		
	sor's name (employe dress (include room,		<b>2b</b> Employer Identification Number (EIN) 91-1396557					
-	n, state or province,	uctions)	( /	Sponsor's telephone number 206-763-8292				
				-	2d Busir	ness code (see instructions)		
527 SOUTH POP SEATTLE, WA 9	RTLAND STREET					332300		
· · · · · · · · · · · · · · · · · · ·								
3a Plan admir	nistrator's name and	l address X Same as Plan Spons	sor.		<b>3b</b> Admi	inistrator's EIN		
					3c Admi	inistrator's telephone number		
		plan sponsor or the plan name has			4b EIN			
this plan, <b>a</b> Sponsor's		sor's name, EIN, the plan name ar	id the plan number from th	ne last return/report.	4d PN			
C Plan Name	9							
5a Total num	ber of participants a	t the beginning of the plan year			5a	14		
<b>b</b> Total num	ber of participants a	t the end of the plan year			5b	15		
	· ·	ccount balances as of the end of th			<b>5c</b> 11			
<b>d(1)</b> Total nu	umber of active parti	cipants at the beginning of the pla	n year		5d(1)	12		
• •		cipants at the end of the plan year			5d(2)	13		
		erminated employment during the			5e	0		
Caution: A pe	nalty for the late or	r incomplete filing of this return	report will be assessed	unless reasonable cau				
SB or Schedule		er penalties set forth in the instruct I signed by an enrolled actuary, as						
		alid electronic signature.	06/26/2018	LISA REEVES				
HERE	gnature of plan ad		Date	Enter name of individu	al signing	as plan administrator		
SIGN	-							
HERE Si	gnature of employe	er/plan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor		

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

Form 5500-SF (2017) v.170203

-	Were all of the plan's assets during the plan year invested in eligib						X Yes 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.)						
	If you answered "No" to either line 6a or line 6b, the plan cann						
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this p	lan yeai			(See instructions.)
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning	of Vear			(b) End of Year
a	Total plan assets	7a		01923			319062
	Total plan liabilities	7b		0			
с	Net plan assets (subtract line 7b from line 7a)	7c	3	01923			319062
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)		7461			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b		18030			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					25491
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d		8172	_		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		100	-		
	Administrative service providers (salaries, fees, commissions)	8f		180	_		
<u> </u>	Other expenses	8g			-		8352
i	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	8h 8i					17139
÷	Transfers to (from) the plan (see instructions)				-		17139
, Da	rt IV Plan Characteristics	8j					
9a	If the plan provides pension benefits, enter the applicable pension 2E $2F$ $2G$ $2J$ $2T$ $3D$	feature co	odes from the List of PI	an Chai	acteris	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	ic Cod	es in the instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V						
	Program)		•	10a		x	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х	
С				10c	Х		50000
C		fidelity bo	nd, that was caused	100		Х	30000
-	Were any fees or commissions paid to any brokers, agents, or oth			100		-	
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	100	х		220
f				10e	~	×	320
				10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year-e	end.)	10g	X		4384

h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	х	
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 CER 2520 101-3			

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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	×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	: <b>(3)</b> F	'N(s)

Ē	orm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
Inte	omal Revenue Service	This form is required to be file	d under sections 104 and	4065 of the Employee Re	tirement	2017
	Department 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 e)	Internal	This Form is Open to
Pansion I	Benefit Guaranty Corporation	Complete all entries in	A REAL PROPERTY AND A REAL PROPERTY OF	2000	INASE	Public Inspection
Part I	Annual Report I	dentification Information		induction to the Form 55	00-01.	
For calen	dar plan year 2017 or fise	cal plan year beginning	01/01/2017	and ending	12/	31/2017
		a single-employer plan				ing this box must attach a
	eturn/report is for:	a one-participant plan	list of participating er	nployer information in ac	cordance w	ith the form instructions,)
B This re	tum/report is	the first return/report	the final return/report			
		an amended return/report	8	m/report (less than 12 mo	onthe)	
C Check	box if filing under:	Form 5558			-	
		Land .		l	DFVC pr	ogram
Part II	Denie Dian Infor	special extension (enter desc	And a second			
		mation—enter all requested in	formation		dle mi	
TARRIC		IES LTD 401K PLAN			1b Three plan r	>digit number
LIDICIC	MITON OTDOINDI	ITO DID JOIK FIMM			(PN)	
				ľ	10 Effect	tive date of plan
-					07/	01/2011
		er, if for a single-employer plan) , apt., suite no. and street, or P.C	( Boy)			over Identification Number
		, country, and ZIP or foreign post		nuctions)		91-1396557
FABRIC	CATION SPECIALT	IES LTD				sor's telephone number
					and the second se	6) 763-8292 ess code (see instructions)
527 sc	OUTH PORTLAND S	TRET			aw Dubin	da code (ece mandonoma)
		11001				
SEATTL				98108	332	and the second se
Sa Plan a	administrator's name and	l address 🛛 Same as Plan Spor	nsor.		3b Admir	histrator's EIN
					3c Admir	nistrator's telephone number
1 84.5			v			
4 If the this b	hame and/or EIN of the blan, enter the plan spore	plan sponsor or the plan name ha	as changed since the last r	eturn/report filed for	4b EIN	
Spons C Plan M	sor's name		na no pari nambar nom r		4d PN	
		t the beginning of the plan year			5a	1
<b>b</b> Total	number of participants a	t the end of the plan year	***		5b	1!
C Numb	plete this item)	count balarices as of the end of	the plan year (only defined	contribution plans	õc	1
		cipants at the beginning of the pl			5d(1)	1.
		cipants at the end of the plan yea			6d(2)	1
Numl than	ber of participants who te 100% vested	minated employment during the	e plan year with accrued be	enefits that were less	5e	
Caution: A	A penalty for the late or	incomplete filing of this return	n/report will be assessed	unless reasonable cau	se is estab	lished
SB or Sch	edule MB completed and	r penalties set forth in the instruct signed by an enrolled actuary, a	tions, I declare that I have is well as the electronic view	examined this return/rep mion of this return/report	ort, includin	g, if applicable, a Schedule
belief, it is	true, correct, and comple	ho//				
SIGN	Wen	p	6.26.18	LISA R	EEVE	5
HERE	Signature of plan ad	ninistrator	Date	Enter name of individu	al signing a	s plan administrator
SIGN						
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	al signing a	
For Paperw		see the Instructions for Form 5500		I Enter name of individu	ai signing a	s employer or plan sponso Form 5500-SF (201 v.1702

Form 5500-SF 2017

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 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.)	X Yes No
	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						
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End of Year
а	Total plan assets	7a		301,			319,062
b	Total plan liabilities	7b			0		
C	Net plan assets (subtract line 7b from line 7a)	7c		301,	923		319,062
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun				(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants.	8a(2)		7,	461		
	(3) Others (including rollovers)	8a(3)					I STRUCT TO INTERNET
b	Other income (loss)	8b		18,	030		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1.2	A. 30		25,491
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		8,	172		
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f			180	1.1	
g	Other expenses	8g				5.172	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		H Y R			8,352
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i		L-mi			17,139
J	Transfers to (from) the plan (see instructions)	8i			1	1.1	
b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare fi t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a		oluntary Fic	luciary Correction	10a	103	X	Amount
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х	
С	Was the plan covered by a fidelity bond?			10c	х		50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	l, that was caused	10d		х	
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons le or all of th	by an insurance le benefits under	10e	х		320
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a		This was to be a set of the set	10g	Х		4,384
	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х	the strand wear
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	ne required i 1-3	notice or one of the	10i			

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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 Sch (Form 5500) and line 11a below)	edule S	B		Yes 🛛 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 c	f		Yes 🛛 No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver	d enter Da		of the lette Year	er ruling
lf	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			
	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?		Yes	XN	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		1.11	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[	Yes 🛛	No
c	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.)				
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3	) PN(s)