Department of the Treasury Internal Revenue Service Department of Labor 2017 Department of Labor 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). This Form is Open to Public Inspection Pension Benefit Guaranty Corporation • Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 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.) B This return/report is the first return/report a foreign plan C a concept to be first return/report a short plan year return/report a short plan year return/report
Employee Benefits Security Administration Revenue Code (the Code). This Form is Open to Public Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part 1 Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 a single-employer plan a single-employer plan a foreign plan a foreign plan b the first return/report is c an amended return/report c a short plan year return/report (less than 12 months) c a short plan year return/report (less than 12 months) c a short plan year return/report c a short plan year return/report
Complete all entries in accordance with the instructions to the Form 5500-SF. Part 1 Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 A This return/report is for:
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 A This return/report is for: Image: a single-employer plan I
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 the first return/report a 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 foreign plan the first return/report the final return/report a short plan year return/report (less than 12 months)
A This return/report is for: Ist of participating employer information in accordance with the form instructions.) B This return/report is a one-participant plan Ist of participating employer information in accordance with the form instructions.) Ist of participating employer information in accordance with the form instructions.) Ist of participating employer information in accordance with the form instructions.) Ist of participating employer information in accordance with the form instructions.) Ist of participating employer information in accordance with the form instructions.) Ist of participating employer information in accordance with the form instructions.) Ist of participating employer information in accordance with the form instructions.) Ist of participating employer information in accordance with the form instructions.) Ist of participating employer information in accordance with the form instructions.) Ist of participating employer information in accordance with the form instructions.) Ist of participating employer information in accordance with the form instructions.) Ist of participating employer information in accordance with the form instructions.) Ist of participating employer information in accordance with the form instructions.) Ist of participating employer information in accordance with the form instructions.) Ist of participating employer information in accordance with the form instructions.)
B This return/report is the first return/report the final return/report the final return/report an amended return/report as short plan year return/report (less than 12 months)
Image: the first return/report Image: the final return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first
C Check box if filing under:
special extension (enter description)
Part II Basic Plan Information—enter all requested information
1a Name of plan 1b Three-digit
EXTREME COATINGS, INC. 401(K) PSP plan number (PN) ▶ 002
1c Effective date of plan
08/01/2003
2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-2036326
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EXTREME COATINGS, INC. 2C Sponsor's telephone number 509-545-0570
2d Business code (see instructions)
306 S. 2ND AVENUE PASCO, WA 99301 238900
PASCO, WA 99501
3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan 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 4d PN C Plan Name
C Plan Name
5a Total number of participants at the beginning of the plan year
b Total number of participants at the end of the plan year
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year
d(2) Total number of active participants at the end of the plan year
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.
Sign Filed with authorized/valid electronic signature. 09/05/2018 ANATASIA OLSON
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator
SIGN
HERE 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

6a b c									
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
a	Total plan assets	7a	1137435	1401696					
b	Total plan liabilities	7b	5000	601					
C	Net plan assets (subtract line 7b from line 7a)	7c	1132435	1401095					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	68445						
	(2) Participants	8a(2)	77340						
	(3) Others (including rollovers)	8a(3)							

	(2) Participants	8a(2)	77340	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	241362	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		387147
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	113820	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	4667	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		118487
i	Net income (loss) (subtract line 8h from line 8c)	8i		268660
j	Transfers to (from) the plan (see instructions)	8j		
_			•	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D

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		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond? 1	10c	x		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	
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.)	10e		X	
f	Has the plan failed to provide any benefit when due under the plan? 1	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 1	10g	X		14636
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 CFR 2520.101-3	10i			

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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	: (3) F	'N(s)

	Short Form Appl	al Return/Report	of Small Employee	OMB Nos. 1210-0110						
Form 5500-SF	Short i onin Anno	Benefit Plan		2017						
Internal Revenue Service	This form is required to be file	This form is required to be filed under sections 104 and 4065 of the Employee Retirem Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Intern								
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6056(a) of the internal Revenue Code (the Code). This Form is Op Public Inspec									
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instr	uctions to the Form 5500-SF.	Public Inspection						
Part I Annual Repor	t Identification Information	17	and ending 12/31/2017							
For calendar plan year 2017 or	fiscal plan year beginning 01/01/20	Da multiple-employer pla	an (not multiemployer) (Filers check	king this box must attach a						
A This return/report is for:	X a single-employer plan	list of participating em	ployer information in accordance	with the form instructions.)						
91 91 - 127 (Standard Stand Standard - 127 (Standard - 127 (St	a one-participant plan	a foreign plan								
B This return/report is	the first return/report	the final return/report								
	an amended return/report	a short plan year return	n/report (less than 12 months)							
C Check box if filing under:	X Form 5558	automatic extension	DFVC	program						
	special extension (enter desc		В							
Part II Basic Plan Inf	ormation—enter all requested in									
1a Name of plan			1b Thr	.						
Extreme Coatings, Inc. 401(k) PS	SP			002						
			1c Effe	ctive date of plan						
				01/2003						
2a Plan sponsor's name (emp Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)	Second and the second sec	bloyer Identification Number						
City or town, state or provin	nce, country, and ZIP or foreign pos	tal code (if foreign, see instr	ructions)	onsor's telephone number						
Extreme Coatings, Inc.				(509) 545-0570						
				iness code (see instructions) 900						
306 S. 2nd Avenue			200	300						
Pasco, WA 99301										
3a Plan administrator's name	and address 🗙 Same as Plan Spo	onsor.	3b Adr	ninistrator's EIN						
			3c Adr	ninistrator's telephone number						
A 1511	he plan sponsor or the plan name h	an abanged since the last r	eturn/report filed for 4b EIN	1						
4 If the name and/or EIN of this plan, enter the plan sp	ponsor's name, EIN, the plan name	and the plan number from the	he last return/report.							
a Sponsor's name			4d PN							
C Plan Name										
5a Total number of participan	ts at the beginning of the plan year			22						
	ts at the end of the plan year			19						
c Number of participants wit	h account balances as of the end o	f the plan year (only defined	contribution plans 5c	18						
			E-1/4)	14						
AND AN ALTERNA DESCRIPTION DESCRIPTION AND AND AND AND AND AND AND AND AND AN	participants at the beginning of the p participants at the end of the plan ye		E 1(0)	12						
	ho terminated employment during the			3						
than 100% vested										
Under penalties of periury and	e or incomplete filing of this retu other penalties set forth in the instru	uctions. I declare that I have	examined this return/report, inclu	ding, if applicable, a Schedule						
SB or Schedule MB completed belief, it is true, correct, and co	and signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/report, and to t	ne best of my knowledge and						
SIGN Mester	Mar	9-5-18	Anastasia Olson	15						
HERE Signature of plan	administrator	Date	Enter name of individual signin	g as plan administrator						
SIGN										
HERE	bloyer/plan sponsor	Date	Enter name of individual signin	g as employer or plan sponsor						
	tice, see the Instructions for Form 55	00-SF.		Form 5500-SF (2017 v.170203						

2

HERE	Signature of employer/plan sponsor
For Paper	ork Reduction Act Notice, see the Instructions for Form 5500-SF.

2018-08-31T11:11:55.953-05:00

Form 5500-SF 2017

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	🗙 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.)	
С	If you answered "No" to either line 6a or line 6b, the plan cannot use rorm 5500-or and must instead use rorm 5500-or and must instead use rorm 1000 or life the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	Not determined (See instructions.)

Part III	Financial Information						
7 Plan	Assets and Liabilities	1.16 - 14	(a) Beginning o	f Year	_		(b) End of Year
a Total	plan assets	7a		113743	5		1401696
b Total	plan liabilities	7b		500			601
C Net p	lan assets (subtract line 7b from line 7a)	7c		113243	5		1401095
8 Incom	ne, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
	ributions received or receivable from: Employers	8a(1)		6844	5	i de	
(2) F	Participants	8a(2)		7734	0		
(3) 0	Others (including rollovers)	8a(3)					
b Other	r income (loss)	8b		24136	2		
	income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-	387147
d Bene	fits paid (including direct rollovers and insurance premiums ovide benefits)	8d		11382	0		
e Certa	ain deemed and/or corrective distributions (see instructions)	8e			0	12	
	inistrative service providers (salaries, fees, commissions)	8f		466	7		
	r expenses	8g			0		
	expenses (add lines 8d, 8e, 8f, and 8g)	8h	1				118487
	ncome (loss) (subtract line 8h from line 8c)						268660
	sfers to (from) the plan (see instructions)					a lo	
Part IV	Plan Characteristics						
9a If the	e plan provides pension benefits, enter the applicable pension A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pla	an Cha	racteria	stic Codes	in the instructions:
	e plan provides welfare benefits, enter the applicable welfare	feature coo	des from the List of Pla	n Chara	acterist	ic Codes i	n the instructions:
Part V	Compliance Questions						
	ring the plan year:			_	Yes	No	Amount
de	is there a failure to transmit to the plan any participant contribu- scr bed in 29 CFR 2510.3-102? (See instructions and DOL's ogram)	Voluntary F	-iduciary Correction	10a		x	
b We	ere there any nonexempt transactions with any party-in-interes ported on line 10a.)	t? (Do not	include transactions	10b		x	
	as the plan covered by a fidelity bond?			10c	x		500000
	the plan have a loss, whether or not reimbursed by the plan's fraud or dishonesty?			10d		×	
e We car	ere any fees or commissions paid to any brokers, agents, or of rrier, insurance service, or other organization that provides so plan? (See instructions.)	ther persor me or all of	ns by an insurance f the benefits under	10e		x	
	s the plan failed to provide any benefit when due under the plan			10f		x	
g Did	t the plan have any participant loans? (If "Yes," enter amount	as of year-	end.)	10g	x		14636
	1. I	(Coo instr	uctions and 20 CEP				

 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.
 10h
 X

Form 5500-SF 2017

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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 (Form 5500) and line 11a below)	and complete Sche	edule \$	зв 		Yes	No 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 FRISA?	the Code or section	302 0			Yes	K No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
 a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, so granting the waiver. 	Montn	enter Da	the date of y	f the let Year	ter ruli	ng
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	line 13.			0.24		
b Enter the minimum required contribution for this plan year		12b		_		
C 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 negative amount)	o the left of a	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		L	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	×	No	
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 control of the PBGC?	r brought under the		. [Yes	K N	D
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)	, identify the plan(s)	to			-	
13c(1) Name of plan(s):	13c(2)	EIN(s)	130	(3) PN	l(s)