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		t Identification Information							
For calend	ar plan year 2017 or f	fiscal plan year beginning 01/01/2017	7	and ending 12	2/31/2017				
A This re	turn/report is for:		(Filers checking this box must attach a accordance with the form instructions.)						
a one-participant plan a foreign plan B This return/report is									
B This reti	urn/report is								
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths) —				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program				
	T	special extension (enter description	,						
Part II		ormation—enter all requested inform	nation						
1a Name	•				1b Three-digit				
BINFORD M	IETALS 401(K) PLAN	l de la companya de			plan number (PN) ▶	001			
					` '	1			
					1c Effective date of 10/0	or pian 1/2008			
		oyer, if for a single-employer plan)			2b Employer Ident				
		om, apt., suite no. and street, or P.O. Boce, country, and ZIP or foreign postal c		ructions)	` '	930848			
	ETALS L.L.C.	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,	,	2c Sponsor's telep				
					2d Business code	(see instructions)			
P.O. BOX 21					423	100			
AUBURN, W	A 9007 I								
3a Plan a	dministrator's name a	and address X Same as Plan Sponsor	 r.		3b Administrator's	EIN			
					3c Administrator's	telephone number			
		ne plan sponsor or the plan name has c			4b EIN				
		onsor's name, EIN, the plan name and	the plan number from the	he last return/report.	Ad DV				
C Plan N	or's name				4d PN				
O Harri	danic								
		s at the beginning of the plan year			. 5a 81				
		s at the end of the plan year			5b	83			
		account balances as of the end of the	. , , ,	'	5c	81			
d(1) Tot	al number of active pa	5d(1)	53						
` '	al number of active p	5d(2) 54							
	per of participants who	5e	0						
Caution: A	A penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable cau					
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, as we note.							
SIGN		d/valid electronic signature.	10/05/2018	DAVID BINFORD					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan ad	ministrator			
SIGN	Filed with authorized	d/valid electronic signature.	10/05/2018	DAVID BINFORD					

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2**

									□ 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								
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
a	Total plan assets	7a		93319			(3) = 114	1683524	
b	Total plan liabilities	7b		9244				11150	
С	Net plan assets (subtract line 7b from line 7a)	7c	128	84075				1672374	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) ⁻	Γotal	
a	Contributions received or receivable from: (1) Employers	8a(1)	(92847					
	(2) Participants	8a(2)	15	55014					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	22	20488					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						468349	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		80050					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			80050				
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						388299	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0					
Pai	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:	
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X			
С				10c	Χ			200	000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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.)								17
f	Has the plan failed to provide any benefit when due under the plan	n? <u></u>		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		Χ			
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 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 Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X 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 o	f 	Y	′es X No
а	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			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?			Yes X	No
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

Part I

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 section 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

2017

This Form is Open to Public Inspection

	Part I	Annual Report	Identification Information							
For	calenda	ar plan year 2017 or f	scal plan year beginning	01/01/2	2017	and ending	12/3	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 the first return/report an amended return/report a short plan year return/report (less than 12 months)								x must attach m instructions.)		
С	Check b	oox if filing under:	x Form 5558 special extension (enter descri	automatic exte			_	DFVC prograr	n	
	art II	Basic Plan Info	ormation enter all requested in	nformation						
1a	Name Binfo	of plan ord Metals 401					pla (Pl	ree-digit in number N) ► ective date of	001 plan	
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Binford Metals L.L.C. P.O. Box 219						2b Employer Identification Number (EIN) 47-0930848 2c Sponsor's telephone number (253) 854-8000 2d Business code (see instructions) 423100			
3a		ourn WA 98071 dministrator's name a	nd address X Same as Plan Spor	nsor				ministrator's E	IN elephone number	
a c	 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. Sponsor's name Plan Name 						4b EIN 4d PN			
D	l otal n	umber of participants	at the beginning of the plan year at the end of the plan year				5a 5b		81 83	
С	comple	er of participants with ete this item)	account balances as of the end of th	e plan year (only	defined	contribution plans	5c		81	
d(1) Total	number of active par	ticipants at the beginning of the plar	year			5d(1)		53	
	2) Total	number of active par	ticipants at the end of the plan year				5d(2)		54	
е	Numbe less tha	er of participants who an 100% vested	terminated employment during the p	lan year with accr	ued be	nefits that were	5e		0	
Un SB	der pena or Sche ief, it is t	alties of perjury and o edule MB completed a true, correct, and com	or incomplete filing of this return ther penalties set forth in the instruc nd signed by an enrolled actuary, a plete.	tions. I declare tha	t I have	e examined this return/reportsion of this return/reportsion	eport, inclu ort, and to th	ding, if applica ne best of my	eble a Cabadal	
		gnature of plan adm	injetrator	Du sole)	.50		NOFO			
SI	Signature of plan administrator Date 5 R Enter name of individual signing as plan administrator DAULD BLOGED Enter name of individual signing as plan administrator Date 15 S Enter name of individual signing as employer or plan pages.									
	31	griature of employer	pian sponsor	Date 10	S/R	Enter name of individu	al signing a	s employer or	plan sponsor	

- 11	F٢	r	m	F	5	nr	1 (1		0	1	4	-
- 24		<i>)</i>			.)		ı — .	~ 1	_	/		1	,

Page 2

6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (S	See instructions \						
b	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 and the control of the co	on indones					••••••••••••	- I	es No
	the blan cann	Of USE Forn	5500-SE and must		-I	_			es No
C	is the plant is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA so	ation 1	02412				
	If "Yes" is checked, enter the My PAA confirmation number from the	e PRGC pre	mium filing for this ve	Juon 4	021)?	•••••	·· Yes	∐ No ∐ No	
P	art III Financial Information	ie i boo pie	midiff filling for this yea	ar				(See ins	tructions.)
7	Plan Assets and Liabilities								
a			(a) Beginning	of Ye	ar			(b) End of Year	
b	Total plan liabilities	. 7a	1,	293,	319			1,68	3,524
C	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	. 7b		9,	244				1,150
8	Income, Expenses, and Transfers for this Plan Year	. 7c		284,	075			1,67	2,374
a	Contributions received or receivable from:		(a) Amou	nt				(b) Total	
	(1) Employers	8a(1)		92,	847				
_	(2) Participants	8a(2)		155,	COMP S				
_	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		220,					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)							46	8,349
е	to provide benefits)	8d		80,0	050				
f	Certain deemed and/or corrective distributions (see instructions)	8e			0				
g	Administrative service providers (salaries, fees, commissions)	8f		0					
h	Other expenses	8g			0				
ï	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						80	,050
Ť	Net income (loss) (subtract line 8h from line 8c)	8i						388	3,299
Pa	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics			0					
$\overline{}$									
Ju	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2T 3D	eature codes	from the List of Plan	Chara	cterist	ic Co	des in the	instructions:	
_									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes f	om the List of Plan C	haract	eristic	Code	s in the	instructions:	
Pa									
10 a	During the plan year:				Yes	No	N/A	Amount	
a	Was there a failure to transmit to the plan any participant contribut	ions within th	e time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fiduo	iary Correction						
b	Were there any nonexempt transactions with any party-in-interest?	/D		10a		х			
	reported on line 10a.)	(Do not incl	ude transactions	106		v			
С	Was the plan covered by a fidelity bond?			10b	.,	Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fi	idelity bond	that was sound	10c	Х				20,000
	by read or dishoriesty?			10d		x			
е	Were any fees or commissions paid to any brokers, agents, or other	er porcone by	on income						
	the difference service, or other organization that provides some	or all of the	benefits under		x				
f									17
g	and plan failed to provide any benefit when due under the plan?								
	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.		10g		X			
.,	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See instruction	ns and 29 CFR	401	T	.]			
i	If 10h was answered "Yes." check the box if you either provided the	roquined		10h		Х			
	exceptions to providing the notice applied under 29 CFR 2520.101-	3	uce or one of the	10i					
							S. Girls Land		

	For	rm 5500-SF 2017	Page 3 -					
Par	t VI	Pension Funding Compliance						
11	Is this	a defined benefit plan subject to minimum funding requirements? (15 ")	see instructions and complete	Schedul	e SB	□ Yes	x	No
11a	Is this ERISA	the unpaid minimum required contributions for all years from Schedule SB (s a defined contribution plan subject to the minimum funding requirements of A?	Form 5500) line 40 f section 412 of the Code or se	11a ection 302		☐ Yes	X	No
	granting	siver of the minimum funding standard for a prior year is being amortized in the mainimum funding standard for a prior year is being amortized in the waiver) his plan year, see instructions	and ente	er the date			
<u></u> b	Enter #	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550	0), and skip to line 13.			_ 1 6 a 1		
	Enterti	the minimum required contribution for this plan year		12b				
С	Enter th	the amount contributed by the employer to the plan for the plan year		12c				
d	negativ	ve amount in line 12c from the amount in line 12b. Enter the result (enter second to the second to t	er a minus sign to the left of a	12d				
е	Will the	e minimum funding amount reported on line 12d be met by the funding dead	line?		Yes 🗍	No 🖂	N/A	
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a re	resolution to terminate the plan been adopted in any plan year?			7 V	- ·		
	IE 113/ 1				Yes	X No		

If "Yes," enter the amount of any plan assets that reverted to the employer this year

control of the PBGC?

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

which assets or liabilities were transferred. (See instructions.)

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

13a

13c(2) EIN(s)

X No

13c(3) PN(s)

Yes X No