Form 5500-SF		Short Form Annu	al Return/Report of Small Employee OMB Nos. 1210 Benefit Plan							
D	epartment of Labor enefits Security Administration	This form is required to be filed under sections 104 and 4065 of the Employee R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).				2017 This Form is Open to				
Pension Be	enefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I	-	dentification Information								
For calend	For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017									
A This ref	turn/report is for:	X a single-employer plan	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions.) a one-participant plan							
B This return/report is										
		an amended return/report	urn/report (less than 12 m	onths)						
C Check	box if filing under:		DFVC program							
Part II		mation—enter all requested inf	ormation							
1a Name of plan NORTHERN INDUSTRIAL, INC. RETIREMENT PLAN					1b Three plan	e-digit number				
NORTHERN					(PN)					
						tive date of plan 04/01/1994				
Mailing	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O country, and ZIP or foreign post		structions)	(EIN)	Employer Identification Number (EIN) 91-1335339				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NORTHERN INDUSTRIAL, INC.					2c Sponsor's telephone number 206-682-2752					
	C CT				2d Busin	Business code (see instructions)				
200 S ORCAS ST SEATTLE, WA 98108-2441						321110				
3a Plan a	dministrator's name and	d address 🗙 Same as Plan Spon	nsor.		3b Admi	nistrator's EIN				
					3c Admi	nistrator's telephone number				
		plan sponsor or the plan name ha			4b EIN					
	lan, enter the plan spons or's name	sor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN	N				
C Plan N	lame									
5a Total	number of participants a	at the beginning of the plan year			5a	65				
		at the end of the plan year			5b	44				
		ccount balances as of the end of t			5c	41				
d(1) Tot	al number of active parti	icipants at the beginning of the pla	an year		5d(1)	40				
d(2) Total number of active participants at the end of the plan year				5d(2)	10					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
Caution: A	A penalty for the late or	r incomplete filing of this return er penalties set forth in the instruc	n/report will be assesse	d unless reasonable cau						
SB or Sche		d signed by an enrolled actuary, a								
SIGN	Filed with authorized/v	alid electronic signature.	10/11/2018	LORA GATES						
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing a	as plan administrator				
SIGN	Filed with authorized/v	alid electronic signature.	10/11/2018	LORA GATES						
HERE	Signature of employ	er/plan sponsor , see the Instructions for Form 5500	Date	Enter name of individu	ual signing a	as employer or plan sponsor				
For Faperw	OIN NEULION ACT NOTICE	, see the manucuons for Form 5500				Form 5500-SF (2017) v.170203				

6a b c								
	If "Yes" is checked, enter the My PAA confirmation number from the	е РВСС р	fremium filing for this plan year	(See instructions.)				
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	6302973	5303743				
b	b Total plan liabilities		0	0				
<u> </u>	C Net plan assets (subtract line 7b from line 7a)		6302973	5303743				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	109001					
	(2) Participants	8a(2)	237553					
	(3) Others (including rollovers)	8a(3)	0					

(2) Participants		237553	
(3) Others (including rollovers)	. 8a(3)	0	
b Other income (loss)	. 8b	784163	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		1130717
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	2091586	
e Certain deemed and/or corrective distributions (see instructions)	. 8e	0	
f Administrative service providers (salaries, fees, commissions)	. 8f	38361	
g Other expenses	. 8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		2129947
i Net income (loss) (subtract line 8h from line 8c)	. 8i		-999230
j Transfers to (from) the plan (see instructions)	- 8j	0	

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: 2E 2F 2G 2J 2K 2T 3D 3H

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

Par	V Compliance Questions				
10	0 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?	10c	Х		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		1081
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		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	VIF	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$ 5500) and line 11a below)	Sche	dule S	SB		Ye	s 🗌 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?						[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver.	and	enter _ Da		of the le		uling
If y	you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	6 X	No	
	lf "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 🔀 No			
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) ℕ	lame of plan(s): 13c	:(2)	EIN(s)		13	c(3)	PN(s)