-	rm 5500-SF	Short Form Annua	Short Form Annual Return/Report of Small En Benefit Plan						
	rnal Revenue Service	This form is required to be filed	under sections 104 and 4			2017			
	epartment of Labor Benefits Security Administration	7(b) and 6058(a) of the l).	of the Internal This Form is O Public Inspe						
Pension B	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.				
Part I		Identification Information	17	and anything (10	10.4.10.0.4.7				
For calend	ar plan year 2017 or fi	scal plan year beginning 01/01/20			/31/2017	the state to the second state of the second st			
A This re	turn/report is for:	X a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)			
B This ret	urn/report is	a one-participant plan	a foreign plan						
Dimisiet		the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 mc	onths)				
C Check	box if filing under:	X Form 5558	automatic extension	[DFVC p	rogram			
		special extension (enter descri	ption)						
Part II	Basic Plan Info	prmation—enter all requested info	ormation						
1a Name	of plan				1b Thre				
AERO PRE	CISION, LLC 401(K) P	PLAN			plan (PN)	number 001			
				-	. ,	tive date of plan			
						01/01/2014			
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O.	Box)		2b Empl (EIN)	oyer Identification Number 46-3635773			
City of	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AERO PRECISION, LLC					ponsor's telephone number			
					2d Busir	253-272-8188 ness code (see instructions)			
	IERCE STREET					339900			
TACOMA, W	/A 98402					000000			
3a Plan a	dministrator's name a	nd address X Same as Plan Spon	sor		3b Admi	b Administrator's EIN			
				_					
					3c Administrator's telephone number				
		e plan sponsor or the plan name ha			4b EIN				
•	lan, enter the plan spo sor's name	nsor's name, EIN, the plan name ar	nd the plan number from th	ne last return/report.	4d PN				
C Plan N					Ta IN				
5a Total	number of participants	at the beginning of the plan year			5a	116			
		at the end of the plan year		F	5b	128			
		account balances as of the end of the		-	5c	41			
. ,		rticipants at the beginning of the pla	-	F	5d(1)	77			
• •		articipants at the end of the plan yea			5d(2)	124			
than	ber of participants who 100% vested		5e	0					
Caution: A	A penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable cau					
SB or Sch		ther penalties set forth in the instruct nd signed by an enrolled actuary, as plete.							
SIGN		l/valid electronic signature.	10/12/2018	SCOTT H. DOVER					
HERE	Signature of plan a	administrator	Date	Enter name of individu	al signing	as plan administrator			
SIGN									
HERE	Signature of emplo	oyer/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

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
a	Total plan assets	7a	162207	270374				
b	Total plan liabilities	7b	0	1783				
C	Net plan assets (subtract line 7b from line 7a)	7c	162207	268591				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	0					
	(2) Participants	8a(2)	76387					
	(3) Others (including rollovers)	8a(3)	2110					

(2) Participants	8a(2)	76387	
(3) Others (including rollovers)	8a(3)	2110	
b Other income (loss)	8b	29758	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		108255
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	609	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	1262	
g Other expenses	. 8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1871
i Net income (loss) (subtract line 8h from line 8c)	8i		106384
j Transfers to (from) the plan (see instructions)	8j	0	
Dart IV Dian Characteristics		· · · · ·	

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:	Ye	s 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)	Da	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	Db	x	
С	Was the plan covered by a fidelity bond?	Dc X		16221
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	Dd	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.)	De X		2119
f	Has the plan failed to provide any benefit when due under the plan?	Of	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Dg	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	Dh	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	Oi		

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Part	VIP	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	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[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 coi	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?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

				and a second				
Form 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Empl	oyee	(OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	etirement	-	2017					
Dopartment of Labor Employee Benefits Socurity Administratio		Revenue Code (the Cod	le).			orm is Open to ic inspection		
Pension Benefit Guaranty Corporation	 Complete all entries in 		tructions to the Form 5	500-SF.				
	t Identification Information							
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending		1/2017			
A This return/report is for:	🔀 a single-employer plan	list of participating e	olan (not multiemployer) (mployer information in a					
B This return/report is	a one-participant plan	📋 a foreign plan						
B mis return report is	the first return/report	the final return/report						
	an amended return/report	🔲 a short plan year retu	im/report (less than 12 m	ionths)				
C Check box if filing under:	🔀 Form 5558	automatic extension		DFVC pr	rogram			
	special extension (enter desc	cription)			_			
Part II Basic Plan In	formation-enter all requested in	nformation						
1a Name of plan	and the second se			1b Three	e-digit			
Aero Precision, LLC	401(k) Blan			0.200000	number	001		
Mero Precision, hbc	401(K) Plan			(PN)				
				1c Effec		f plan		
0					1/2014			
	loyer, if for a single-employer plan) nom, apt., suite no. and street, or P.			115 2000		fication Number		
City or lown, state or provi	nce, country, and ZIP or foreign pos	tal code (if foreign, see ins	structions)		46-363			
Aero Precision, LL					Sponsor's telephone number			
				253-272-8188 2d Business code (see instructions)				
2310 Commerce Stree	et			3399		(See instructions)		
Tacoma	WA 98402							
3a Plan administrator's name	and address 🛛 Same as Plan Spo	onsor.		3b Admi	nistrators	EIN		
				3c Admi	nistrator's	lelephone number		
4 If the name and/or EIN of the	he plan sponsor or the plan name l	has changed since the last	return/report filed for	4b EIN				
	consor's name, EIN, the plan name	and the plan number from	the last return/report.	Ad ou	_			
 a Sponsor's name c Plan Name 				4d PN				
59 Total number of continion	ts at the beginning of the plan year			5a		11		
				EL.		12		
C Number of participants wit	ts at the end of the plan year h account balances as of the end o	f the plan year (only define	d contribution plans	50				
	participants at the beginning of the							
.,						12		
	participants at the end of the plan y no terminated employment during the					12		
The second s	to terminated employment during in			5e				
Caution: A penalty for the lat	e or incomplete filing of this retu	rn/report will be assesse	d unless reasonable ca					
	other penalties set forth in the instru and signed by an enrolled actuary,							
SIGN NOT	Ver	×10-12-15	Scott H. Dove	r				
HERE Signature of plan	administrator	Date	Enter name of individ		as plan ad	ministrator		
SIGN								
	loyer/plan sponsor	Date	Enter name of individ	dual signing				
For Paperwork Reduction Act No	tice, see the Instructions for Form 55	00-SF.				Form 5500-SF (2017)		

v 170203

Form 5500-SF 2017

6a	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.)
Da	rt III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Y	/ear
а	Total plan assets	7a		162,	207			270,37
b	Total plan liabilities	7b			0			1,78
С	Net plan assets (subtract line 7b from line 7a)	7c		162,	207			268,59
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Tota	I
а	Contributions received or receivable from: (1) Employers	8a(1)			0			
	(2) Participants	8a(2)		76,				
_	(3) Others (including rollovers)	8a(3)		2,3				
b	Other income (loss)	8b		29,	758			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					108,25
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			609			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f		1,:	262	1.77		
g	Other expenses	8g			0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	web Webber					1,87
Î.	Net income (loss) (subtract line 8h from line 8c)	8i		1.1				106,38
	The second second second second second second second				0			
_	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fits. enter the applicable welfare fits.				acteris			
9a b	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for applicable welfare for benefits, enter the applicable welfare for	feature cod			acteris			
)a b Par	Plan CharacteristicsIf the plan provides pension benefits, enter the applicable pension2A2E2F2G2J2K2T3DIf the plan provides welfare benefits, enter the applicable welfare fort VCompliance Questions	feature cod			acteris		the instructio	ons:
b Par 0	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: 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	feature cod eature code tions within /oluntary Fic	s from the List of Plar the time period duciary Correction		acteris	ic Codes in		ons:
)a b Par 0 a	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution	feature cod eature code tions within /oluntary Fic	s from the List of Plar the time period duciary Correction clude transactions	n Chara	acteris	ic Codes in	the instructio	ons:
)a b Par 0 a	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: 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) • Were there any nonexempt transactions with any party-in-interest	feature code eature code itions within /oluntary Fic	s from the List of Plar the time period duciary Correction clude transactions	10a	acteris	No X	the instructio	ons:
)a b Par 0 a	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: 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) • Were there any nonexempt transactions with any party-in-interest reported on line 10a.) • Was the plan covered by a fidelity bond?	feature cod eature code tions within /oluntary Fic ? (Do not in fidelity bond	s from the List of Plar the time period duciary Correction clude transactions d, that was caused	10a 10b	acterist Yes	No X	the instructio	ons: ount
9a b Par 10 a c c	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: 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) • Were there any nonexempt transactions with any party-in-interest reported on line 10a.) • Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	feature cod eature code tions within /oluntary Fic ? (Do not in fidelity bond fidelity bond ner persons ne or all of th	s from the List of Plar the time period duciary Correction clude transactions d, that was caused by an insurance ne benefits under	10a 10b 10c	acterist Yes	No No X	the instructio	ons: ount
b Par 0 a b c d	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: 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) • Were there any nonexempt transactions with any party-in-interest reported on line 10a.) • Was the plan covered by a fidelity bond? • Ware any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	feature cod eature code tions within /oluntary Fic ? (Do not in fidelity bond fidelity bond ner persons ne or all of th	s from the List of Plar the time period duciary Correction clude transactions d, that was caused by an insurance ne benefits under	10a 10b 10c 10d	Yes X	No No X	the instructio	ons: ount 16,22
9a b Par 10 a c c	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: 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) • Were there any nonexempt transactions with any party-in-interest reported on line 10a.) • Was the plan covered by a fidelity bond? • Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? • 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.)	feature code eature code tions within /oluntary Fic :? (Do not in fidelity bond fidelity bond ner persons ne or all of th n?	s from the List of Plar the time period duciary Correction clude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d 10e 10f	Yes X	No X X X	the instructio	ons: ount 16,22
9a b Par 10 a b c d d f g	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Up fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides sort the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	feature code eature code tions within /oluntary Fic ? (Do not in fidelity bond fidelity bond ner persons ne or all of th n? 	s from the List of Plar the time period duciary Correction clude transactions d, that was caused by an insurance he benefits under he benefits under	10a 10b 10c 10d	Yes X	No X X X X X X	the instructio	ons: ount 16,22

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Part	VI Pension Fur	ding Compliance					
11		fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch 11a below)		В	ו []	res 🗌 No	
11a	Enter the unpaid min	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12	ERISA?	ribution plan subject to the minimum funding requirements of section 412 of the Code or section ne 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		F	ו []	Yes 🗙 No	
а	If a waiver of the mini	mum funding standard for a prior year is being amortized in this plan year, see instructions, and Month	l enter l Day		f the lette Year _	er ruling	
lf	you completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum rec	uired contribution for this plan year	12b				
		ributed by the employer to the plan for this plan year	12c				
d		n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d				
е	Will the minimum fun	Jing amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
Part	VII Plan Termin	ations and Transfers of Assets					
13a	Has a resolution to terr	ninate the plan been adopted in any plan year?		Yes	XN	0	
	If "Yes," enter the am	ount of any plan assets that reverted to the employer this year	13a				
b		ets distributed to participants or beneficiaries, transferred to another plan, or brought under the			Yes X	No	
С		ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to				
3	3c(1) Name of plan(s)	13c(2)	EIN(s)		13c(3) PN(s)		