Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2018

This Form is Open to **Public Inspection**

Parti	Annuai Repor	t identification information						
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/	2018	and ending 12	/31/2018			
A This ret	curn/report is for:	a single-employer plan		plan (not multiemployer) (Femployer information in acc		-		
D		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/report (less than 12 months)								
C Check I	box if filing under:	Form 5558	automatic extension	n [DFVC pro	gram		
		special extension (enter desc	• •					
Part II	Basic Plan Inf	ormation—enter all requested in	formation					
1a Name	of plan				1b Three-	digit		
INDUSTRIAL FABRICATION COMPANY 401(K) PROFIT SHARING PLAN						umber		
					(PN)	00	1	
					1c Effective	e date of plan		
						01/01/1998		
		loyer, if for a single-employer plan)			2b Employ	er Identification Nu	ımber	
		om, apt., suite no. and street, or P.		-tti	(EIN)	91-1456702		
		nce, country, and ZIP or foreign pos	tai code (it foreign, see in	structions)	2c Sponso	or's telephone num	ber	
INDUSTRIAL	_ FABRICATION AC	QUISITION INC.				360-793-9001		
					2d Busines	ss code (see instru	ctions)	
P. O. BOX 70					332900			
SULTAN, WA	A 98294					002000		
3a Plan a	dministrator's name	and address 🛛 Same as Plan Spo	nsor.		3b Admini	strator's EIN		
				-				
					3c Admini	strator's telephone	number	
4 If the r	name and/or EIN of t	he plan sponsor or the plan name h	as changed since the las	t return/report filed for	4b EIN	91-1456702		
		onsor's name, EIN, the plan name	and the plan number from	the last return/report.				
•		IAL FABRICATION CO.			4d PN	001		
C Plan N	lame INDUSTRIAL F	ABRICATION CO., INC 401(K) PR	OFIT SHARING PLAN					
Fo Table		to at the benefit of the other con-			5a		25	
_		ts at the beginning of the plan year			5b			
		ts at the end of the plan year h account balances as of the end of			30		20	
		n account balances as of the end of			5c		13	
d(1) Tota	al number of active p	participants at the beginning of the p	lan year		5d(1)		24	
d(2) Tota	al number of active p	participants at the end of the plan ye	ear		5d(2)		18	
Number of participants who terminated employment during the plan year with accrued benefits that were less					5e		0	
than	100% vested						0	
		e or incomplete filing of this return						
		other penalties set forth in the instru and signed by an enrolled actuary,						
	true, correct, and cor		do well do the electronic (reference of this retain, report	, and to the b	cot of my knowledg	go ana	
SIGN	Filed with authorize	ed/valid electronic signature.	02/20/2019	JASON ABBOUD				
HERE		<u> </u>		Enter name of individual signing as plan administrator				
HERE	Signature of plan		Date	Enter name of individu	ıal signing as	plan administrator		
	Signature of plan		Date	Enter name of individu	ual signing as	plan administrator		
SIGN HERE			Date Date	Enter name of individu				

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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)							X Yes ∏ No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
C	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from th					_		. (See instructions.)	
Do	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Paginning	of Voor			/b) En	d of Your	
_ <u>'</u> a	Total plan assets	7a	(a) Beginning o	96555			(D) EN	d of Year 1230677	
	Total plan liabilities	7a 7b	100	70000				1200077	
	Net plan assets (subtract line 7b from line 7a)	76 7c	169	96555	+			1230677	
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amoun				(h)	Total	
	Contributions received or receivable from:		(a) Amoun				(3)	Total	
	(1) Employers	8a(1)	2	26271					
	(2) Participants	8a(2)	9	90860	_				
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b	-7	70169					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						46962	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5′	512570					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g		270					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					512840		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-465878	
j	Transfers to (from) the plan (see instructions)	8j	8i						
Pai	t IV Plan Characteristics	•							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	feature co	des from the List of Pla	an Chai	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	n Chara	cteris	tic Cod	des in the ins	tructions:	
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 contribu								
	described 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	? (Do not	include transactions			X			
	reported on line 10a.)			10b	X	^		470000	
d				10c				170000	
	by fraud or dishonesty?			10d		Χ			
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.)			10e		Χ			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)							9683	
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	ne required	d notice or one of the						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		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 Schedule SB (Form 5500) and line 11a below)							
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		:	Y	es X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r 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					
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?		Yes	× 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?							
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

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).

Pension Benefit Guaranty Corporation

Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I Applied Report Identification Information

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

		fiscal plan year beginning	01/01/2010	and andina	10/01/0	2010		
1 or calerio	lai piaii yeai 2016 di		01/01/2018	and ending	12/31/2			
A This re	turn/report is for:	x a single-employer plan		an (not multiemployer) (Finployer information in acco				
	tan in open to to.	a one-participant plan	a foreign plan	ipioyer illiornation in acci	ordance with th	e form instructions.)		
B This ret	urn/report is							
		the first return/report	the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 mor	nths)			
C Check	box if filing under:	Form 5558	automatic extension	Г	DFVC progra	m		
		special extension (enter descri		L] Di vo piogra			
Part II	Basic Plan In	formation—enter all requested infe	3 7					
1a Name		Torrida an requested init	omation		1b Three-digi	4		
		CATION COMPANY 401(K)	PROFIT SHARING		plan numb			
				2 22 21	(PN))	001		
					1c Effective of	date of plan		
0					01/01/			
2a Plan s	ponsor's name (emp	ployer, if for a single-employer plan) from, apt., suite no. and street, or P.O.	Boy)			Identification Number		
City or	town, state or provi	nce, country, and ZIP or foreign posta	al code (if foreign, see insti	ructions)		1456702		
INDU	JSTRIAL FABR	CATION ACQUISITION INC	C.		2c Sponsor's telephone number 360-793-9001			
-				 		code (see instructions)		
P. C). BOX 709			*	La Dasiness (sode (see instructions)		
SULT	ZN	WA 9829	4					
					332900			
3a Plan a	dministrator's name	and address X Same as Plan Spon	sor.	;	3b Administra			
				H-	81-475			
				1.	Administra	tor's telephone number		
4 If the r	name and/or FIN of	the plan sponsor or the plan name ha	s changed since the last re	aturn/report filed for	4b EIN			
this pl	lan, enter the plan sp	ponsor's name, EIN, the plan name ar	nd the plan number from the	ne last return/report.	91-1456702			
		RIAL FABRICATION CO.		4	4d PN			
C Plan N	1110001	RIAL FABRICATION CO.,	INC 401(K) PROF	IT SHARING				
_	PLAN				001			
140		ts at the beginning of the plan year			5a	25		
		ts at the end of the plan year			5b	20		
C Numb	er of participants wit	h account balances as of the end of the	he plan year (only defined	contribution plans	5c	13		
		participants at the beginning of the pla			5d(1)			
						24		
	d(2) Total number of active participants at the end of the plan year				5d(2)	18		
than	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					C		
Caution: A	A penalty for the lat	e or incomplete filing of this return	report will be assessed	unless reasonable cause	e is establishe	ed.		
Under pena	alties of perjury and	other penalties set forth in the instruct and signed by an enrolled actuary, as	tions, I declare that I have	examined this return/repo	rt, including, if	applicable, a Schedule		
belief, it is	true, correct, and co	mplete.	s well as the electronic ver	sion of this return report, a	and to the best	of my knowledge and		
SIGN	1	16 Morris	2/20/19	Jason Abboud				
HERE	Signature of plan	administrator	Date	Enter name of individua	l signing as ala	n administrator		
SIGN	ga.aro or plui		Date	Litter frame of individua	i signing as pla	iii auriiiiistrator		
HERE	0:		-					
	Signature of emp	loyer/plan sponsor	Date	Enter name of individua	I signing as em	ployer or plan sponsor		

Form	5500-S	E /20	101
Form	2200-2	F (20	10)

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6a	Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions.)				
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)					QPA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	and condi	ions.)	t insta	ad use	Form 5	X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC i						
	If "Yes" is checked, enter the My PAA confirmation number from the						
				,,,,,			(eee metractione.)
-	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning				(b) End of Year
	Total plan assets	7a	1,	696,	555		1,230,67
	Total plan liabilities	7b	1	606	555		4 000 000
-	Net plan assets (subtract line 7b from line 7a)	7c		696,	555		1,230,67
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt	\rightarrow		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		26,	271		
	(2) Participants	8a(2)		90,	860		
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b		-70,	169		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					46,962
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		512,	570		
e	Certain deemed and/or corrective distributions (see instructions)	8e			\neg		
f	Administrative service providers (salaries, fees, commissions)	- 8f					
g	Other expenses	8g		270			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					512,840
i	Net income (loss) (subtract line 8h from line 8c)						-465,878
j	Transfers to (from) the plan (see instructions)	8j					100,010
Pa	rt IV Plan Characteristics] 0]					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	feature co	des from the List of PI	an Cha	racteri	stic Code	es in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare to	feature cod	es from the List of Pla	n Chara	acteris	tic Codes	in the instructions:
Des							
Par							
10	During the plan year:	41	- Ab - Ab		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	/oluntary F	iduciary Correction	10a		х	
b	Were there any nonexempt transactions with any party-in-interes	t? (Do not	include transactions			v	
	reported on line 10a.)			10b		Х	
	Was the plan covered by a fidelity bond?			10c	Х		170,000
	by fraud or dishonesty?	he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused and or dishonesty?		10d		Х	
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.)		10e		х		
f				10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g	Х		9,683
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		х	-123456789012345
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i			