	rm 5500-SF	Short Form Annu	oyee	MB Nos. 1210-0110 1210-0089					
	artment of the Treasury rnal Revenue Service	Benefit Plan 2018 This form is required to be filed under sections 104 and 4065 of the Employee Retirement 2018							
	Department of Labor Benefits Security Administration	Income Security Act of 1974	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Ir Revenue Code (the Code).						
Pension B	Senefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.							
For calend		Identification Information scal plan year beginning 01/01/2	018	and ending 1	2/31/2018				
	aar plan year 2010 of h	X a single-employer plan		plan (not multiemployer)		king this box	must attach a		
A This re	eturn/report is for:		list of participating e	employer information in a		-			
R This rat	turn/report is	a one-participant plan	a foreign plan						
		the first return/report	the final return/report						
		an amended return/report	a short plan year retu	urn/report (less than 12 m	ionths)				
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC p	rogram			
	-	special extension (enter descr	,						
Part II		rmation—enter all requested inf	ormation		1b Tb c	a all all			
1a Name PIPER MEC	e of plan CHANICAL 401(K) RET	TREMENT PLAN			1b Three plan	e-aigit number			
					(PN)		001		
					1C Effect	tive date of 01/01	•		
Mailin	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Empl (EIN)	•	cation Number 74613		
City o	•	e, country, and ZIP or foreign posta	al code (if foreign, see ins	structions)	2c Spor	nsor's teleph 360-892-	one number -8700		
					2d Business code (see instructions)				
9321 NE 72 VANCOUVE	ND AVE. ER, WA 98665					23822	20		
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Admi	inistrator's E	IN		
					3c Admi	inistrator's te	elephone number		
4 If the	name and/or EIN of the	e plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN				
this p	lan, enter the plan spo	nsor's name, EIN, the plan name a							
a Spons C Plan N	sor's name Name				4d PN				
5a Total	number of participants	at the beginning of the plan year			5a		71		
		at the end of the plan year			5b		79		
C Numb	per of participants with	account balances as of the end of	the plan year (only define	ed contribution plans	5c		79		
d(1) Tot	tal number of active pa	rticipants at the beginning of the pla	an year		5d(1)		54		
d(2) Tot	tal number of active pa	rticipants at the end of the plan yea	ar		5d(2)		61		
than	100% vested	terminated employment during the	• •		5e		0		
		or incomplete filing of this return her penalties set forth in the instruc					able a Schedule		
SB or Sch		nd signed by an enrolled actuary, a							
SIGN	Filed with authorized	/valid electronic signature.	06/04/2019	ETHAN TURNQUIST					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing	as plan adm	inistrator		
HERE For Paperw	Signature of emplo	oyer/plan sponsor se, see the Instructions for Form 5500	Date	Enter name of individ	lual signing		r or plan sponsor orm 5500-SF (2018)		
i or Faperw	TOTA NEULOIDI ACLINOTIC	o, see the manucuona lot rothi 3300				r.	v.171027		

6a b c										
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	2297446	2520914						
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	2297446	2520914						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	423966							
	(2) Participants	8a(2)	166715							
	(3) Others (including rollovers)	8a(3)								

	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-207087	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		383594
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	155806	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	4320	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		160126
i	Net income (loss) (subtract line 8h from line 8c)	8i		223468
j	Transfers to (from) the plan (see instructions)	8j		
Ра	rt IV Plan Characteristics			

9a	If the	plan j	orovid	les pe	nsion	bene	fits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	:
	2A	2E	2J	2K	2F	2G	3D	

			20	 	20		
h	If the	nlan	provid	olforo	honofit	a optor the applicable welfers feature endes from the List of Plan Ch	

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?	10c	X		230000
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?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		16098
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	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 rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er 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 302 of ERISA?								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	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 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	s X	No	
	lf "Y	es," 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	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

-									
	m 5500-SF	Short Form Annua	al Return/Repoi Benefit Plan	rt of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	ue Service This form is required to be filed under sections 104 and 4065 of the Employee Retirement 2018 of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal 2018							
Employee Be	partment of Labor nefits Security Administration	Revenue Code (the Code). This Form is Oper Public Inspection							
Pension Ber	nefit Guaranty Corporation	Complete all entries in a	ccordance with the ins	tructions to the Form !	5500-SE	Public Inspection			
Part I	Annual Report	t Identification Information							
For calenda	r plan year 2018 or i	fiscal plan year beginning	01/01/2018	and ending	12/3	31/2018			
A This retu	ım/report is for:	X a single-employer plan	a multiple-employer plist of participating e	olan (not multiemployer) mployer information in a	(Filers check	king this box must attach a it the form instructions.)			
D		a one-participant plan	a foreign plan						
B This retu	rn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	ırn/report (less than 12 n	nonths)				
C Check b	ox if filing under:	Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descrip	otion)		<u>ц</u> .	•			
Part II	Basic Plan Info	prmation—enter all requested info	ormation						
1a Name o					1b Three	digit			
		401(k) Retirement Pla	n		plan i	number			
					(PN)				
						tive date of plan 01/2014			
Mailing a	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O.	Box)			over Identification Number 91-1874613			
	own, state or provinc Mechanical	e, country, and ZIP or foreign postal	code (if foreign, see ins	tructions)	2c Sponsor's telephone number 360-892-8700				
9321	NE 72nd Ave.					ess code (see instructions)			
Vanco	ouver	WA 98665	5		2382	220			
3a Plan adr	ninistrator's name ar	nd address X Same as Plan Spons	or.			istrator's EIN			
					-				
					3C Admir	iistrator's telephone number			
4 If the nat this plan	me and/or EIN of the n, enter the plan spor	e plan sponsor or the plan name has nsor's name, EIN, the plan name and	changed since the last r d the plan number from t	eturn/report filed for he last return/report.	4b EIN				
a Sponsor			, , , , , , , , , , , , , , , , , , ,		4d PN				
c Plan Nar	ne								
*:									
		at the beginning of the plan year			5a	71			
		at the end of the plan year			5b	79			
c Number complete	of participants with a e this item)	account balances as of the end of the	e plan year (only defined	contribution plans	5c	79			
d(1) Total i	number of active par	ticipants at the beginning of the plan	year		5d(1)	54			
		ticipants at the end of the plan year.			5d(2)	61			
e Number than 10	of participants who	terminated employment during the p	lan year with accrued be	enefits that were less	5e	0			
Caution: A p	enalty for the late of	or incomplete filing of this return/r	eport will be assessed	unless reasonable cau	se is establ	ished.			
Under penalti SB or Schedu	es of perjury and oth	er penalties set forth in the instruction d signed by an enrolled actuary, as we	ons. I declare that I have	examined this return/ren	ort including	if applicable a Schedule			
SIGN	SAL		obloulia	Ethan Turnquis	t				
HERE	Signature of plan ac	Iministrator	Date	Enter name of individu		plan administrator			
SIGN	SIL		26/04/19	Ethan Turnquis					
HERE	signature of employ	ver/plan sponsor	Date			employer or plan sponsor			
For Paperwork	Reduction Act Notice	, see the Instructions for Form 5500-S	F.		signing de	Form 5500-SF (2018) v.171027			

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	Were all of the plan's assets during the plan year invested in eligi							
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	f an indepe	ndent qualified public	accoun	tant (I	QPA)	X Yes 🗌 No	
	If you answered "No" to either line 6a or line 6b, the plan can	not use Fc	orm 5500-SF and mu	st inste	ad us	e Fori	m 5500.	
c	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							
Pa	rt III Financial Information	n Valen konstant for a stand and a stand a stan			alalaşık constants		Najonan Gurunaammaa waxaa dagaa ahaa ahaa ahaa ahaa ahaa ahaa a	
7	Plan Assets and Liabilities		(a) Beginning	of Voo	7	intiona forma constant	lint End of Vana	
£1000940300240800	Total plan assets	7a	กัฐสารสาวที่และหมายและหมายในของการการการที่ได้สาวการการการการที่ได้ ช	,297,	องสหออรงรองสวออรู้ส		(b) End of Year 2,520,914	
612010-000-000-000-000	Total plan liabilities	76 75					ید است. این او این ایرانی او این ایرانی او اینک مرد میکوری میکوری میکور میک مرد میکور	
CATEGORIS CONSTRUCTION CONST	Net plan assets (subtract line 7b from line 7a)	7c	2	,297,	446	nyntistraanysepooliksei	2,520,914	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou				(b) Total	
а	Contributions received or receivable from:			olulina ali y konorregia da a			(0) 1000	
ga an the Conservation of	(1) Employers	8a(1)		423,	งและกระเวลาเมือง			
eronomerodosi administrativa	(2) Participants	8a(2)		166,	715			
	(3) Others (including rollovers)	8a(3)						
<u></u>	Other income (loss)	8b		-207,	087			
Determinent develation	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>					383,594	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	******	155,	806			
e	Certain deemed and/or corrective distributions (see instructions)	<u>8e</u>						
f	Administrative service providers (salaries, fees, commissions)	8f		4,	320			
g	Other expenses	<u>8g</u>	****					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					160,126	
NO-IAH HOAN BURGAR	Net income (loss) (subtract line 8h from line 8c)	8i					223,468	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D	feature co	des from the List of P	lan Cha	racteri	stic C	odes in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fi	eature cod	es from the List of Pla	n Chara	acteris	tic Co	des in the instructions:	
Par	V Compliance Questions		****				***************************************	
10	During the plan year:	****	******	60ininaninannia	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)	oluntary F	iduciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		x		
С	Was the plan covered by a fidelity bond?			10c	X		230,000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					x		
e	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.)					x		
f	Has the plan failed to provide any benefit when due under the plan			10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g	x		16,098	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g 10h		x		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	101				

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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 Sc (Form 5500) and line 11a below)					Yes 🗌 No	
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		245สีร้างหมายของครองการของส		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio ERISA?			n 302 of		Yes 🕅 No	
8	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling pranting the waiver						
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin		RESS.everancescrand		รีสีวินายกเจาหระระกางจางส์	and a second	
	b Enter the minimum required contribution for this plan year				*******	An	
	Enter the amount contributed by the employer to the plan for this plan year				napan yang mananang kanang	****	
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)						
<u>e</u>	e 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		Bonniowne en telesione	niente to invisio naizzo pica		**************************************	
13a	a Has a resolution to terminate the plan been adopted in any plan year?			∏ Yes	X No		
204-10-10-10-10-00-00-00-00-00-00-00-00-00-	"Yes," enter the amount of any plan assets that reverted to the employer this year		13a		Kanna Luni	*****	
b	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the rol of the PBGC?			Yes X No			
С							
1	13c(1) Name of plan(s): 13c			(2) EIN(s)		13c(3) PN(s)	
		***************************************			1947) (1940) (1940)	****	
		*****		*****	tille and an	*****	
					NARO OLIVISTI STATE OTTO STATE		
			Den Miteria de Miteria de Calabo				