Form 5500-S	t of Small Employee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		Benefit Plan under sections 104 and	4065 of the Employee Retiremen	t 2018
Department of Labor Employee Benefits Security Adminis	Income Security Act of 1974 (57(b) and 6058(a) of the Internal	This Form is Open to
Pension Benefit Guaranty Corpo	► Complete all entries in a	ccordance with the inst	ructions to the Form 5500-SF.	Public Inspection
	port Identification Information			
For calendar plan year 201	8 or fiscal plan year beginning 01/01/20		and ending 12/31/201	
A This return/report is for:		list of participating er	lan (not multiemployer) (Filers ch mployer information in accordanc	-
B This return/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	rn/report (less than 12 months)	
C Check box if filing under	^{r:} Form 5558	automatic extension		C program
	special extension (enter descri	ption)		
Part II Basic Plan	Information-enter all requested info	ormation		
1a Name of plan				nree-digit
AEROSPACE PRECISION, I	NC. 401(K) PROFIT SHARING PLAN		•	an number N) ▶ 001
			,	fective date of plan
				01/01/1995
	employer, if for a single-employer plan) le room, apt., suite no. and street, or P.O.	Box)		nployer Identification Number IN) 52-2084166
	rovince, country, and ZIP or foreign posta		tructions)	ponsor's telephone number 253-661-9600
			2d B	usiness code (see instructions)
34110 9TH AVENUE S				424990
FEDERAL WAY, WA 98003-0	6710			
3a Plan administrator's na	me and address 🛛 Same as Plan Spon	sor.	3b Ad	Iministrator's EIN
			20.0	
			SC AC	Iministrator's telephone number
	of the plan sponsor or the plan name has n sponsor's name, EIN, the plan name ar			Ν
a Sponsor's name			4d P	N
C Plan Name				
50 Total surplus of a ortici	nexts at the basis is a fifth allow upon			25
	pants at the beginning of the plan year pants at the end of the plan year			35
	with account balances as of the end of the			20
· · · ·				
	ve participants at the beginning of the pla	-	5.1(0)	
.,	ve participants at the end of the plan yea s who terminated employment during the		anofita that ware loss	
than 100% vested		•	Je	0
	and other penalties set forth in the instruct			
	ted and signed by an enrolled actuary, as			
0.0	prized/valid electronic signature.	06/24/2019	ROBERT LITTLETON	
HERE Signature of p	blan administrator	Date	Enter name of individual signi	ng as plan administrator
SIGN				
HERE Signature of e	employer/plan sponsor	Date	Enter name of individual signi	ng as employer or plan sponsor

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2018) v.171027

6a b	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.)						
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No INO determined							
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)						
De	rt III Financial Information						
Pa	art III Financial Information		1				
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year			
a	Total plan assets	7a	2669484	2551477			
b	Total plan liabilities	7b	2486	1971			
С	Net plan assets (subtract line 7b from line 7a)	7c	2666998	2549506			
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)	54498				
	(3) Others (including rollovers)	8a(3)					

ua(∠)		
8a(3)		
8b	-134568	
8c		-80070
8d	22691	
. 8e	0	
8f	14731	
8g		
8h		37422
8i		-117492
8i		
	8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	8a(3) -134568 8b -134568 8c - 8d 22691 8e 0 8f 14731 8g - 8h - 8i -

rai	ιιν	гia	ala	Juen	Sucs		
					i bene <mark>2K</mark>	afits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2T	
							_

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:		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		250000
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		7649
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		12160
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	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	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
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		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			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)

Form 5500-SF	Short Form Annual R		of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed und	Benefit Plan er sections 104 and 40	065 of the Employee Re	tirement	2018
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (ERIS	SA), and sections 6057 enue Code (the Code)		nternal	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	Complete all entries in accord	dance with the instru	uctions to the Form 550	00-SF.	
	Identification Information	an na monto a secondo a man		1010	ta tu analara tan
For calendar plan year 2018 or t		01/2018	and ending		1/2018
A This return/report is for:					ing this box must attach a ith the form instructions.)
B This return/report is		he final return/report			
			(- (1)	
	an amended return/report	snort plan year return	/report (less than 12 mo	ntns)	
C Check box if filing under:	Form 5558	automatic extension	[DFVC pi	rogram
Part II Basic Plan Info	ormation—enter all requested information	,			
1a Name of plan	ormation—enter all requested informa	uon		1b Three	a-digit
	ION, INC. 401(K) PROFIT :	SHARING PLAN			number
					tive date of plan 01/1995
	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Box)			oyer Identification Number 52-2084166
City or town, state or provin Aerospace Precis	ce, country, and ZIP or foreign postal coo ion, Inc.	le (if foreign, see instru	uctions)	2c Spor	isor's telephone number
34110 9th Avenue	S		-		-661-9600 ness code (see instructions)
Federal Way	WA 98003-671	0			
				424	
3a Plan administrator's name a	and address 🔀 Same as Plan Sponsor.				nistrator's EIN
				3C Admi	nistrator's telephone number
	ne plan sponsor or the plan name has cha			4b EIN	
this plan, enter the plan sp a Sponsor's name	onsor's name, EIN, the plan name and th	e plan number from th	ne last return/report.	4d PN	
c Plan Name					
5a Total number of participant	s at the beginning of the plan year			5a	3!
	s at the end of the plan year			5b	2
	n account balances as of the end of the pl			5c	2(
	articipants at the beginning of the plan ye		1	5d(1)	2:
	articipants at the end of the plan year			5d(2)	20
than 100% vested	o terminated employment during the plan			5e	
Under penalties of perjury and o	e or incomplete filing of this return/rep other penalties set forth in the instructions	, I declare that I have	examined this return/rep	port, includ	ing, if applicable, a Schedule
SB or Schedule MB completed belief, it is true, correct/and cor					e dest of my knowledge and
SIGN Vovet	12. Outor	6.24.19	ROBERT LITTLET		
Signature of plan	administrator	Date	Enter name of individu	ual signing	as plan administrator
SIGN					

Date

HERE Signature of employer/plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Enter name of individual signing as employer or plan sponsor Form 5500-SF (2018) v.171027 Form 5500-SF (2018)

0	^
Pade	4

b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified publ under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					PA)		X Yes	No No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno	ot use Forn	ns.) n 5500-SF and must	instead	luse	Form	5500.		
	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determir	ned
	If "Yes" is checked, enter the My PAA confirmation number from the							(See instruction	ns.)
					_		_		
Par			(a) Paginning o	f Voor	-1-	_	(b) End	of Vear	
	Plan Assets and Liabilities		(a) Beginning o	569,4	84			2,551,	477
	Total plan assets	7a		2,4					,971
	Total plan liabilities	7b	2 (566,9				2,549,	
	Net plan assets (subtract line 7b from line 7a)	7c			/ 20	_	0.1 7		
	Income, Expenses, and Transfers for this Plan Year	MARCE DA	(a) Amount			NC 1.1	(b) T	otai	1.011
-	Contributions received or receivable from: (1) Employers	8a(1)			0	03	1.14.19		1991
	(2) Participants	8a(2)		54,4	98		9-116 - 10, -		-
	(3) Others (including rollovers)	8a(3)			16	20-		1122 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
b	Other income (loss)	8b	- :	134,5	68	$[10^{-1}]$			S I I I
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	ANC - Seaters	Sala	35			-80,	,070
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		22,6	591	1.A		Marsalanis II Marsalanis	43
e	Certain deemed and/or corrective distributions (see instructions)	8e			0	W.W		Red Barrow	13:22
f	Administrative service providers (salaries, fees, commissions)	8f		14,7	731	L - r#	STATISTICS.	물내는 것 같은 밤	1033
α	Other expenses	8g			8			No. And Providence	ΞŲ.Μį
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		12.23	<u>A 19</u>			37	,422
	Net income (loss) (subtract line 8h from line 8c)		Linger Literature	97 F.W.				-117	,492
	Transfers to (from) the plan (see instructions)					100	The shares	NU DE CARACTER	
Des	t IV Plan Characteristics	0							
9a	If the plan provides pension benefits, enter the applicable pension	feature coo	es from the List of Pla	an Char	acteris	stic Co	des in the ins	tructions:	
	3D 2E 2F 2H 2J 2K 2T								
b	If the plan provides welfare benefits, enter the applicable welfare f	feature code	es from the List of Plan	n Chara	cteris	ic Cod	les 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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	st? (Do not i	nclude transactions	10b		Х			
c	Was the plan covered by a fidelity bond?			10c	Х			250	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bor	d, that was caused	10d		Х			
e	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.).	me or all of t	he benefits under	10e	x			7	7,649
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount	as of year-e	nd.)	10g	X			12	2,160
	 If this is an individual account plan, was there a blackout period? 2520.101-3.) 	? (See instru	ctions and 29 CFR	10g		Х			
ī	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i					

Form 5500-SF (2018)

Page 3	3-
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Deat	// Dension Euroling Compliance					
Part \ 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)				י []	/es 🗌 N
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 Co ERISA?	de or sectio	n 302 of		י 🗌	Yes 🛛 N
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver	ructions, and	d enter t Day		f the lette Year	er ruling
lf.)	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter the minimum required contribution for this plan year		12b			
	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 le negative amount)		12d		4	
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	XN	10
	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 broug control of the PBGC?] Yes [2	K No
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred.	fy the plan(s) to			
1	I 3c(1) Name of plan(s):	13c(2) EIN(s)		13c(3	3) PN(s)