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).

▶ 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

Part I	Annual Repor	t identification informatioi	n									
For calend	dar plan year 2018 or	fiscal plan year beginning 01/01/	/2018	and ending 12	2/31/2018							
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	_							
	·	a one-participant plan	a foreign plan									
B This ret	turn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year retu	ort plan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension		DFVC progr	am						
		special extension (enter desc	. ,									
Part II	Basic Plan Inf	ormation—enter all requested in	nformation		-							
1a Name ANGELES	•	OLOGIES, INC. 401(K) PLAN			1b Three-dig plan num (PN) ▶							
					1c Effective	date of plan 02/11/2015						
		loyer, if for a single-employer plan			2b Employe	Identification Number						
		om, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		structions)	(EIN)	91-1953841						
-	COMPOSITE TECHN		oran oodo (ii roroigni, ood iin	sir deliene)	•	s telephone number 60-452-6776						
					2d Business	code (see instructions)						
	18TH STREET ELES, WA 98362					336410						
TORT ARO	LLLO, WA 30302											
3a Plan a	administrator's name	and address 🛛 Same as Plan Spo	onsor.		3b Administr	rator's EIN						
					3c Administr	rator's telephone number						
						·						
4 If the	name and/or EIN of ti	he plan sponsor or the plan name l	nas changed since the last	return/report filed for	4b EIN							
this p	olan, enter the plan sp	onsor's name, EIN, the plan name										
a Spons C Plan I	sor's name				4d PN							
C Flairi	varrie											
5a Total	number of participant	ts at the beginning of the plan year			5a	118						
		ts at the end of the plan year			5b	0						
		n account balances as of the end o			5c	0						
d(1) To	tal number of active p	articipants at the beginning of the p	olan year		5d(1)	89						
d(2) Total number of active participants at the end of the plan year					5d(2)	0						
		o terminated employment during th			5e 0							
		or incomplete filing of this retu										
SB or Sch	nalties of perjury and of edule MB completed true, correct, and cor	other penalties set forth in the instru and signed by an enrolled actuary,	as well as the electronic v	ersion of this return/re ersion of this return/repor	port, including, i t, and to the bes	f applicable, a Schedule st of my knowledge and						
SIGN		d/valid electronic signature.	07/26/2019	MICHAEL D. RAUCH								
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as p	lan administrator						
SIGN	, ,				<u> </u>							
HERE	Signature of empl	lover/plan sponsor	Date	Enter name of individ	ual signing as e	mnlover or plan sponsor						

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_	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					X Yes No 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. 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 PBGC premium filing for this plan year							Not determined . (See instructions.)	
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o				(b) End	l of Year	
	otal plan assets							0	
<u>b</u>	Total plan liabilities	7b		0				0	
	Net plan assets (subtract line 7b from line 7a)	7c	186	60081	_			0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	\rightarrow		(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	11	15493					
	(2) Participants	8a(2)	19	90835					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	-4	43191					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						263137	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	33	39165					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f 8394							
g	Other expenses								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	expenses (add lines 8d, 8e, 8f, and 8g)				347559			
	Net income (loss) (subtract line 8h from line 8c)	let income (loss) (subtract line 8h from line 8c)						-84422	
j	sfers to (from) the plan (see instructions)								
Par	Part IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plar	n Chara	acteris	tic Cod	des in the inst	ructions:	
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)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			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			
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		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 as of year-end.)			10g	X			0	
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 exceptions to providing the notice applied under 29 CFR 2520.10			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 Scheo (Form 5500) and line 11a below)		
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 3 ERISA?	302 of	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e granting the waiver	enter th Day	e date of the letter ruling Year
lf	ou 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	/II Plan Terminations and Transfers of Assets		
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No
	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?		X Yes No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	to	
1	3c(1) Name of plan(s): 13c(2) E	EIN(s)	13c(3) PN(s)
SHIMT	ECH INDUSTRIES US, INC. 401(K) PLAN 80-0795414		001
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Form 5500-SF

Department of the Treasury Internel Revenue Service

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal

This Form is Open to

OMB Nos. 1210-0110 1210-0089 2018

Employee Benefits Security Administration	_	Revenue Code (the Code).		Public Inspection				
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I Annual Report	Identification Information			elizaran maranan erzakolearako derek 3 eta 1909 bilizako bilizako 1909 bilizako erreken erreken bilizako biliza				
For calendar plan year 2018 or fi		01/01/2018	and ending 12/	31/2018				
A This return/report is for:	a single-employer plan	list of participating emp	n (not multiemployer) (Filers checology information in accordance v					
	a one-participant plan	a foreign plan						
B This return/report is								
	an amended return/report	a short plan year return.	report (less than 12 months)					
C Check box if filing under:	Form 5558	automatic extension	☐ DFVC	program				
	special extension (enter descr			a (Danissan Chicago Committe State Sta				
Part II Basic Plan Info	ormation—enter all requested inf	ormation		·····				
1a Name of plan ANGELES COMPOSITE	E TECHNOLOGIES, INC.	401(K) PLAN	1 b Three plan (PN	number				
			1c Effe	ective date of plan /11/2015				
	oyer, if for a single-employer plan)			oloyer Identification Number				
	om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign post		(EIN	1)91-1953841				
· · · · · · · · · · · · · · · · · · ·	E TECHNOLOGIES, INC.	ar code (ir lovelgit, see instit	2C Spc	onsor's telephone number 0 - 452 - 6776				
2138 WEST 18TH S	FREET		2d Bus	iness code (see instructions)				
PORT ANGELES	WA 9836	52	330	6410				
3a Plan administrator's name a	and address X Same as Plan Spor	nsor,	3b Adn	ninistrator's EIN				
			3c Adm	ninistrator's telephone number				
	ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			!				
a Sponsor's name	moor a name, while the plan name a	and the planting indition	4d PN	4d PN				
c Plan Name								
5a Total number of participants	s at the beginning of the plan year	***************************************	5a	118				
	s at the end of the plan year							
C Number of participants with	account balances as of the end of	the plan year (only defined	contribution plans					
d(1) Total number of active pa	articipants at the beginning of the pl	an year	5d(1)	89				
	articipants at the end of the plan year			(
Number of participants who than 100% yested	o terminated employment during the	e plan year with accrued ber	nefits that were less 5e	(
Caution: A penalty for the late	or incomplete filing of this return	n/report will be assessed a	uniess reasonable cause is est	ablished.				
Under penalties of perjury and o SB or Schedule MB completed: belief, it is true, correct, and com	other penalties set forth in the instruction and signed by an enrolled actuary, a nalete.	ctions, I declare that I have eas well as the electronic vers	examined this return/report, including sign of this return/report, and to the sign of this return/report.	ling, if applicable, a Schedule ne best of my knowledge and				
SIGN / /		7/24/2019	MICHAEL D. RAUCH	teleman and a contraction of a contract and a cont				
HERE Signature of plan	administrator	Date	Enter name of individual signing	as plan administrator				
SIGN			-	in annual to the second				
HERE Signature of empl	oyer/plan sponsor	Date	Enter name of individual signing	as employer or plan sponsor				
This take the first of the control o	ice, see the Instructions for Form 5500		TOTAL PROPERTY OF THE PROPERTY	Form 5500-SF (2018)				

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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 public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.						X Y	es No	
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No							Not d	etermined
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this pla	an year				(See ins	tructions.)
Pa	Till Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End	of Year	
а	Total plan assets	7a		360,0	81	***********	,		0
b	Total plan liabilities	7b			0				0
c	Net plan assets (subtract line 7b from line 7a)	7c	1,	860,0	081				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t		·····	(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	The state of the s	115,4	193				
	(2) Participants	. 8a(2)		190,8	335				
	(3) Others (including rollovers)	. 8a(3)							
_b	Other income (loss)	8b		-43,1	L91				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							263,137
d	Benefits paid (including direct rollovers and insurance premiums			220 -					
	to provide benefits)	+		333,.	39,165				
-	Certain deemed and/or corrective distributions (see instructions)	 		0 '					
f	Administrative service providers (salaries, fees, commissions)			8,394					
<u>g</u>		†×							247 550
-	Total expenses (add lines 8d, 8e, 8f, and 8g)						347,559		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	 	1 777 (50				-84,422		
j ESESS	Transfers to (from) the plan (see instructions)								
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare						***		
10	Compliance Questions				1,,				Anglesson and the second State Constitution of
	During the plan year: Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary	Fiduciary Correction	10a	Yes	No X		Amount	
	Were there any nonexempt transactions with any party-in-interer reported on line 10a.)	st? (Do no	include transactions	10b	-	Х			,
	Was the plan covered by a fidelity bond?			10c	Х				500,000
(Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?	s fidelity b	ond, that was caused	10d		Х		***************************************	·
(Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ther perso me or all c	ns by an insurance of the benefits under	10e		x			
1	Has the plan failed to provide any benefit when due under the pl	lan?		10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount			10g	Х				(
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)	************	*************************	10h		Х			
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	10i					

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VI Pension Funding Compliance				······································	
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and				Ye	s 🗍 No
Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		***************************************	
ERISA?		n 302 o	f	Ye	s 🛭 No
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in				of the letter r Year	uling
you completed fine 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.			en elección de la companya de la com	-
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			
		12d			
Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No [N/A
VII Plan Terminations and Transfers of Assets					
Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
				X Yes	No
If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred.	ntify the plan(s)) to			
3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
tech Industries US, Inc. 401(k) Plan	80-07	79541	4	0.01	1
		*************		AND DECEMBER OF THE PARTY OF TH	
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below) Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the GERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brocontrol of the PBGC? If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below). Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40. Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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. Month you completed fine 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year 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) Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.	Second Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes." see instructions and complete Schedule S (Form 5500) and line 11a below).	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). Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	Section Pension Funding Compliance