| Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Not Department of the Treasury Benefit Plan OMB Not | | | | | | | | | |
|--|---|--|--------------------------|---------------------------|---|--|--|--|--|
| | rtment of the Treasury nal Revenue Service | This form is required to be filed ur | | 065 of the Employee Re | etirement | 2018 | | | |
| | epartment of Labor enefits Security Administration | Income Security Act of 1974 (ER | | 7(b) and 6058(a) of the | | This Form is Open to Public Inspection | | | |
| Pension Be | enefit Guaranty Corporation | Complete all entries in account of the second | ordance with the instr | uctions to the Form 55 | | | | | |
| Part I | | dentification Information | | | | | | | |
| For calend | ar plan year 2018 or fisc | | | | 2/31/2018 | | | | |
| A This ret | turn/report is for: | | list of participating em | | | king this box must attach a ith the form instructions.) | | | |
| B This retu | urn/report is | a one-participant plan | a foreign plan | | | | | | |
| | | | the final return/report | | | | | | |
| | | an amended return/report | a short plan year returr | n/report (less than 12 mo | 12 months) | | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | | DFVC p | rogram | | | |
| | | special extension (enter description | , | | | | | | |
| Part II | | mation—enter all requested inform | ation | T | | | | | |
| 1a Name | | ING PROFIT PROFIT SHARING | | | 1b Three | e-digit number | | | |
| ADVANCED | LEAN MANUFACTUR | ING PROFIT PROFIT SHARING | | | (PN) | | | | |
| | | | | | 1c Effect | tive date of plan 01/01/2014 | | | |
| | ponsor's name (employ g address (include room | 2b Employer Identification Number (EIN) 77-0651269 | | | | | | | |
| - | City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DVANCED LEAN MANUFACTURING LLC | | | | 2c Sponsor's telephone number 425-402-8300 | | | | |
| | | | | · | 2d Busir | ness code (see instructions) | | | |
| | H PLACE NE, BLDG B LE, WA 98072 | 17611 128TH WOODINVILL | PLACE NE, BLDG B | | | 333200 | | | |
| | , | | _, | | | | | | |
| 3a Plan a | dministrator's name and | d address 🛛 Same as Plan Sponsor | | | 3b Admi | nistrator's EIN | | | |
| | | | | | 3c Admi | nistrator's telephone number | | | |
| | | | | | | | | | |
| A Kithan | | | | | | | | | |
| | | plan sponsor or the plan name has c sor's name, EIN, the plan name and t | | | 4b EIN | | | | |
| a Spons C Plan N | or's name | | | | 4d PN | | | | |
| C Plan N | lame | | | | | | | | |
| 5a Total | number of participants a | at the beginning of the plan year | | | 5a | 17 | | | |
| | | at the end of the plan year | | | 5b | 18 | | | |
| | | ccount balances as of the end of the | • • • | - | 5c | 5 | | | |
| d(1) Tota | al number of active part | icipants at the beginning of the plan y | ear | | 5d(1) | 17 | | | |
| • • | | icipants at the end of the plan year | | | 5d(2) | 18 | | | |
| than | 100% vested | erminated employment during the pla | - | | 5e | 0 | | | |
| Caution: A | A penalty for the late o | r incomplete filing of this return/re | port will be assessed | unless reasonable cau | | | | | |
| SB or Sche | | er penalties set forth in the instructior d signed by an enrolled actuary, as w | | | | | | | |
| SIGN | | valid electronic signature. | 10/03/2019 | TODD REAMS | | | | | |
| HERE | Signature of plan ad | ministrator | Date | Enter name of individu | ual signing a | as plan administrator | | | |
| SIGN | | | | | | | | | |
| HERE | Signature of employ | er/plan sponsor | Date | Enter name of individu | ual signing | as employer or plan sponsor | | | |

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Form 5500-SF (2018) v.171027

| 6a b | Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann | an indepe and condi | ndent qualified public accountant (I | QPA) [] Yes [] No |
|---------|---|------------------------|--------------------------------------|-----------------------|
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance p | program (see ERISA section 4021)? | Yes No Not determined |
| | If "Yes" is checked, enter the My PAA confirmation number from th | e PBGC p | premium filing for this plan year | (See instructions.) |
| | | | | |
| Pa | rt III Financial Information | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
| а | Total plan assets | 7a | 196133 | 247839 |
| b | Total plan liabilities | 7b | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 196133 | 247839 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 17420 | |
| | (2) Participants | 8a(2) | 47050 | |
| | (3) Others (including rollovers) | 8a(3) | | |

| | | 0a(∠) | 11000 | |
|---|---|-------|--------|-------|
| | (3) Others (including rollovers) | 8a(3) | | |
| b | Other income (loss) | 8b | -11009 | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 53461 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 1755 | |
| g | Other expenses | 8g | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 1755 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | 51706 |
| j | Transfers to (from) the plan (see instructions) | 8j | | |
| _ | | | • | |

Part IV Plan Characteristics

| 9a | If the | plan | provic | les pe | sion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: |
|----|--------|------|--------|--------|---|
| | 3D | 2J | 2E | 2Ġ | 2K |

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 | | Х | |
| 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 | | X | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | Х | | 38143 |
| 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 | | х | |

Page **3-** 1

| 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 | X 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 o | 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 | X 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) | | 13 | :(3) PN | ۱(s) |
| | | | | | | | | |

| Fo | rm 5500-SF | Short Form | Annual Return | /Report of Small | Emp | | | |
|---|---|---|--|--|---------------|---|---|------------------------------|
| De | epartment of the Treasury nternal Revenue Service | | Benef | it Plan | 50. 1 | Guerra | OMBN | Nos. 1210-0110 1210-0089 |
| | Department of Labor Benefits Security Administration | rietirement income 5 | ecurity Act of 1974 (| sections 104 and 4065 ERISA), and sections 6 | of the 3057(b | Employee and 6058(a) | 20 | 018 |
| Pension | Benefit Guaranty Corporation | Complete all entrie | es in accordance wi | Ue Code (the Code) | | | This For | m is Open |
| Part | | Identification Infor | rmation | | / uno : | 0111 0000-01 | to Public | Inspection |
| For cale | endar plan year 2018 or f | iscal plan year beginning | g 01/01/2 | 018 | and e | ending 12 | 2/31/20 | 18 |
| A This | s return/report is for: | X a single-employed | | tiple-employer plan (not n | multiem | ployer) (Filers chec | cking this box m | nust attach a list |
| | | | of par | ticipating employer inform | mation i | in accordance with | the form instru | ctions.) |
| B This | | a one-participant | t plan a fore | eign plan | | | | onenary |
| DINS | s return/report is | the first return/re | - H | nal return/report | | | | |
| C Che | eck box if filing under: | an amended retu | | ort plan year return/rep | ort (les | ss than 12 month | ıs) | |
| - 010 | ck box ir niing under. | Form 5558 | X autor | matic extension | | | DFVC program | m |
| Part I | I Basic Plan Info | rmation - enter all rec | n (enter description) | | - | | 17 1490. | |
| Contract of the second s | ne of plan | | juested information | | 1 db | | | |
| ADVA | NCED LEAN MA | NUFACTURING | PROFIT PRO | FIT SHARING | 1b | Three-digit plan number (P | 'N) | 001 |
| | | | | | 1c | Effective date of 01/01 | of plan 1/2014 | |
| IVICAN | n sponsor's name (emplo ling address (include roo , or town, state or provinc | m ant suite no and etr | root or DO Davi | foreign con instr.) | 2b | Employer Ident | | ber (EIN) |
| 1761 | NCED LEAN MA 1 128TH PLAC | NUFACTURING E NE, BLDG B | LTC bosta code (| loreign, see instr.) | 2c 425 | Sponsor's telep | phone number | r |
| | INVILLE | WA 98 | 072 | | 2d | Business code 33320 | (see instructio | ons) |
| 3a Plan | n administrator's name ar | nd address X Same a | as Plan Sponsor. | | Зb | Administrator's | | |
| | | | | | 3c | Administrator's | telephone nu | mber |
| returr | name and/or EIN of the n/report filed for this plan number from the last retu | n, enter the plan sponsor | name has changed r's name, EIN, the pla | since the last an name and the | 4b | EIN | | |
| | onsor's name | | | | 4d | PN | | |
| C Plai | n Name | | | | | FIN | | |
| 5a Tot | al number of participants | s at the beginning of the | plan year | | 5a | T | | 17 |
| b Tota | al number of participants | s at the end of the plan y | year | | 5b | | | 18 |
| C Nur | mber of participants with | account balances as of | the end of the plan | year (only defined | | | | 10 |
| con | tribution plans complete | e this item) | | | 5c | | | 5 |
| a (1) | Total number of active p | participants at the beginn | ning of the plan year | | 5d(1) |) | | 17 |
| u (2) | I otal number of active p | participants at the end of | f the plan year | | 5d(2) |) | | 18 |
| e Nur | mber of participants who | terminated employment | t during the plan yea | r with accrued | | | | |
| Caution | efits that were less than | 100% vested | this roturn (report of | | 5e | | | 0 |
| Under pe Schedule my know | n: A penalty for the late enalties of perjury and ot e SB or Schedule MB co vledge and belief, it is tru | her penalties set forth in mpleted and signed by a | the instructions, I de | eclare that I have exam as well as the electron | nined t | sonable cause is this return/report sion of this return | s established , including, if a /report, and to | applicable, a of the best of |
| | Lon R. | | 10/03/2019 | | | | | |
| HENE | Signature of plan admin | nistrator | Date | 9 TODD REAMS Enter name of indiv | | | -I - al a la bana ha u | |
| SIGN | | | Duis | | luuai a | signing as plan ad | dministrator | |
| HERE | Signature of employer/p | olan sponsor | Date | Enter name of indiv | /idual s | signing as employ | vor or plan an | |
| | | | | Linter marile of indiv | iuuai a | signing as employ | yer or plan sp | onsor |

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| - | F0111 5500-SF (2018) | | Page | 2 | | | |
|----------|--|-----------------|--------------------|--------|----------------|---|----------------|
| 6a | Were all of the plan's assets during the | | | | | | |
| b | Were all of the plan's assets during the plan year invested in eligible assets? Are you claiming a waiver of the annual examination and report of an industry | (See instr | uctions.) | | | X Yes | No |
| | | | | | | | |
| | (and a second s | o o o aliti a u | - 1 | | | X Yes | No |
| C | | | | | | 5500. | |
| | second a beneficial plan, is it covered under the PBGC Insurance program (se | ERISA CO | action (1021)2 | 📋 | Yes | Contraction of the second s | etermined |
| | If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filin | ng for this p | plan year | | | | structions. |
| Pa | rt III Financial Information | | | | | | |
| 7 | Plan Assets and Liabilities | | | | | | |
| а | Tatalala | | (a) Beginnin | | | (b) End of Y | ear |
| b | Takal ala a V. L Mur | . 7a | 19 | 96,1 | L33 | 24 | 7,839 |
| c | Net plan assets (subtract line 7h from line 7h | . 7b | | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | . 7c | | 96,1 | L33 | 24 | 7,839 |
| _ | Contributions received or receivable from: | | (a) Amo | unt | | (b) Total | |
| - | | | | | | | |
| - | (1) Employers | . 8a(1) | | 17,4 | | | |
| | | 8a(2) | 4 | 47,0 | 050 | | |
| b | (3) Others (including rollovers) | 8a(3) | | | | | |
| C | Other income (loss) STATEMENT 1 | . 8b | -1 | 1,0 | 09 | | |
| d | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 80 | | | and the second | 5 | 3,461 |
| | Benefits paid (including direct rollovers and insurance premiums to provide | | | | | | |
| - | benefits) | 8d | | | | | |
| f | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | and the second |
| <u> </u> | Administrative service providers (salaries, fees, commissions) STMT 2 | 8f | | 1,7 | 55 | | |
| - | Other expenses | 8g | | | | | |
| i | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 1,755 |
| ÷ | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | 5 | 1,706 |
| Da | Transfers to (from) the plan (see instructions) | 8j | | | | The second second second | |
| | | | | | | | |
| 34 | If the plan provides pension benefits, enter the applicable pension feature c $3D$ $2J$ $2E$ $2G$ $2K$ | odes fron | the List of Plan | Char | acteristic (| Codes in the inst | ructions: |
| b | | | | | | | |
| ~ | If the plan provides welfare benefits, enter the applicable welfare feature code | des from | the List of Plan (| Charac | teristic Co | des in the instru | ctions: |
| Pa | | | | _ | | | |
| 10 | During the plan year: | | | | | | |
| - | | | | Yes | No | Amount | |
| u | Was there a failure to transmit to the plan any participant contributions within | the time | | | | | 1 |
| | period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta | ary | | | | | |
| h | Fiduciary Correction Program.) | | 10a | | X | | |
| 5 | were there any nonexempt transactions with any party-in-interest? (Do not in | clude | 1 | 3 | | | |
| - | transactions reported on line 10a.) | | 10b | | X | | |
| | Was the plan covered by a fidelity bond? | | 10c | | X | | |
| u | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bon | d, 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 | | | | | |
| 4 | the benefits under the plan? (See instructions.) | | 10e | | х | | |
| ſ | Has the plan failed to provide any benefit when due under the plan? | | 10f | | X | | |
| 9 | Did the plan have any participant loans? (If "Yes," enter amount as of year-en | d.) | 10g | Х | | 3 | 8,143 |
| n | If this is an individual account plan, was there a blackout period? (See instruct | tions | | | | | /=== |
| | and 29 CFR 2520.101-3.) | | 10h | | x | | |
| 1 | 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 | | x | | |
| | | | | _ | | the second s | |

-- ADVANCED LEAN MANUFACTURING LLC

77-0651269

| FORM 5500-SF | OTHER INCOME (LOSS) | STATEMENT 1 |
|-----------------------|----------------------------------|------------------|
| DESCRIPTION | | AMOUNT |
| CHANGE IN VALUE | | -11,009. |
| TOTAL TO FORM 5500-SF | , LINE 8B | -11,009. |
| FORM 5500-SF | ADMINISTRATIVE SERVICE PROVIDERS | STATEMENT 2 |
| DESCRIPTION | | |
| | | AMOUNT |
| ADMINISTRATIVE SERVIC | E PROVIDERS | AMOUNT 1,755. |