_	m 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	oyee	OMB Nos. 1210-0110 1210-0089			
	nal Revenue Service	This form is required to be filed				2017		
	partment of Labor enefits Security Administration	Income Security Act of 1974	Internal	This Form is Open to				
Pension Be	nefit Guaranty Corporation	Complete all entries in a	Public Inspection					
Part I		dentification Information						
For calenda	ar plan year 2017 or fisc	al plan year beginning 01/01/2			2/31/2017			
A This ret	urn/report is for:	X a single-employer plan	list of participating e			king this box must attach a vith the form instructions.)		
B This retu	urn/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/repor					
	l	an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)			
C Check b	box if filing under:	Form 5558	automatic extension		DFVC p	program		
		special extension (enter descr	iption)					
Part II	Basic Plan Infor	mation—enter all requested inf	ormation					
1a Name					1b Thre			
LANDWORK	S NORTHWEST, INC.	SAVINGS & RETIREMENT PLAN	N		plan (PN)	number 001		
					. ,	ctive date of plan		
						07/01/1986		
		er, if for a single-employer plan) , apt., suite no. and street, or P.O	. Box)		2b Employer Identification Number (EIN) 93-0789736			
City or		country, and ZIP or foreign posta		structions)	2c Sponsor's telephone number			
					360-225-8978 2d Business code (see instructions)			
	ACIFIC HWY., SOUTH				484200			
WOODLAND	, WA 98674				404200			
3a Plan ar	dministrator's name and	I address X Same as Plan Spon	sor		3b Admi	inistrator's EIN		
					3c Admi	inistrator's telephone number		
		plan sponsor or the plan name ha			4b EIN			
this pla a Sponso		sor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN			
C Plan N								
		t the beginning of the plan year			5a 5b	9		
		t the end of the plan year				0		
				•	5c	0		
		cipants at the beginning of the pla	-		5d(1)	2		
d(2) Total number of active participants at the end of the plan yeare Number of participants who terminated employment during the plan year with accrued benefits that were less					5d(2)	0		
than 1	100% vested				5e	0		
Caution: A	penalty for the late or	r incomplete filing of this return	/report will be assesse	d unless reasonable ca				
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a ete						
SIGN		alid electronic signature.	03/24/2018	MICHAEL WOOLSEY	•			
HERE	Signature of plan ad		Date	Enter name of individ	ual signing	as plan administrator		
SIGN	- ·							
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor		

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

Form 5500-SF (2017) v.170203

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	Were all of the plan's assets during the plan year invested in eligib							×	Yes No
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.)								Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann		,					🗆	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not	determined
	If "Yes" is checked, enter the My PAA confirmation number from th	ne PBGC p	premium filing for this p	lan yea	r			(See ir	structions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Voar			(b) E	nd of Year	
a	Total plan assets	. 7a		12895					0
	Total plan liabilities	7a 7b	10	0					0
	Net plan assets (subtract line 7b from line 7a)	7c	19	12895					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun				(h) Total	
-	Contributions received or receivable from:		(4) / 1110 41				(<i>,</i> 10101	
	(1) Employers	. 8a(1)							
	(2) Participants	. 8a(2)			_				
	(3) Others (including rollovers)	. 8a(3)			_				
b	Other income (loss)	. 8b	34	40906	_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						3409	006
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	22	53576					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f		225					
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						22538	801
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				-191			95
j	Transfers to (from) the plan (see instructions)	- 8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2A 3D 2T	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the i	nstructions	:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Cod	es in the ins	structions:	
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	itions with	in the time period						
	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 reported on line 10a.)			10b		x			
С	Was the plan covered by a fidelity bond?			10c	Х			2	250000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
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.)

Has the plan failed to provide any benefit when due under the plan?

Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.) 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.....

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Page 3- 1

Part	VI Pension Fu	iding Compliance				
11		fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 11a below)	dule S	В	Y	es 🗌 No
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	ribution plan subject to the minimum funding requirements of section 412 of the Code or section me 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 of	f 	[] Y	es X No
a		mum funding standard for a prior year is being amortized in this plan year, see instructions, and			f the letter Year _	ruling
lf y	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum re	uired contribution for this plan year	12b			
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c			
d		n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			_
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Termir	ations and Transfers of Assets				
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	C
	If "Yes," enter the an	ount of any plan assets that reverted to the employer this year	13a			0
b		ets distributed to participants or beneficiaries, transferred to another plan, or brought under the		×	Yes	No
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s	13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF	Short Form Annual	Return/Report	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		005 of the Employee De	tiromont	2017			
Department of Labor Employee Benefits Security Administration	This form is required to be filed u Income Security Act of 1974 (El	7(b) and 6058(a) of the I	nternal	This Form is Open to			
Pension Benefit Guaranty Corporation	 Complete all entries in acc 	ordance with the instru	uctions to the Form 55	00-SF.	Public Inspection		
Part I Annual Report	Identification Information						
For calendar plan year 2017 or fis		1/01/2017	and ending	12/3	1/2017		
A This return/report is for:	X a single-employer plan				ing this box must attach a the form instructions.)		
B This return/report is	the first return/report	the final return/report					
	an amended return/report		n/report (less than 12 mc	onths)			
C Check box if filing under:	Form 5558	automatic extension	٦	DFVC pr	ogram		
	special extension (enter description	ion)	-				
Part II Basic Plan Info	rmation—enter all requested inform	mation					
1a Name of plan				1b Three	e-digit		
	Inc. Savings & Retire	ment Plan			number 001		
					tive date of plan 1/1986		
2a Plan sponsor's name (emplo Mailing address (include room	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. B	Box)		2b Employer Identification Number			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Landworks Northwest, Inc.				(EIN) 93-0789736 2c Sponsor's telephone number			
9581 Old Pacific Hwy	South		-	360-225-8978 2d Business code (see instructions)			
	.,			48420	00		
Woodland 3a Plan administrator's name ar	WA 98674 nd address X Same as Plan Sponso	ır		3b Admir	nistrator's EIN		
			-				
				SC Admi	nistrator's telephone number		
	e plan sponsor or the plan name has a northing of the plan name has a northing of the plan name and			4b EIN			
a Sponsor's namec Plan Name				4d PN			
5a Total number of participants	at the beginning of the plan year			5a	9		
	at the end of the plan year			5b	0		
c Number of participants with	account balances as of the end of the	plan year (only defined	contribution plans	5c	C		
	rticipants at the beginning of the plan			5d(1)	2		
101 A	rticipants at the end of the plan year	70	F	5d(2)	C		
e Number of participants who	terminated employment during the pl	an year with accrued be	nefits that were less	5e	0		
Caution: A penalty for the late	or incomplete filing of this return/re	eport will be assessed	unless reasonable cau	se is estab			
Under penalties of perjury and oth	her penalties set forth in the instruction of signed by an enrolled actuary, as y	ns, I declare that I have	examined this return/rep	ort, includir	ng, if applicable, a Schedule		
SIGN A Micho	all Wooley	1 6	Michael Woolse	У			
HERE Signature of plan a	dministrator	Date 7 24 14	Enter name of individu	al signing a	as plan administrator		
SIGN							
HERE Signature of emplo For Paperwork Reduction Act Notic	yer/plan sponsor e, see the Instructions for Form 5500-SF	Date	Enter name of individu	al signing a	s employer or plan sponsor Form 5500-SF (2017)		

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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) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	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.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [] Yes [] No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)
Pa	rt III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) l	End of Ye	ar
а	Total plan assets	7a	1,	912,	895		_		
b	Total plan liabilities	7b			0				
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	912,	895				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it				b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		340,	906				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							340,90
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2,	253,	576				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f			225				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2,253,80
i	Net income (loss) (subtract line 8h from line 8c)	8i							-1,912,89
:	Transfers to (from) the plan (see instructions)	8j							
J Par	rt IV Plan Characteristics	<u> </u>							
9a b	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2A$ $3D$ $2T$ If the plan provides welfare benefits, enter the applicable welfare for	feature co							<u></u>
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2A 3D 2T If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions	feature co			acteris	lic Cod		nstruction	IS:
9a b Par 10	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2A 3D 2T If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year:	feature co	des from the List of Pla						IS:
9a b Par 10	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2A 3D 2T If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions	feature co eature coc tions withi /oluntary F	des from the List of Pla in the time period Fiduciary Correction		acteris	lic Cod		nstruction	IS:
9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2A 3D 2T If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	feature co eature coo tions withi /oluntary F	des from the List of Pla in the time period Fiduciary Correction include transactions	n Chara	acteris	lic Cod		nstruction	IS:
9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2A 3D 2T If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	feature co eature coo tions with /oluntary F	des from the List of Pla in the time period Fiduciary Correction include transactions	n Chara	acteris	No X		nstruction	IS:
9a b Par 10 a b c	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2A 3D 2T If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	feature co eature coo tions with /oluntary F ? (Do not fidelity bo	des from the List of Pla in the time period Fiduciary Correction include transactions	n Chara 10a 10b	Yes	No X		nstruction	is: int
9a b Par 10 a b c d	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2A 3D 2T If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	feature co eature coo tions withi /oluntary F ? (Do not fidelity bo	des from the List of Pla in the time period Fiduciary Correction include transactions ond, that was caused the benefits under	n Chara 10a 10b 10c	Yes	No X X		nstruction	is: int
9a b Par 10 a b c d	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2A 3D 2T If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides sorr the plan? (See instructions.)	feature co eature coo tions with /oluntary F ? (Do not fidelity bo ner person ne or all of	des from the List of Pla in the time period Fiduciary Correction include transactions and, that was caused the benefits under	n Chara 10a 10b 10c 10d	Yes	No X X X		nstruction	is: int
9a b Par 10 a b c d d f g	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2A 3D 2T If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan have any participant loans? (If "Yes," enter amount a	feature co eature coo tions with /oluntary F ? (Do not fidelity bo ner person ne or all of n?	des from the List of Pla in the time period Fiduciary Correction include transactions and, that was caused the benefits under the benefits under	n Chara 10a 10b 10c 10d	Yes	No X X X X		nstruction	is: int
9a b Par 10 a b c d d e f g	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2A 3D 2T If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	feature co eature coo tions withi /oluntary F ? (Do not fidelity bo ner person ne or all of n? 	des from the List of Pla in the time period Fiduciary Correction include transactions ond, that was caused the benefits under the benefits under end.)	n Chara 10a 10b 10c 10d 10e 10f	Yes	No X X X X X X		nstruction	is: int

Form 5500-SF 2017

Page	3-	

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)	nedule S	B		Yes	[] No
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 secti ERISA?	on 302 o	f		Yes	X No
	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 Da	the date	of the le Yea	lter ruli r	ng
<u> </u>	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				
c	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				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	. [Yes	No No		I/A
Part						
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes		No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th control of the PBGC?			X Yes)
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)	s) to				
	3c(1) Name of plan(s): 13c() EIN(s)		130	:(3) PN	(s)