## 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

2017

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	1			
For calend	lar plan year 2017 or fi	iscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017	
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) ( employer information in ac	_	
<b>D</b>		a one-participant plan	a foreign plan			
<b>B</b> This ret	urn/report is	the first return/report	the final return/report	t		
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC progr	am
		special extension (enter desc	ription)			
Part II	Basic Plan Info	ormation—enter all requested in	formation			
1a Name SOUTH SO	of plan UND SEW & VAC RE	TIREMENT PLAN			1b Three-dig plan num (PN) ▶	
					1c Effective	date of plan 01/01/2006
		oyer, if for a single-employer plan)	2 Paul			r Identification Number
		om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos		structions)	(EIN)	26-3560976
SOUTH SOL	UND SEW & VAC LLC	;				's telephone number 860-943-9691
					2d Business	code (see instructions)
365 COOPE OLYMPIA, V	R POINT RD NW STE VA 98502	± 101				453990
3a Plan a	administrator's name a	ind address 🛛 Same as Plan Spo	nsor.		<b>3b</b> Administr	ator's EIN
					<b>3c</b> Administr	rator's telephone number
4 If the	name and/or EIN of th	e plan sponsor or the plan name h	as changed since the last	return/report filed for	<b>4b</b> EIN	
this p	lan, enter the plan spo	onsor's name, EIN, the plan name			4d DV	
a Spons C Plan N	sor's name Jame				4d PN	
- 110111	vanio					
<b>5a</b> Total	number of participants	s at the beginning of the plan year.			5a	8
		s at the end of the plan year			5b	9
		account balances as of the end of		=	5c	9
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	6
		articipants at the end of the plan ye			5d(2)	8
than	100% vested	o terminated employment during th			5e	0
		or incomplete filing of this retur				
SB or Scho		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.				
SIGN	Filed with authorized	d/valid electronic signature.	05/03/2018	STEVE GLOVER		
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as p	lan administrator
SIGN						
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing as e	mployer or plan sponsor

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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.  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							
	If "Yes" is checked, enter the My PAA confirmation number from th	ie PBGC p	remium filing for this p	lan yea	r			(See instructions.)
Pa	rt III Financial Information	1						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year
a	Total plan assets	. 7a	3	22599				385427
	Total plan liabilities	. 7b		0				0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c	3	22599				385427
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)		35000				
	(2) Participants	8a(2)		5685				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b		23773				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						64458
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0				
f	Administrative service providers (salaries, fees, commissions)	. 8f		1630				
g	Other expenses	. 8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						1630
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i						62828
j	Transfers to (from) the plan (see instructions)	- 8j						
Pa	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D 3B	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary 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			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
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.)	ne or all of	the benefits under	10e	X			399
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? 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 Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X 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 section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	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			
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 '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X N	0
	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?			Yes X	No
С	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. (See instructions.)	) to			
1	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)		13c(3	<b>)</b> PN(s)

## Form 5500-SF

Department of the Transcry Internet Revenue Service

Department of Labor Employee Senetits 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 5506-SF.

2017

OMB Nos. 1210-0116

1210-0089

This Form is Open to Public Inspection

Part I Annual Repor	rt Identification Informatio	U goronofiles AIDI bis 11981	nischout to me Hous 2	500-SF.	
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/20	1 *7
A This return/report is for:	🔀 a single-employer plan	a multiple employer p		(Filers checking this b	ox must effect a
<b>n</b>	a one-participant plan	a foreign plan		COOLDELECTO MARCH TIME NOW	in instructions, )
B This return/report is	the first return/report	the final return/report			
_	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC program	
B. 1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	special extension (enter des				
Part II Basic Plan Inf	ormation—enter all requested in	oformation		···	
1a Name of plan				15 Three-digit	<u> </u>
SOOTU SOOND SEM 6 /	VAC RETIREMENT PLAN			plan number	
				(PN) ▶	001
20 Blancon (		<u> </u>		1c Effective date o 01/01/200	
City or town, state or provin	oyer, if for a single-employer plan) om, apt., suite no. and street, or P. ice, country, and ZIP or foreign pos	O Roy)		2b Employer Identi (EIN)26~3566	fication Number
SOUTH SOUND SEW & V	AC LLC	2000 (II 1010) 11 200 II 188	ucions)	2c Sponsor's telep	hone number
				(360) 943~: 26 Business code (	
365 COOPER POINT RD	NW STE 101				ove manacachia)
OLYMPIA		WA	98502	453990	
3a Plan administrator's name a	nd address 🗙 Same as Plan Spo	neor.		3b Administrator's 8	
4 If the name and/or EIN of th	e plan sponsor or the plan name h	po obroamed rise all a 1		3c Administrator's t	elephone number
was plant, since the plan spo	nsor's name, EIN, the plan name a	as crisinged serce the least te	autvreport filed for e last return/report.	4b EIN	
8 Sponsor's name C Plan Name				4d PN	······································
a Total number of participants	at the beginning of the plan year			5a	8
b Total number of participants	at the end of the plan year			5b	9
combiete das item)	account balances as of the end of		***************************************	5c	9
<b>d(1)</b> Total number of active particles	rticipants at the beginning of the pl	sn year		5d(1)	6
<b>d(2)</b> Total number of active participants who	rticipants at the end of the plan yea	·		5d(2)	
usen 100% vested	terminated employment during the		1	5e	0
nder penalties of periury and of	of incomplete ning of this fetum her penalties set forth in the instruc- to signed by an entitled actuary a	/report will be assessed u	niess reasonable caus		
the the	Herr	3 May 2018	steve G	lover	
Signature of plan as	dministrator	Date	Enter name of individua	il signing as plan admi	nistrator
Signature of employ	ver/plan sponsor	Date	Enter name of the 45.44		·
r Peperwork Reduction Act Notice	s, see the instructions for Form 5500-	SF.	Enter name of individua		OF plan sponsor

	Form 5500-SF 2017	<del></del>	Page 2		, <u></u> .	<u></u>		
	Were all of the plan's assets during the plan year invested in eight Are you claiming a waiver of the annual examination and report of under 29 CFR 2520, 104-467 (See instructions on waiver eligibility of answered "No" to either line 62 or line 65, the plan cast if the plan is a defined benefit plan, is it covered under the PBGC of "Yes" is checked, enter the No PAA confirmation and the plan is a defined benefit plan, is it covered under the PBGC.	y and con iy and con inot use i insurance	Glions.)	iic acco Kust in:	untant stead (	(IQPA)	****************	Yes No
,	If "Yes" is checked, enter the My PAA confirmation number from art III Financial Information	the PBGC	premium filing for th	is plan	/ear	- <u>-</u>		☐ Not determined (See instructions.)
7	Plan Assets and Liabilities		<del></del>					
a	Total plan assets	ļ	(a) Beginnir	ig of Y	ear	<u> </u>	(b) Enc	of Year
b	Total plan liabilities	7a		322	2,599	9		385,427
C	Total plan Rabilities	7b	<u> </u>		. (			(
8	Net plan assets (subtract line 7b from line 7a)	7c		322	, 59 <u>9</u>	)		385,427
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amo	unt			(b)	<b>Fotal</b>
	(1) Employers	8a(1)		25				
	(2) Participants	8a(2)	<del> </del>		,000	<del></del>		
	(3) Others (Including rollovers)	8a(3)	<del> </del>	5	, 685		<del> </del>	
<u>b</u>	Other income (loss)	653			222	<del></del>	<del>- 11 - 1</del>	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23	<u>. 773</u>	<del></del>		<u> </u>
d	Benefits paid (including direct rollovers and tocurance promines					<del></del>	. ,	64,458
	to provide benefits)	8d			0			
	Certain deemed and/or corrective distributions (see instructions)	8e			0		4.4	
	Administrative service providers (salaries, fees, commissions)	<u>8f</u>		1.	630,			
<u> </u>	Other expenses	8g			0		10	
<u> </u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					·	1,630
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8J						62,828
	Transfers to (from) the plan (see instructions)	8j			<u>-</u> -	· · ·		02,626
	IV Plan Characteristics		· · · · · · · · · · · · · · · · · · ·			·	<del></del>	<u> </u>
_	if the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D 3B							
ь	If the plan provides welfere benefits, onter the applicable welfare fo	ature cod	es from the List of Pt	an Cha	acteris	dic Codes	in the instru	olions:
Part	V Compliance Questions							
10	During the plan year.				Yes	No		
	Wes there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fl	duciary Correction	10a				mount
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.).	(Do not in	ich ida terapadiana	10a		x		·
C	Was the plan covered by a fidelity bond?					<del>                                     </del>	<u></u>	7111.
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	idality hon	d that you says a	10c	X	7		50,000
æ	Were any fees or commissions paid to any brokers, agents, or other cernier, insurance service, or other organization that provides some	r nerenne	hy so incurance	10d		X	<del></del>	<del></del>

10e

10f

10g

10h

Х

X

X

399

the plan? (See instructions.)....

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

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

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2620.101-3.)

Form	5500	er.	24.	
rum	0000	2	711	17

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	'

b Enter the minimum required contribution for this plan year						
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 30 ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and emgranting the waiver.  Month  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Denter the minimum required contribution for this plan year.  C Enter the amount contributed by the employer to the plan for this plan year.  It 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).  Part VIL Plan Terminations and Transfers of Assets  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Part VIL Plan Terminations and Transfers of Assets  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			B	Τ-	[] Y	es XI
ERISA?  (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 employer to the waiver.  Month  Hyou 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.  c Enter the amount contributed by the employer to the plan for this plan year.  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).  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Part VII. Plan Terminations and Transfers of Assets  13a 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.  13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				<u></u>	<u> </u>	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and emgranting the waiver.  If 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.  c Enter the amount contributed by the employer to the plan for this plan year.  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).  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Part VII. Plan Terminations and Transfers of Assets.  13a 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.  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	n 302	)2 of				es [X]
b Enter the minimum required contribution for this plan year	d ente	ter (†	ne date			nuling
C Enter the amount contributed by the employer to the plan for this plan year.  C Enter 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).  E Will the minimum funding amount reported on line 12d be met by the funding deadline?  Part VII Plan Terminations and Transfers of Assets  13a 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.  13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		Day		<u>Y</u>	ear_	
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)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Part VII. Plan Terminations and Transfers of Assets  13a 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  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	12b	ъ [				_
e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Part VII Plan Terminations and Transfers of Assets  13a 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  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the office of the PBGC?	12c	·c				
Part VII Plan Terminations and Transfers of Assets  13a 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  b 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 transformed from this plan year, any assets or liabilities were transformed from this plan year, any assets or liabilities were transformed from this plan year, any assets or liabilities were transformed from this plan year.	12d	d	···		•	
13a 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  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  c If, during this plan year, any assets or liabilities were transformed to another plan.		┯┸	Yes	l N	_ 11	
13a 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.  13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  C If, during this plan year, any assets or liabilities were transformed from this plan year, any assets or liabilities were transformed from this plan year.	<u>_</u>	<u>Ļ, j</u>	163		<u>ь П</u>	N/A
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes	<u> </u>		
control of the PBGC?  If, during this plan year, any assets or liabilities were transformed from this plan year, any assets or liabilities were transformed from this plan year.	42-	╌┝	] 140	<u> </u>	No	
C If, during this plan year, any assets or liabilities were transformed from this all.	<del></del>	+		7 Ve	- <del> </del>	No.
The state of the s	to				- 12	
13c(1) Name of plan(s):			<del>-</del> -			
13c(2) EIN(	FIN(E	B)		18	kc(3) P	N(s)