Form 5500-SF		Short Form Annual Return/Report of Small Empl Benefit Plan				OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service Department of Labor		This form is required to be filed under sections 104 and 4065 of the Employee R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the				2017				
Employee Benefits Security Administration Revenue Code (the Code).						This Form is Open to Public Inspection				
Part I	Complete all entries in accordance with the instructions to the Form 5500-SF.									
	For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017									
A This re	turn/report is for:	a single-employer plan	list of participating employer information in accordance with the form instructions.)							
B This ret	urn/report is	the first return/report	a one-participant plan a foreign plan the first return/report The final return/report							
		an amended return/report	a short plan year return/report (less than 12 months)							
C Check box if filing under:										
Part II Basic Plan Information—enter all requested information										
1a Name	of plan				1b Three					
PLATS PLU	JS 401(K) PLAN				(PN)	number 001				
					1c Effect	tive date of plan 01/01/2015				
Mailin	g address (include room	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		atructions)	2b Employer Identification Number (EIN) 91-1466165					
PLATS PLU				siluctions)	2c Sponsor's telephone number 360-657-4720					
720 CEDAR					2d Business code (see instructions)					
SUITE C	E, WA 98270				237990					
3a Plan a	administrator's name an	d address 🗙 Same as Plan Spon	sor.		3b Administrator's EIN					
					3c Administrator's telephone number					
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for					4b EIN					
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name				4d PN						
						32				
5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year					5a 5b	28				
 C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 					5c	4				
d(1) Total number of active participants at the beginning of the plan year					5d(1)	32				
d(2) Total number of active participants at the end of the plan year					5d(2)	27				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e					
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
SIGN		valid electronic signature.	05/29/2018	BETTY BEEHLER						
HERE	Signature of plan ac		Date	Enter name of individu	ual signing a	as plan administrator				
SIGN	Filed with authorized/	valid electronic signature.	05/29/2018	PLATS PLUS INC						
HERE For Baport	Signature of employ	yer/plan sponsor e, see the Instructions for Form 5500	Date	Enter name of individu	ual signing a	as employer or plan sponsor				
FOI Paperw		e, see the manuations for Form 5500	- 5 г.			Form 5500-SF (2017) v.170203				

Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) IV or all work of the plan's assets during the plan year invested in independent qualified public accountant (IQPA) IV or all work of the plan's assets during the plan year invested in work or eligiblity and conditions.) IV or all work of the plan's assets during the plan year invested in work or eligiblity and conditions.) IV or all work of the plan is the plan year invested in work or eligiblity and conditions.) IV or all work of the plan year invested in work or eligiblity and conditions.) IV or all work of the plan's assets in the plan year invested in the plan year invested in the instructions.) Part III Financial Information Ta 190/22 40025 7 Plan Assets and Liabilities Ta 190/22 40025 8 Income. Expenses. and Transfers for the Plan Year (a) Amount (b) End of Year 40025 8 Income. Expenses. and Transfers for the Plan Year (a) Amount (b) Total 60 1 Caref blancing and work of the Plan Year (a) Amount (b) Total 60 2 Part (plan income (add lines def(1), def(2), def(3), and def) 330 60 64 64 64 64 64 64 60 60 60 60 60 60 60 60												
under 20 CFR 250.014-467 (See instructions on waiver eligibility and conditions.) We waite the time 5 of time 500.5F and must instead use Form 5500. C II the plan is a defined banelit plan, is is covered under the PBGC insurance program (see ERISA section 4021)? No i Not determined If 'Yea''s checked, enter the My PAA confirmation number from the PBGC previuwn filing for this plan year (See instructions.) Part III Financial Information 7 (a) Beginning of Year (b) End of Year 7 Plan Assets and Liabilities 7a 1992.28 400228 b Total plan lassities 7b 0 0 C Net plan assets 7b 0 0 3 Combinition received or receivable from ine 7a) 7c 19628 40028 6 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 0 (2) Participants 8a(2) 10483 21200 0 (3) Amount (b) Total 330 21200 0 0 C Total income (loss) 8a(2) 10483 21200 0 0 C Total income (loss) 8a(2) 0 12400 0 0 0 C Total income (loss) 8a(3) 0 0 0	-							X Yes No				
If you answered "No" to other 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 acovered under the PBGC insurance program (see ERISA section 4621)? Yes No Action (See Instructions) Part III Financial Information 7 Plan Assets and Liabilities 9 Total plan assets	b							X Yes 🗌 No				
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes Not determined If 'Yes' is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year												
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	f						Х					
					10g							

 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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.
 10i
 10i

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Page 3- 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 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 Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No	
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lf y	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 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)								
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	es X	No		
	lf "Y	es," 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 🔀 No			
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to					
13c(1) Name of plan(s): 13c(2)) EIN(s	5)	130	13c(3) PN(s)			