Form 5500-SF	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service	This form is required to be filed u	Benefit Plan ander sections 104 and 4	065 of the Employee Re	tirement	2017				
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (E		nternal	This Form is Open to Public Inspection					
Pension Benefit Guaranty Corporation	uctions to the Form 55	00-SF.							
	dentification Information	7	and anding 10	104/0047					
For calendar plan year 2017 or fiscal plan year beginning       01/01/2017       and ending       12/31/2017         Image: Single-employer plan       Image: Single-employer plan       Image: Single-employer plan       Image: Single-employer plan									
A This return/report is for:		list of participating em			vith the form instructions.)				
<b>B</b> This return/report is	a one-participant plan	a foreign plan the final return/report							
l	an amended return/report	a short plan year return	n/report (less than 12 mo	onths)					
<b>C</b> Check box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
	special extension (enter descript								
	mation—enter all requested infor	nation							
1a Name of plan COASTAL PROGRESS SHARING 8				1b Three plan	e-digit number				
COASTAL PROGRESS SHARING 6	SALART SAVINGS FLAN			(PN)					
				1c Effect	tive date of plan 07/01/1988				
2a Plan sponsor's name (employe Mailing address (include room.	er, if for a single-employer plan) apt., suite no. and street, or P.O. E	Box)		2b Empl (EIN)	oyer Identification Number 91-1222755				
	country, and ZIP or foreign postal		uctions)	( )	nsor's telephone number				
,			-	2d Busir	425-407-0624 d Business code (see instructions)				
6700 HARDESON ROAD				La Dusi	332900				
SUITE 103 EVERETT, WA 98203					332900				
<b>3a</b> Plan administrator's name and	address X Same as Plan Sponso	r		<b>3b</b> Admi	nistrator's EIN				
		<i>.</i>	_						
				3c Admi	nistrator's telephone number				
	blan sponsor or the plan name has sor's name, EIN, the plan name and			4b EIN					
a Sponsor's name				<b>4d</b> PN					
C Plan Name									
5a Total number of participants a	t the beginning of the plan year			5a	49				
	t the end of the plan year			5b	45				
	count balances as of the end of the			5c	19				
d(1) Total number of active partie	cipants at the beginning of the plan	year		5d(1)	42				
• •	cipants at the end of the plan year.			5d(2)	37				
than 100% vested	erminated employment during the p	-		5e	0				
Caution: A penalty for the late or Under penalties of perjury and other									
SB or Schedule MB completed and belief, it is true, correct, and completed	signed by an enrolled actuary, as								
	alid electronic signature.	06/22/2018	PHILIP R LEPLEY						
HERE Signature of plan ad		Date	Enter name of individu	ual signing as plan administrator					
SIGN									
HERE Signature of employe	er/plan sponsor	Date	Enter name of individu	dividual signing as employer or plan sponsor					

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

Form 5500-SF (2017) v.170203

	Were all of the plan's assets during the plan year invested in eligib			
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	· · · · · · · · · · · · · · · · · · ·		
	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 in			
	If "Yes" is checked, enter the My PAA confirmation number from th			
Ра	rt III   Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	667257	798344
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	667257	798344
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	28785	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	104517	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		133302
d	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	2215	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2215
i	Net income (loss) (subtract line 8h from line 8c)	8i		131087
j	Transfers to (from) the plan (see instructions)	8j		
Ра	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension 2E $2F$ $2G$ $2J$ $2K$ $2T$ $3D$	feature cod	es from the List of Plan Characteristic	Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Characteristic (	Codes in the instructions:

Part	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		x				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x				
С	Was the plan covered by a fidelity bond?	10c	X		75000			
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		778			
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		10199			
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						

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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		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 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	es 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 brought under the trol of the PBGC?	•		Yes	×I	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				
1	3c(1	) Name of plan(s): 13c(2	) EIN(s	5)	130	: <b>(3)</b> F	'N(s)

Short Form Ann	-	t of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089			
This form is required to be fi		4065 of the Employee	Retirement	2017			
Income Security Act of 197	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Revenue Code (the Code).						
Complete all entries in	accordance with the ins	tructions to the Form	5500-SF.	Public Inspection			
t Identification Information			· · · · · ·				
fiscal plan year beginning	01/01/2017	and ending	12/:	31/2017			
X a single-employer plan							
a one-participant plan	a foreign plan						
the first return/report	the final return/report						
an amended return/report	🗌 a short plan year retu	rn/report (less than 12 r	months)				
Form 5558	automatic extension		DFVC pro	ogram			
special extension (enter des	cription)						
ormation-enter all requested i	nformation						
,,,,,,, _			1b Three-	-digit			
haring & Salary Savir	ıgs Plan		plan n	umber			
				)1/1988			
om, apt., suite no. and street, or P.	.O. Box)			yer Identification Number			
	stal code (if foreign, see insi	tructions)	2c Spons	or's telephone number			
				5) 407-0624 ss code (see instructions)			
				ss code (see instructions)			
		98203	3329				
ind address 🛛 Same as Plan Spo	onsor.		3b Admini	istrator's EIN			
			3c Admini	istrator's telephone number			
e plan sponsor or the plan name h	nas changed since the last	return/report filed for	4b EIN				
onsor's name, EIN, the plan name	and the plan number from t	he last return/report.					
			40 PN				
			. 5a	49			
			. 5b	45			
account balances as of the end of	i the plan year (only defined	I contribution plans	5c	19			
			5d(1)	42			
			. 5d(2)	37			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5e				
or incomplete filing of this retur	in/report will be assessed	unless reasonable ca	use is establi	ished.			
nd signed by an enrolled actuary, uplete.	as well as the electronic ve	rsion of this return/repo	eport, including rt, and to the b	, if applicable, a Schedule best of my knowledge and			
	6-22-18	1 Vhilin (	RIDN	leu			
L Otan	01-1~10	1 1 1 1 1 1 1					
administrator	Q*~~/~/0 Date	· · · ·	dual signing as				
		Enter name of individ	dual signing as				
		Enter name of individ					
	This form is required to be fincome Security Act of 197  Complete all entries in Complete file on the plan plan Complete file of the plan Comple	Benefit Plan           This form is required to be filed under sections 104 and Income Security Act of 1974 (ERISA), and sections 60 Revenue Code (the Cod > Complete all entries in accordance with the insit t Identification Information           fiscal plan year beginning         01/01/2017           Image: Ima	Benefit Pian         This form is required to be filed under sections 104 and 4065 of the Employee Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).         • Complete all entries in accordance with the instructions to the Form t Identification Information         fical plan year beginning       01/01/2017       and ending         a single-employer plan       a multiple-employer plan (not multiemployer) list of participating employer information in a a one-participant plan       a foreign plan         b a one-participant plan       a foreign plan       a short plan year return/report (less than 12)         c form 5558       a uutomatic extension       special extension (enter description)         orger, if for a single-employer plan)       on, apt., suite no. and street, or P.O. Box)         cc, country, and ZIP or foreign postal code (if foreign, see instructions)       ing, Inc.         wA 98203       wad address Same as Plan Sponsor.         wad address Same as of the end of the plan year.       a sthe end of the plan year.         a st the beginning of the plan year.       a sthe end of the plan year.         a st the end of the plan year.       a sthe end of the plan year.         articipants at the end of the plan year.       a corount balances as of the end of the plan year.         articipants at the end of the plan year.       a corount balances as of the end of the plan year with accrued benefits that were les	This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERNSA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (inte Code).         • Complete all entries in accordance with the instructions to the Form 5500-SF.         t Identification Information         0 a single-employer plan       a multiple-employer plan (not multiemployer) (Filers check list of participating employer information in accordance wil a one-participant plan       a foreign plan         1 the first return/report       a short plan year return/report (less than 12 months)         1 Form 5558       automatic extension       DFVC profiles         1 special extension (enter description)       DFVC profiles       O7 // O         0 org, apt. suite no. and street, or P.O. Box)       2b Emplo (CIN)       2b Emplo (CIN)         1 complete size as Plan Sponsor.       3b Admini         3 at the beginning of the plan name and the plan number from the last return/report filed for onsor's name, EIN, the plan name and the plan number from the last return/report.       4b EIN         4d PN       s at the beginning of the plan year.       5c         5c introper the plan structure as of the plan year with accrued benefits that were less       5c         5c introper the plan name and the plan number from the last return/report.       4b EIN         4d PN       5c       5c         5c introper the mod of the plan year       5d(1) </td			

	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.)	🗙 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	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	· · ·

Pa	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Yea	r		(b) E	nd of Yea	ar
a	Total plan assets	7a	1	667,	257				798,344
b	Total plan liabilities	7b			0			-	0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		667,	257				798,344
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(Ł	) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)			0				
	(2) Participants	8a(2)		28,	785				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		104,	517				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1				133,302
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				· · · · · · · · · · · · · · · · · · ·
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		2,	215				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2,215
	Net income (loss) (subtract line 8h from line 8c)	8i							131,087
<u> </u> j	Transfers to (from) the plan (see instructions)	 8i							
j Pa 9a	Plan Characteristics         If the plan provides pension benefits, enter the applicable pension	8j feature co	des from the List of Pla	in Cha	racteri	stic Cod	des in the i	struction	 s:
9a b	Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         2E 2F 2G 2J 2K 2T 3D         If the plan provides welfare benefits, enter the applicable welfare ferror	feature co							<u> </u>
9a b Pa	Transfers to (from) the plan (see instructions)         rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D         If the plan provides welfare benefits, enter the applicable welfare feet         t V       Compliance Questions	feature co			acteris	tic Code		structions	
9a b Pai 10 a	Transfers to (from) the plan (see instructions)         rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D         If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan year:         V       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	feature cod	les from the List of Plan n the time period iduciary Correction						
9a b Pai 10 a	Transfers to (from) the plan (see instructions)         rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D         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 cod eature cod tions withi oluntary F ? (Do not	les from the List of Plan n the time period iduciary Correction include transactions	Chara	acteris	tic Code		structions	
9a b Pai 10 a	Transfers to (from) the plan (see instructions)         rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D         If the plan provides welfare benefits, enter the applicable welfare feet         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 cod eature cod tions withi oluntary F	les from the List of Plan n the time period iduciary Correction include transactions	10a	Yes	tic Code		structions	t
9a b Pai 10 a	Transfers to (from) the plan (see instructions)         rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D         If the plan provides welfare benefits, enter the applicable welfare feet         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?	feature cod eature cod tions withi oluntary F ? (Do not fidelity bo	les from the List of Plan n the time period Fiduciary Correction include transactions	10a 10b	acteris	tic Code		structions	
9a b Pai 10 a b c d	Transfers to (from) the plan (see instructions)         rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D         If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan year:         V       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contribution 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 cod eature cod tions withi oluntary F ? (Do not fidelity bo er person e or all of	les from the List of Plan n the time period Fiduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c	Yes	tic Code		structions	t 75,000
9a b Pai 10 a b c d	Transfers to (from) the plan (see instructions)         rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D         If the plan provides welfare benefits, enter the applicable welfare feet         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 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.)	feature cod eature cod tions withi oluntary F ? (Do not i fidelity bo er person e or all of	les from the List of Plan n the time period fiduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d	Yes	tic Code		structions	t
9a b Pai 10 a k c c d d	Transfers to (from) the plan (see instructions)         rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D         If the plan provides welfare benefits, enter the applicable welfare feet         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 failed to provide any benefit when due under the plan	feature cod eature cod tions withi oluntary F ? (Do not i fidelity boi er person e or all of n?	les from the List of Plan n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d	Yes	tic Code		structions	t 75,000 778
9a b Pai 10 a k c c d d e f	Transfers to (from) the plan (see instructions)	feature cod eature cod tions withi oluntary F ? (Do not i fidelity boi er person e or all of n? s of year-e See instru	les from the List of Plan n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d 10e 10f	Yes X	tic Code		structions	t 75,000

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)	edule S	B		Yes 🔀 No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40				
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 		Yes 🔀 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 granting the waiver	d enter f Day		f the lette Year	er ruling
lf	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	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	۱ X	10
	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 2	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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3	3) PN(s)