Form 5500-SF Short Form Annual Return/Report of Small Employee OME Department of the Treasury Benefit Plan OME									
D	Pepartment of Labor Benefits Security Administration	This form is required to be filed Income Security Act of 1974	the Internal This Form is Op						
Pension B	Senefit Guaranty Corporation	Public Inspection							
Part I		dentification Information							
For calend	ar plan year 2017 or fisc				2/31/2017 Filors chock	king this box must attach a			
A This re	eturn/report is for:	X a single-employer plan				ith the form instructions.)			
B This ret	turn/report is	the first return/report							
		an amended return/report		urn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descr	iption)						
Part II	Basic Plan Infor	mation—enter all requested inf	ormation		-				
1a Name DIVCO 401	•				1b Three plan	e-digit number			
51000 4010					(PN)	• 001			
					1c Effect	tive date of plan 01/01/2003			
Mailin	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O , country, and ZIP or foreign posta		structions)	2b Employer Identification Number (EIN) 43-1980263				
DIVCO, INC		, country, and zir of foldigr post		structionsy	2c Spor	nsor's telephone number 509-536-1149			
715 N MADE SPOKANE,					2d Busir	ness code (see instructions) 238220			
3a Plan a	administrator's name and	d address 🗙 Same 🛛 as Plan Spon	nsor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
4 If the	name and/or EIN of the	plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN				
	plan, enter the plan spons sor's name	sor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN				
C Plan N									
5a Total	number of participants a	at the beginning of the plan year			5a	74			
-		at the end of the plan year			5b	81			
		ccount balances as of the end of t		•	5c	64			
•	,	icipants at the beginning of the pla			5d(1)	71			
• •		icipants at the end of the plan yea			5d(2)	75			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0			
Under pen SB or Sch	nalties of perjury and othe edule MB completed and	r incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, includi	ng, if applicable, a Schedule			
SIGN	true, correct, and comple Filed with authorized/v	ere. ralid electronic signature.	07/09/2018	JEFFREY LATHROP					
HERE	Signature of plan ad		Date	Enter name of individ	ual signing	as plan administrator			
SIGN									
HERE	Signature of employ		Date	Enter name of individ	ual signing	as employer or plan sponsor			
For Paperw	vork Reduction Act Notice	, see the Instructions for Form 5500	-SF.			Form 5500-SF (2017) v.170203			

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) inder 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. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? image: A section 4021 i									
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)									
Pa	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	6057059	6568467					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	6057059	6568467					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from:								

-	(1) Employers	8a(1)	136103	
	(2) Participants	8a(2)	294942	
	(3) Others (including rollovers)	8a(3)	129880	
b	Other income (loss)	8b	937230	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1498155
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	943429	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	43318	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		986747
i	Net income (loss) (subtract line 8h from line 8c)	8i		511408
j	Transfers to (from) the plan (see instructions)	8j		

Part IV **Plan Characteristics**

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2J 2K 2T 3D 2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	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) 10	1	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	,	x	
С	Was the plan covered by a fidelity bond?	x		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	1	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.)		x	
f	Has the plan failed to provide any benefit when due under the plan? 10	;	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	1	x	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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			

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch m 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 sectio 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	1 ×	No
С		uring 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	:(3) P	'N(s)

Form 5500-SF	Short Form Annua		of Small Employ	yee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed	Benefit Plan	065 of the Employee Ret	irement	2017
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 ((ERISA), and sections 605 Revenue Code (the Code)	7(b) and 6058(a) of the In	nternal	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	Complete all entries in a	ccordance with the instru	uctions to the Form 550	0-SF.	
Part I Annual Repor	t Identification Information				
For calendar plan year 2017 or		01/01/2017	and ending	12/	31/2017
A This return/report is for:	X a single-employer plan ☐ a one-participant plan		n (not multiemployer) (Fi ployer information in acco		ing this box must attach a ith the form instructions.)
B This return/report is	the first return/report	the final return/report			
	an amended return/report		/report (less than 12 mor	nths)	
C Check box if filing under:	 Form 5558	automatic extension	Г	DFVC pi	rogram
	special extension (enter descri	ntion)			
Dent II Denie Dien Inf					
	ormation—enter all requested info			1b Three	digit
1a Name of plan DIVCO 401(k) Plan				plan i	number
			-	(PN)	tive date of plan
					01/2003
	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.	. Box)		•	oyer Identification Number
City or town, state or provir DIVCO, Inc.	nce, country, and ZIP or foreign posta	al code (if foreign, see instru	uctions)		sor's telephone number
Diveo, me.			_		9)536-1149
				2d Busin	ess code (see instructions)
715 N Madelia St					
Spokane			99202	238	220
3a Plan administrator's name	and address 🛛 Same as Plan Spon	sor.		3b Admi	nistrator's EIN
				3c Admi	nistrator's telephone number
4 If the name and/or EIN of t	he plan sponsor or the plan name ha	s changed since the last re	turn/report filed for	4b EIN	
this plan, enter the plan sp	onsor's name, EIN, the plan name a	nd the plan number from th	e last return/report.		
 a Sponsor's name c Plan Name 			'	4d PN	
				5a	
	ts at the beginning of the plan year			5a 5b	
	ts at the end of the plan year h account balances as of the end of t			5c	
complete this item)				5d(1)	71
	participants at the beginning of the pla	- 02 ii 1000/025	And shows which a particular	5d(2)	75
	participants at the end of the plan yea no terminated employment during the				1.
than 100% vested				5e	(
Under penalties of perjury and	e or incomplete filing of this return other penalties set forth in the instruc and signed by an enrolled actuary, as molete	tions, I declare that I have	examined this return/repo	ort, includi	ng, if applicable, a Schedule
SIGN JUMM M	1. Tallan		Jeffrey Lathrop		
HERE Signature of plan	administrator	Date) 9-18	Enter name of individua	al signing a	as plan administrator
SIGN					
HERE	loyer/plan sponsor	Date	Enter name of individua	al signing a	as employer or plan sponsor
	tice, see the Instructions for Form 5500				Form 5500-SF (2017) v. 170203

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	🛛 Yes 🗌 No
	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.	
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) Er	nd of Yea	
а	Total plan assets	7a	6,	057,0)59			6	5,568,467
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	6,	057,0)59			6	5,568,467
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		136,	103				
	(2) Participants	8a(2)		294,	942				
	(3) Others (including rollovers)	8a(3)		129,8	380				
b	Other income (loss)	8b		937,2	230				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	,498,155
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		943,	429				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		43,	318				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							986,747
i	Net income (loss) (subtract line 8h from line 8c)	8i							511,408
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 2T 3D	feature co	odes from the List of PI	an Cha	racteri	stic Co	des in the i	nstruction	s:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Pla	n Chara	acteris	tic Cod	es in the ins	structions	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amoun	t
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary f	Fiduciary Correction	10a		х			
t:	Were there any nonexempt transactions with any party-in-interest reported on line 10a.).			10b		х			
C	Was the plan covered by a fidelity bond?			10c	Х				500,000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
e	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		Х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
				10g		Х			
h	2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i					

Form 5500-SF 2017

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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)		B	ΓY	es 🛛 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 sectio ERISA?	n 302 of		ΠY	es 🛛 No			
а	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	ou 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			14.4.5.1				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No)			
	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 🛛	No			
C	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						
	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)			

Form 8955-SSA	Ann	ual Registration S Participants With				OMB No. 1545-2187		
Department of the Treasury Internal Revenue Service Service Go to www.irs.gov/Form8955SSA for instructions and the latest information.								
PART I Annual Sta	tement	Identification Information	ion					
For the plan year beginning 01	/01/201	7			ing12/31/2017			
A Check here if plan is	a govern	ment, church, or other plan that	elects to volu	untarily file Form 8955-SSA	. (See instructio	ns.)		
B Check here if this is	an amend	ed registration statement.						
C Check the appropria	te box if fi	ling under: 🛛 🗌 Form 5558		Automatic extension				
		Special exter						
PART II Basic Plan	Inform	ation - enter all request	ed information	ation				
1a Name						1b Plan Number (PN)		
of plan DIVCO 401(k) Pl	an					001		
Plan Sponsor Information								
2a Plan sponsor's name					2b Employer lo	dentification Number (EIN)		
DIVCO, Inc.					43-198026	53		
2c Trade name (if different from	n plan sp	onsor name)			2d Plan spons	or's phone number		
		,			(509)536-	-1149		
2e In care of name								
2f Mailing address (room, apt.,	suite no.	and street, or P.O. Box)	2g City		2h State	2i ZIP code		
715 N Madelia St			Spokar	ne	WA	99202		
2j Foreign province (or state)		2k Foreign country			2I Foreign post	tal code		
 , e.e.g. p. ee. (e. e)								
Plan Administrator Inform	ation							
3a Plan administrator's name (an plan sponsor)			3b Employer Id	dentification Number (EIN)		
Same								
3c In care of name					3d Plan admin	istrator's phone number		
3e Mailing address (room, apt.	suite no	and street, or P.O. Box)	3f City		3g State	3h ZIP code		
	oune ne							
3i Foreign province (or state)		3j Foreign country			3k Foreign pos	stal code		
or oreign province (or oraco)								
4 If the name or EIN of the pla Plan administrator's name	n admini	s trator has changed since the l	ast return file	d for this plan, enter the na	me and EIN fror EIN	n the last filed return:		
5 If the name or EIN of the pla Plan sponsor's name	n sponso	r has changed since the last re	turn filed for t	this plan, enter the name, E	EIN, and plan nu EIN	mber from that return: Plan Number (PN)		
 b Participants who separated in the same year as the se 7 Total number of participan 	with a de paration o ts reporte	ferred vested benefit required t ferred vested benefit voluntarily occurred d on lines 6a and 6b	reported on	this Form 8955-SSA	· · dia tat a tat			
		n individual statement to each p						
		that I have examined this statem			1			
Sign Signature	of plan sp	Date	signed	Signature of plan admin	istrator	Date signed		
Here Market Market	11 1	allan 7-	9-18	Jenny n I	allin	7-9-18		
010 /	1				/			

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Form 8955-SSA (2017)	Page 2 of 2 Page 2				
Name DIVCO 401(k) Plan	Plan Number 001	EIN 43-1980263			
of plan					

PART III Participant Information - enter all requested information 9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

Code A - has not previously been reported.

Code B — has previously been reported under the above plan number, but whose previously reported information requires revisions. Code C — has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead. Code D — has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"						Use with entry code "A" or "B"				Entry code "C" only	
(a) Entry Code	(b) Social Security Number (or FOREIGN)	(c) Name of Participant (See instructions,)				Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous	(i) Previous
		First name	м.	Last name	1	(d) Type of annuity		(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account	sponsor's EIN	plan number
A	XXX-XX-8424	SHANNON		MORRISON		A	A		43,856		
A	XXX-XX-0496	DARREL	W	DIRK		A	A		17,534		
_											
			_								
_											

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Form 8955-SSA (2017)