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				
For calend	ar plan year 2017 or fi	scal plan year beginning 01/01/2	2017	and ending 12	2/31/2017	
A This ret	turn/report is for:	a single-employer plan		olan (not multiemployer) (employer information in ac	-	
		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	m
		special extension (enter descr	• ,			
Part II	Basic Plan Info	ormation—enter all requested in	formation			T-
1a Name A.I.S., INC.	of plan 401(K) PLAN				1b Three-digi plan numb (PN) ▶	
					1c Effective of	late of plan 01/01/2016
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C). Box)		2b Employer (EIN)	Identification Number 91-1636151
		e, country, and ZIP or foreign post		structions)	2c Sponsor's	telephone number
						09-747-6011 code (see instructions)
	MAIN AVENUE				24 Business (561300
SPOKANE, \	WA 99201					
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administra	itor's EIN
					3c Administra	tor's telephone number
4 If the r	name and/or EIN of the	e plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN	
•	lan, enter the plan spo or's name	nsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN	
C Plan N					TO FN	
5a Total	number of participants	at the beginning of the plan year			5a	7
	·	at the end of the plan year			5b	8
		account balances as of the end of			5c	8
d(1) Tota	al number of active pa	rticipants at the beginning of the pl	an year		5d(1)	7
		articipants at the end of the plan year			5d(2)	5
		terminated employment during the			5e	0
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable cau		
SB or Sche		her penalties set forth in the instruction and signed by an enrolled actuary, a plete.				
SIGN		/valid electronic signature.	07/25/2018	SUSAN AMSTADTER		
HERE	Signature of plan a	ndministrator	Date	Enter name of individ	ual signing as pla	an administrator
SIGN						
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individe	ual signing as em	nplover or plan sponsor

Form 5500-SF 2017 Page **2**

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes	No	
D	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 cann	ot use Fo	rm 5500-SF and mus	t instea	ad use	Form	5500.	_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See instru	ctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
а	Total plan assets	. 7a	12	25372				280606	
b	Total plan liabilities	. 7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	. 7c	12	25372				280606	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) ⁻	Γotal	
а	Contributions received or receivable from:	90(4)		70225					
	(1) Employers	8a(1)		79335 52129	\dashv				
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3) 8b		26578					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	-	20070				158042	
d	Benefits paid (including direct rollovers and insurance premiums	. 60						130042	
	to provide benefits)	. 8d		2753					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f	Administrative service providers (salaries, fees, commissions)	. 8f		55					
g	Other expenses	. 8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						2808	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)								
j_	Transfers to (from) the plan (see instructions)	- 8j		0					
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acteris	tic Cod	des in the instr	uctions:	
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								
	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			IVa					
	reported on line 10a.)			10b		X			
С				10c	X			157	82
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.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ			
g			•	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h	L	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					

Form 5500-SF 2017	Page 3- 1
-------------------	------------------

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)		В	Ye:	s 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 of		Ye	s X No
а	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 t		of the letter r Year	uling
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?		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 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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)

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)

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 Repo	ort Identification Information				
For calendar plan year 2017 o	r fiscal plan year beginning	01/01/2017	and ending	12/31/	/2017
A This return/report is for:	☑ a single-employer plan	not of participating	plan (not multiemployer employer information in	(Filers checking	this how must attach -
B This return/report is	a one-participant plan	a loreign plan			,
	the first return/report an amended return/report	the final return/repo			
C Check box if filing under:	☑ Form 5558		urn/report (less than 12	months)	
	special extension (enter desc	automatic extension	1	DFVC progr	am
Part II Basic Plan In	formation—enter all requested in	nformation			
1a Name of plan		normation		1h =	
A.I.S., INC. 401(K)	PLAN			1b Three-dig plan num (PN) ▶	
0				1c Effective 01/01/2	
City or town, state or provi	oloyer, if for a single-employer plan) com, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign pos	O. Box)	ntructions)	2b Employer	Identification Number
A.I.S., INC.	,, and an ionidigit poo	tai code (ii loreign, see in	structions)		s telephone number
331 WEST MAIN AVENU	JE				code (see instructions)
				THE SEASON STATE OF T	
	WA 99201 and address X Same as Plan Spor	nsor.		3b Administra 3c Administra	ator's EIN ator's telephone number
3a Plan administrator's name	and address X Same as Plan Spor			3c Administra	AND THE RESIDENCE OF THE SECOND SECON
3a Plan administrator's name4 If the name and/or EIN of the this plan, enter the plan sp	and address X Same as Plan Spor	as changed since the lest	return/report filed for		AND THE RESIDENCE OF THE SECOND SECON
 3a Plan administrator's name 4 If the name and/or EIN of the this plan, enter the plan sponsor's name 	and address X Same as Plan Spor	as changed since the lest	return/report filed for the last return/report.	3c Administra	AND THE RESIDENCE OF THE SECOND SECON
3a Plan administrator's name4 If the name and/or EIN of the this plan, enter the plan sp	and address X Same as Plan Spor	as changed since the lest	return/report filed for the last return/report.	3c Administra	AND THE RESIDENCE OF THE SECOND SECON
 3a Plan administrator's name 4 If the name and/or EIN of the splan, enter the plan splan a Sponsor's name c Plan Name 5a Total number of participant 	and address X Same as Plan Spot he plan sponsor or the plan name has nonsor's name, EIN, the plan name as a state of the plan year	as changed since the last and the plan number from	the last return/report.	3c Administra	ator's telephone number
 3a Plan administrator's name 4 If the name and/or EIN of the this plan, enter the plan spansor's name c Plan Name 5a Total number of participant b Total number of participant 	and address Same as Plan Sport the plan sponsor or the plan name has bonsor's name, EIN, the plan name as at the beginning of the plan years at the end of the plan years	as changed since the last and the plan number from	the last return/report.	3c Administra 4b EIN 4d PN	ator's telephone number
4 If the name and/or EIN of the this plan, enter the plan space. a Sponsor's name. c Plan Name. 5a Total number of participant. b Total number of participants. c Number of participants with complete this item)	and address Same as Plan Sport he plan sponsor or the plan name has nonsor's name, EIN, the plan name as as at the beginning of the plan year s at the end of the plan year	as changed since the last and the plan number from the plan year (only defined	the last return/report.	3c Administra 4b EIN 4d PN	ator's telephone number
 3a Plan administrator's name 4 If the name and/or EIN of the this plan, enter the plan space as Sponsor's name b Plan Name 5a Total number of participant b Total number of participant c Number of participants with complete this item) d(1) Total number of active participant 	and address Same as Plan Spot the plan sponsor or the plan name had been sponsor's name, EIN, the plan name as at the beginning of the plan year	as changed since the last and the plan number from the plan number from the plan year (only defined an year	the last return/report.	3c Administra 4b EIN 4d PN 5a 5b	ator's telephone number
 Ja Plan administrator's name If the name and/or EIN of the this plan, enter the plan spansor's name Plan Name Total number of participant Number of participants with complete this item) d(1) Total number of active participant d(2) Total number of active participant 	and address Same as Plan Spot the plan sponsor or the plan name has bonsor's name, EIN, the plan name as at the beginning of the plan year	as changed since the last and the plan number from the plan year (only defined an year	the last return/report.	3c Administra 4b EIN 4d PN 5a 5b 5c	ator's telephone number
4 If the name and/or EIN of the this plan, enter the plan space a Sponsor's name C Plan Name 5a Total number of participants b Total number of participants C Number of participants with complete this item) d(1) Total number of active participants when 100% vested	and address Same as Plan Spot he plan sponsor or the plan name had been sponsor's name, EIN, the plan name as at the beginning of the plan year	as changed since the last and the plan number from the plan year (only defined an year	the last return/report.	3c Administra 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e	ator's telephone number
4 If the name and/or EIN of the this plan, enter the plan space a Sponsor's name C Plan Name 5a Total number of participants b Total number of participants C Number of participants with complete this item) d(1) Total number of active pace active pace of the participants with complete this item) d(2) Total number of active pace of the pace of the participants with the pace of the pace	and address Same as Plan Spot he plan sponsor or the plan name has nonsor's name, EIN, the plan name as at the beginning of the plan years at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year to terminated employment during the cor incomplete filing of this return ther penalties set forth in the instruction of signed by an enrolled actuary and signed by an enrolled actuary and signed by an enrolled actuary.	as changed since the last and the plan number from the plan year (only defined an year	the last return/report. d contribution plans enefits that were less unless reasonable cau	3c Administra 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is established	ator's telephone number
4 If the name and/or EIN of the this plan, enter the plan space a Sponsor's name complete this item)	and address Same as Plan Spot he plan sponsor or the plan name has nonsor's name, EIN, the plan name as at the beginning of the plan years at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year to terminated employment during the cor incomplete filing of this return ther penalties set forth in the instruction of signed by an enrolled actuary and signed by an enrolled actuary and signed by an enrolled actuary.	as changed since the last and the plan number from the plan year (only defined an year	the last return/report. d contribution plans enefits that were less unless reasonable cau	3c Administra 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if at, and to the best	ator's telephone number
4 If the name and/or EIN of the this plan, enter the plan space a Sponsor's name complete the plan space a Total number of participants. b Total number of participants with complete this item)	and address Same as Plan Spot he plan sponsor or the plan name had nonsor's name, EIN, the plan name as as at the beginning of the plan year	as changed since the last and the plan number from the plan year (only defined an year	d contribution plans enefits that were less unless reasonable cau examined this return/re rsion of this return/report	3c Administra 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if at, and to the best	ator's telephone number ad. applicable, a Schedule of my knowledge and
4 If the name and/or EIN of the this plan, enter the plan space a Sponsor's name commended by Total number of participants by Total number of participants with complete this item)	and address Same as Plan Spot the plan sponsor or the plan name has bonsor's name, EIN, the plan name as as at the beginning of the plan year	as changed since the last and the plan number from the plan year (only defined an year	the last return/report. d contribution plans enefits that were less unless reasonable cau examined this return/report	3c Administra 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if at, and to the best exception of the content of the conte	ator's telephone number ad. applicable, a Schedule of my knowledge and

C	5500-SF	
Form	2200-21	71117

Page 2

6	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	an independ	ent qualified public	c accou	ntant (IQPA)		X Yes No
	If "Yes" is checked, enter the My PAA confirmation number from the	nsurance pro	gram (see EDISA	contina	4004		res No	Not determined See instructions.)
	art III Financial Information							
_7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar		(b) End of	Vacu
a		7a			,372		(b) End of	280,606
b	Pierr Heblingeo	7b			0			280,606
	Net plan assets (subtract line 7b from line 7a)	7c		125	,372			280,606
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou					49.00
a	(1) Employers	8a(1)	(a) Alliou	-	335		(b) Tot	al
_	(2) Participants	8a(2)		52,	129			
2	(3) Others (including rollovers)	8a(3)			0	The same		
b	Other income (loss)	8b		26.	578			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						150.010
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2,	753			158,042
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0	THE REAL PROPERTY.	T. Y. C. C.	September 1
f	Administrative service providers (salaries, fees, commissions)	8f			55	l Contract		
g	Other expenses	8g			0	1000		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		BIN O				2 000
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	8i		THE REAL PROPERTY.				2,808
j	Transfers to (from) the plan (see instructions)	8j			0	100000		155,234
Pa	rt IV Plan Characteristics	٥		_				
9a	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Pla	n Chara	acterist	ic Codes	in the instruction	ons:
Par	t V Compliance Questions			_	_			
10	During the plan year:				Yes	No		
a	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vongram)	Juntany Eidu	oione Come etter		165	Х	Amo	ount
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not incl	rele Assessed II	10a		х		
С	Was the plan covered by a fidelity bond?			Internal	Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	idality band	u	10c	Λ	х		15,782
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons by	an insurance	10d		х		
f	Has the plan failed to provide any benefit when due under the plan	?		10e		v		
g	Did the plan have any participant loans? (If "Yes," enter amount as			10f	-	X		
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See instructio	ns and 29 CFR	10g	+	X		35 11 12 21
i	If full was answered "Yes," check the box if you either provided the	romulas d	tice or one of the	10h	_			