	rm 5500-SF	Short Form Annua	t of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089				
Inter D	epartment of Labor Benefits Security Administration	This form is required to be filed Income Security Act of 1974		2017 This Form is Open to					
	enefit Guaranty Corporation	Revenue Code (the Code). This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Public Inspection							
Part I		Identification Information							
For calend	lar plan year 2017 or fis	cal plan year beginning 01/01/2		and ending 12/ plan (not multiemployer) (F	/ <u>31/2017</u>	ing this box must attach a			
A This re	turn/report is for:	a single-employer plan		mployer information in acc		-			
B This ret	urn/report is								
		the first return/report	the final return/report the standard strain the standard strain terms and the strain terms and the strain terms and the strain terms and						
				-	-				
C Check	box if filing under:	X Form 5558	automatic extension	L	DFVC p	rogram			
Dort II	Pasia Dian Info	special extension (enter descr	, ,						
Part II 1a Name		rmation—enter all requested inf	ormation		1b Three	e-diait			
	•	C. 401(K) PROFIT SHARING PLA	N		plan	number			
				-	(PN)				
					IC Ellec	tive date of plan 07/01/2013			
Mailing	g address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O			2b Empl (EIN)	oyer Identification Number 45-2283379			
,	TRIC SOLUTIONS, LLC	e, country, and ZIP or foreign posta	ai code (il loreign, see ins		2c Spor	sor's telephone number 509-491-3500			
2563 TIGER					2d Busir	ness code (see instructions)			
RICHLAND,						236200			
3a Plan a	administrator's name an	d address X Same as Plan Spon	isor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
		plan sponsor or the plan name ha			4b EIN				
•	lan, enter the plan spor sor's name	nsor's name, EIN, the plan name a	nd the plan number from		4d PN				
C Plan N									
5a Total	number of participants	at the beginning of the plan year			5a	10			
		at the end of the plan year			5b	8			
		account balances as of the end of t			5c	4			
d(1) Tot	tal number of active par	ticipants at the beginning of the pla	an year		5d(1)	9			
• •		ticipants at the end of the plan yea			5d(2)	8			
		terminated employment during the			5e				
Caution: A	A penalty for the late of	or incomplete filing of this return	/report will be assesse	d unless reasonable caus					
SB or Sche		her penalties set forth in the instructed signed by an enrolled actuary, a lete.							
SIGN	Filed with authorized/	valid electronic signature.	09/21/2018	KHRISTINA BEYER					
HERE	Signature of plan ac	dministrator	Date	Enter name of individua	al signing a	as plan administrator			
SIGN									
HERE	Signature of employ		Date	Enter name of individua	al signing a	as employer or plan sponsor			
For Paperw	ork Reduction Act Notice	e, see the Instructions for Form 5500	- э г.			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	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								
-	If "Yes" is checked, enter the My PAA confirmation number from the								
		0.200 p	······································						
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
a	Total plan assets	7a	394008	493580					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	394008	493580					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from:								
	(1) Employers	8a(1)	10561						
	(2) Participants	8a(2)	29632						
	(3) Others (including rollovers)	8a(3)	324						
b	Other income (loss)	8b	83864						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		124381					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	24659						
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	150						
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		24809					
i	Net income (loss) (subtract line 8h from line 8c)	8i		99572					
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: 2A 2E 2F 2G 2J 2K 2T 3D

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)		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		х	
С	Was the plan covered by a fidelity bond?		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		х	
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		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 100		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		х	
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 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	: (3) F	'N(s)

	5500 05	Obert Ferry Arrive				ſ	OMB Nos. 1210-0110	
	rm 5500-SF	Short Form Annu	Benefit Plan	of Small Emplo	byee		1210-0089	
	artment of the Treasury mai Revenue Service	This form is required to be file		4065 of the Employee Re	etirement		2017	
	epartment of Labor Benefits Security Administration	Income Security Act of 1974	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of t Revenue Code (the Code):					
Pension B	enefit Guaranty Corporation	 Complete all entries in a 	·	,	Public Inspe			
Part I	Annual Report	Identification Information		fuctions to the Form 55				
		scal plan year beginning 01/01/201		and ending 12/3	1/2017			
A This re	turn/report is for:	X a single-employer plan		an (not multiemployer) (F				
		a one-participant plan	a foreign plan					
B This ret	urn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 mc	onths)			
C Check	box if filing under:	X Form 5558	automatic extension	[DFVC p	rogram		
		special extension (enter descr	iption)					
Part II	Basic Plan Info	rmation—enter all requested inf	formation					
1a Name					1b Three	e-digit		
REAL CENTRIC SOLUTIONS, L.L.C. 401(K) PROFIT SHARING PLAN						number	001	
				ľ	1c Effec	tive date of 1/2013	f plan	
		yer, if for a single-employer plan) n, apt., suite no. and street, or P.C			2b Empl	oyer Identif	ication Number	
City or		e, country, and ZIP or foreign post		ructions)		45-228337 Isor's telep	none number	
	RIG SOLUTIONS, LLC	,			(509) 491-3500			
2563 Tiger L	ane				2d Busin 23620		see instructions)	
Richland, W		d address 🗙 Same as Plan Spor			2h Admi	nistrator's E	-161	
	uninistrator s name an	u address M Same as Flan Spor	ISUI,		JD Admi	ristrator s c		
					3c Admin	nistrator's t	elephone number	
4 If the r	name and/or EIN of the	plan sponsor or the plan name ha	is changed since the last r	eturn/report filed for	4b EIN			
this pl	an, enter the plan spor	isor's name, EIN, the plan name a						
C Plan N	or's name lame				4d PN			
5a Total r	number of participants	at the beginning of the plan year			5a		10	
b Total r	number of participants	at the end of the plan year			5b		8	
	, ,	account balances as of the end of t			5c		4	
d(1) Tota	al number of active par	ticipants at the beginning of the pla	an year		5d(1)		9	
d(2) Tota	al number of active par	ticipants at the end of the plan yea	۱۲		5d(2)		8	
		terminated employment during the			5e			
Caution: A	penalty for the late o	or incomplete filing of this return	/report will be assessed	unless reasonable cau				
SB or Sche		er penalties set forth in the instruct d signed by an enrolled actuary, a						
SIGN	and comp	la.	9-21-2018	Khristina Beyer				
HERE	Signature of plan at	iministrafor			al cigning	ne alan ad-	ainistrator	
SIGN	signature of plan ac		Date 0.11.70K	Enter name of individu			inistrator	
SIGN HERE	Self-	yat	9-21-2018	Khristina				
	Signature of employ	/er/plan sponsor	Date	Enter name of individu	al signing a	as employe	r or plan sponsor	

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Form 5500-SF (2017) v.170203

6a	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.).	X 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 o	f Year			(b) End of Y	ear
	Total plan assets	7a	(a) beginning o	39400				493580
_	Total plan liabilities	7b			-			
	Net plan assets (subtract line 7b from line 7a)	7c		39400	08			493580
_	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
	Contributions received or receivable from:		<u>, 1</u>			0	(6) 1010	
_	(1) Employers	8a(1)		1056				
	(2) Participants			296:	-			-
-	(3) Others (including rollovers)			24				
	Other income (loss)	8b		8386	54			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-			124381
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2465	59			
е	Certain deemed and/or corrective distributions (see instructions)	8e				-		_
f	Administrative service providers (salaries, fees, commissions)	8f		15	50			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1					24809
	Net income (loss) (subtract line 8h from line 8c)	8i						99572
i_		1						
j Par	Transfers to (from) the plan (see instructions) t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature code	es from the List of Pla	In Cha	racteria	stic Codes	in the instructi	ons:
j Par 9a b	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f	feature code						
j Par 9a b Par	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions	feature code			acterist	ic Codes in	the instructio	ns:
j Par 9a b Par	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f	feature codes eature codes utions within t /oluntary Fid	s from the List of Plan the time period uciary Correction					ns:
j 9a b Part 10 a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut descr bed in 29 CFR 2510.3-102? (See instructions and DOL's V	feature codes eature codes utions within t /oluntary Fid	s from the List of Plan the time period uciary Correction clude transactions	Chara	acterist	ic Codes in	the instructio	ns:
j Par 9a b Par 10 a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut descr bed in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest	feature codes reature codes utions within t /oluntary Fid t? (Do not inc	s from the List of Plan the time period uciary Correction	10a	acterist	No X	the instructio	ns:
j Par 9a b Par 10 a b c	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut descr bed 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 codes reature codes utions within t /oluntary Fid t? (Do not inc	s from the List of Plan the time period uciary Correction clude transactions	10a	acterist	No X	the instructio	ns:
j Par 9a b Par 10 a b c d	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut descr bed 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 codes eature codes utions within t /oluntary Fid t? (Do not inc i fidelity bond her persons to ne or all of th	s from the List of Plan the time period uciary Correction clude transactions I, that was caused by an insurance e benefits under	10a 10b 10c	acterist	No X	the instructio	ns:
j Par 9a b Par 10 a b c d	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut descr bed 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 ott carrier, insurance service, or other organization that provides some service.	feature codes eature codes utions within t /oluntary Fid t? (Do not inc fidelity bond her persons to ne or all of th	s from the List of Plan the time period uciary Correction clude transactions l, that was caused by an insurance e benefits under	10a 10b 10c 10d	acterist	No X X X X X X	the instructio	ns:
j Par 9a b Par 10 a c d e	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut descr bed 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.)	feature codes reature codes utions within t /oluntary Fid t? (Do not inc fidelity bond her persons b ne or all of th an?	s from the List of Plan the time period uciary Correction clude transactions I, that was caused by an insurance e benefits under	10a 10b 10c 10d 10e	acterist	No X	the instructio	ns:
j Par 9a b Par 10 a b c d d e f g	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut descr bed 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 sort the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	feature codes eature codes utions within t /oluntary Fid t? (Do not inc fidelity bond her persons t ne or all of th un? (See instruct	s from the List of Plan the time period uciary Correction clude transactions I, that was caused by an insurance e benefits under d.)	10a 10b 10c 10d 10e 10f	acterist	No X X X X X X X X X X X X X X X X X X X	the instructio	ns:

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Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)	•				Yes	X No
11a	Ente	er 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?							Yes	X No
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					_	
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ting the waiver.		l enter i Day		of the let Yea		ing
lf	you o	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Ente	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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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	×	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou rol of the PBGC?				Yes	K N	D
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden th assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1)	Name of plan(s):	13c(2)	EIN(s)		13c	(3) PN	l(s)