Form 5500-SF Short Form Annual Return/Report of Sr Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service       Deficit P fail         Department of Labor Employee Benefits Security Administration       This form is required to be filed under sections 104 and 4065 of the Employee F Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).						2017				
						This Form is Open to				
Pension Benefit Guaranty Corporation         Public Inspection                • Complete all entries in accordance with the instructions to the Form 5500-SF.               Public Inspection										
Part I		dentification Information								
For calenda	ar plan year 2017 or fise	cal plan year beginning 01/01/20		0	/31/2018	the data have seen to the short				
A This ret	urn/report is for:			king this box must attach a vith the form instructions.)						
<b>B</b> This retu	rn/report is	a one-participant plan	a foreign plan							
		the first return/report	X the final return/report							
		an amended return/report	X a short plan year return	/report (less than 12 mo	onths)					
C Check b	box if filing under:	Form 5558	automatic extension	[	DFVC p	rogram				
		special extension (enter descrip	otion)							
Part II		mation—enter all requested info	ormation							
1a Name	•				1b Thre	0				
APPLICATIC	ON SPECIALTIES, INC.	FINAL RETURN			pian (PN)	number 001				
				-	. ,	ctive date of plan				
						01/01/2001				
		er, if for a single-employer plan) a, apt., suite no. and street, or P.O.	Box)		<b>2b</b> Employer Identification Number (EIN) 91-1450869					
City or		, country, and ZIP or foreign postal		uctions)	2c Sponsor's telephone number					
				-	253-872-0305 2d Business code (see instructions)					
3941 B NW					333200					
AUBURN, W	AUBURN, WA 98001-2420				000200					
<b>3a</b> Plan ad	dministrator's name and	d address X Same as Plan Spons	sor.		<b>3b</b> Admi	nistrator's EIN				
					<b>3c</b> Administrator's telephone number					
4 If the r	name and/or EIN of the	plan sponsor or the plan name has	s changed since the last re	turn/report filed for	4b EIN					
•	an, enter the plan spon or's name	sor's name, EIN, the plan name an	d the plan number from th	e last return/report.	<b>4d</b> PN					
C Plan N					40 PN					
5a Total r	number of participants a	at the beginning of the plan year			5a	40				
<b>b</b> Total r	number of participants a	at the end of the plan year			5b	0				
		ccount balances as of the end of th			5c	0				
<b>d(1)</b> Tota	al number of active part	icipants at the beginning of the pla	n year		5d(1)	30				
• •		ticipants at the end of the plan year			5d(2)	0				
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
Caution: A	penalty for the late o	r 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, as								
SIGN		alid electronic signature.	10/02/2018	LOLA PARGETER						
HERE						lividual signing as plan administrator				
SIGN					<u>_</u>					
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	nter name of individual signing as employer or plan spo					
For Denouverk Deduction and Art Notice and the Instructions for Form 5500 SE						Form EE00 SE (2017)				

For Paperwork 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 eligib	le 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 a If you answered "No" to either line 6a or line 6b, the plan cann						
c	If the plan is a defined benefit plan, is it covered under the PBGC in						
Ŭ	If "Yes" is checked, enter the My PAA confirmation number from th						
		01000		anyca	·		(Occ instructions.)
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
a	Total plan assets	7a	1004	41024			0
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	1004	41024			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а	Contributions received or receivable from:	<b>a</b> (1)		-			
	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	1	11415			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					11415
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10047187				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		5252			
	Other expenses	8g		0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					10052439
i	Net income (loss) (subtract line 8h from line 8c)	8i					-10041024
ī	Transfers to (from) the plan (see instructions)	8i					
, Do	rt IV Plan Characteristics	၀၂					
9a		feature co	odes from the List of Pla	an Cha	racteri	stic Codes	in the instructions.
Ja	2E 2J 2K 2F 2G 3D				laoton		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Plar	n Chara	acterist	tic Codes i	n the instructions:
Pa	rt V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	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		×	
k	• Were there any nonexempt transactions with any party-in-interest			. 54			
	reported on line 10a.)			10b		X	
C	Was the plan covered by a fidelity bond?			10c	х		50000

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30397

10d

10e

10f

10g

10h

10i

Х

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

**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.)....

f Has the plan failed to provide any benefit when due under the plan? .....

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.) .....

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.....

h

i

by fraud or dishonesty? .....

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Part	VI Pension Fu	iding Compliance				
11		fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 11a below)	dule S	В	<b>Y</b>	es 🗌 No
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	ribution plan subject to the minimum funding requirements of section 412 of the Code or section me 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 of	f 	[] Y	es X No
a		mum funding standard for a prior year is being amortized in this plan year, see instructions, and			f the letter Year _	ruling
lf y	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum re	uired contribution for this plan year	12b			
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c			
d		n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			_
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Termir	ations and Transfers of Assets				
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	C
	If "Yes," enter the an	ount of any plan assets that reverted to the employer this year	13a			0
b		ets distributed to participants or beneficiaries, transferred to another plan, or brought under the		×	Yes	No
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s	13c(2)	EIN(s)		13c(3)	PN(s)

					OMB Nos. 1210-0110		
Form 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Emplo Benefit Plan					
Department of the Treasury Internal Revenue Service	This form is required to be file	etirement	2017				
Department of Lebor Employee Benefits Socurity Administration	Income Security Act of 1974		This Form is Open to Public Inspection				
Pension Benefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>		uctions to the Form 5	500-SF.	•		
	dentification Information						
For calendar plan year 2017 or fise	cal plan year beginning	01/01/2018	and ending		31/2018		
A This retum/report is for:	a single-employer plan	list of participating em			king this box must attach a with the form instructions.)		
_	a one-participant plan	a foreign plan					
B This return/report is	the first return/report	the final return/report					
	an amended return/report	a short plan year return	/report (less than 12 m	onths)			
C Check box if filing under:	U Form 5558	automatic extension			rogram		
	special extension (enter desci	ription)					
Part II Basic Plan Infor	mation-enter all requested in	formation					
1a Name of plan				1b Thre			
Application Specialti	es. Inc. Final Retur	rn			number 001		
Appricación opeciarei	co, inc. i indi 1000.	•••		(PN)	tive date of plan		
					1/2001		
2a Plan sponsor's name (employ	er, if for a single-employer plan) n, apt., suite no. and street, or P.C			2b Emp	loyer Identification Number ) 91-1450869		
City or town, state or province	, country, and ZIP or foreign post	al code (if foreign, see instr	uctions)		nsor's telephone number		
Application Specialt	ies, Inc.			•	872-0305		
				2d Business code (see Instructions)			
3941 B NW				333200			
Auburn	WA 98001-242						
3a Plan administrator's name and	d address 🗙 Same as Plan Spo	nsor.		3b Adm	inistrator's EIN		
				30 Adm	inistrator's telephone number		
				JU Adm	inistrator s telephone number		
	h	an abanand sizes the last m	num/report filed for	4b EIN			
4 If the name and/or EIN of the this plan enter the plan spon	plan sponsor or the plan name h isor's name, EIN, the plan name a	as changed since the last re and the plan number from the	he last return/report.	TO EIN			
a Sponsor's name	adi a name, ent, me par neme		•	4d PN			
C Plan Name							
5a Total number of participants	at the beginning of the plan year.			5a	40		
	at the end of the plan year			5b	0		
C Number of participants with a	account balances as of the end of	the plan year (only defined	contribution plans	5c			
complete this item)				· [	<u> </u>		
d(1) Total number of active par	ticipants at the beginning of the p	lan year		5d(1)	30		
•••				5d(2)	C		
<ul> <li>d(2) Total number of active participants at the end of the plan year</li> <li>Number of participants who terminated employment during the plan year with accrued benefits that were less</li> </ul>			5e				
then 100% vested					0 bliched		
Caution: A penalty for the late of Under penalties of perjury and oth	or incomplete filing of this retur	m/report will be assessed	unless reasonable ca	nuse is esta	ting if applicable a Schedule		
SB or Schedule MB completed ar belief, it is true, correct, and completed ar	nd signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/repo	ort, and to th	e best of my knowledge and		
SIGN	VLe X	10/2/18	Lola Pargeter		· · · · · · · · · · · · · · · · · · ·		
HERE Signature of plan a	dministrator	Date	Enter name of Indivis	dual slanina	ı as plan administrator		
NEADA MOD	uniniðu alvi						
SIGN							
Signature of emplo	yer/plan sponsor	Date	Enter name of Indivi	auai signing	as employer or plan sponsor Form 5500-SF (2017)		
For Paperwork Reduction Act Notic	e, see the instructions for Form 550	<i>I</i> V-3 <b>F</b> .			v.170203		

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	X Yes 🗌 No
b	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 cann	and condit	ions.)	X Yes No
c	If the plan is a defined benefit plan, is it covered under the PBGC in			
Ŭ	If "Yes" is checked, enter the My PAA confirmation number from the			
Pa	rt III Financial Information	1	······	
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	10,041,024	0
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	10,041,024	0
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)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b		Material And
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		11,415
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10,047,187	and a second
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	5,252	Like Longe State Labor 12
g	Other expenses	. 8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	1		10,052,439
<u>h</u> i		8h		10,052,439 -10,041,024

## 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: 2E 2J 2K 2F 2G 3D

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

## Part V Compliance Questions

10	During the plan year:	Yes	No	Amount			
a	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		10b		х			
c	Was the plan covered by a fidelity bond?	10c	х		50,000		
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			
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.)	10e	x		30,397		
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		х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	101					

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Part							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sch	edule S	B		Yes [	] 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 ERISA?	Code or section	n 302 of			Yes 🗴	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	l enter i Day	he date c	Yea	tter ruling r	g 
lfy	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				
C	Enter the amount contributed by the employer to the plan for this plan year		12c				
d	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)					<b>— —</b>	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				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?			X Yes		No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro 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), idea which assets or liabilities were transferred. (See instructions.)	ntify the plan(s)	) to				
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	c <b>(3)</b> PN(s	s)
			<u> </u>				