## 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

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning and ending a multiple-employer plan (not multiemployer) (Filers checking this box must attach a a single-employer plan list of participating employer information in accordance with the form instructions.) **A** This return/report is for: 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 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit plan number VAN WINKLE R.E. 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 08/01/2015 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 91-2082423 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number VAN WINKLE R.E., INC. 429-330-2085 2d Business code (see instructions) 8510 317TH PL NW 531210 STANWOOD, WA 98290 3b Administrator's EIN **3a** Plan administrator's name and address X Same as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. **4d** PN Sponsor's name C Plan Name 5a 5a Total number of participants at the beginning of the plan year ...... 5<sub>b</sub> **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 3 5c complete this item)..... 5d(1)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

d(1) Total number of active participants at the beginning of the plan year.....

Number of participants who terminated employment during the plan year with accrued benefits that were less

d(2) Total number of active participants at the end of the plan year .....

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is true, correct, and complete.

	with authorized/valid electronic signature.	08/28/2018	ROY VANWINKLE
HERE Signa	ature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE Signa	ature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

5d(2)

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Form 5500-SF 2017 Page **2** 

<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> </ul>								
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined (See instructions.)
Pa	rt III   Financial Information		Γ					
_7_	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Er	nd of Year
a	Total plan assets	. 7a		6280				10269
<u>b</u>	Total plan liabilities	. 7b						
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		6280				10269
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b	) Total
а	Contributions received or receivable from:	90/1)		1440				
	(1) Employers	8a(1)		1650				
	(2) Participants	. 8a(2)						
	(3) Others (including rollovers)	. 8a(3)		0	$\dashv$			
	Other income (loss)	. 8b		899				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						3989
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		0				
q	Other expenses	. 8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							0
	Net income (loss) (subtract line 8h from line 8c)	. 8i						3989
j	Transfers to (from) the plan (see instructions)	8i		0				
Pai	rt IV Plan Characteristics	, <u>, , , , , , , , , , , , , , , , , , </u>						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the ir	estructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Char	acteris	tic Cod	es in the ins	tructions:
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)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c		Χ		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	·	10d		X		
е		ner person ne or all of	s by an insurance the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		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 <b>3-</b> 1
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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)		В	. Y	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 section ERISA?	n 302 of			es 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 Year	ruling
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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	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).

2017

This Form is Open to Public Inspection

OMB Nos, 1210-0110

1210-0089

> Complete all entries in accordance with the instructions to the Form 5500-SF.

Рап і	Annual Repor	t identification information				
For calenda	ar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/2	017
A This ret	:urn/report is for:	X a single-employer plan		an (not multiemployer) (l		
<b>D</b>		a one-participant plan	a foreign plan			·
<b>B</b> This retu	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 m	onths)	
C Check b	box if filing under:	 ☑ Form 5558	automatic extension		DFVC prograr	n
	3	special extension (enter descri			☐ Di ve prograi	11
Part II	Racic Plan Infe	ormation—enter all requested info				
1a Name		officer all requested into	ormation		<b>1b</b> Three-digit	
					plan numb	100
Van Wink	kle R.E. 401(	k) Plan			(PN)	
					1c Effective d 08/01/20	•
2a Plan sp	oonsor's name (empl	oyer, if for a single-employer plan)			-	dentification Number
		om, apt., suite no, and street, or P.O.		41 >		2082423
	ikle R.E., In	ce, country, and ZIP or foreign posta	ai code (it foreign, see inst	ructions)		telephone number
	,				429-330-	
8510 31	7TH PL NW					ode (see instructions)
					531210	
Stanwoo	d	WA 98290		-		
					3c Administrat	or's telephone number
		ne plan sponsor or the plan name ha			4b EIN	
a Sponso	· ·	onsor's name, EIN, the plan name ar	nd the plan number from the	ne last return/report.	4d PN	
C Plan Na						
					1	
<b>5a</b> Total n	umber of participants	s at the beginning of the plan year			5a	3
		s at the end of the plan year		1	5b	3
		account balances as of the end of the			5c	3
		articipants at the beginning of the pla			5d(1)	3
<b>d(2)</b> Tota	al number of active pa	articipants at the end of the plan year	Γ		5d(2)	3
e Numb	er of participants who	terminated employment during the	plan year with accrued be	enefits that were less	5e	
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable cau	ise is establishe	<b>d</b> .
Under pena SB or Sche	Ities of perjury and of	ther penalties set forth in the instruct and signed by an enrolled actuary, as	tions, I declare that I have	examined this return/rep	oort, including, if a	applicable, a Schedule
SIGN			08/28/2018	Roy VanWinkle		
HERE	Signature of plan a	administrator	Date	Enter name of individu	ial signing as pla	n administrator
SIGN	and and an entire of plant	- Annual Market	Date	Enter hame of marviot	adi algrinig as pia	i delilinisti di Ol
HERE	Signature of emplo	avor/plan enonces	Data	Enter name of individu	ial signies es	playor or play
	orginature of emplo	Jyei/pidii Spulisul	Date	Enter name of individu	ıaı sıgrımq as em	DIOVER OF DIAM SDOMSOR

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⊬ao	e	_

	Were all of the plan's assets during the plan year invested in eligib 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	an indepe and condi	independent qualified public accountant (IQPA)						
_	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 the	nsurance p	orogram (see ERISA se	ection 4	021)?			☐ Not det _ (See instr	ermined uctions,)
Pa	rt III   Financial Information								
7_	Plan Assets and Liabilities		(a) Beginning		_		(b) En	d of Year	
_ <u>a</u>	Total plan assets	7a		6,	280				10,269
	Total plan liabilities	7b							10 000
	Net plan assets (subtract line 7b from line 7a)	7c		6,	280				10,269
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt	-		(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		1,	440				
	(2) Participants	8a(2)		1,	650				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b			899				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3,989
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				
е	Certain deemed and/or corrective distributions (see instructions)	8e			Ō				
f	Administrative service providers (salaries, fees, commissions)	8f			0				
g	Other expenses	8g			0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							C
÷	Net income (loss) (subtract line 8h from line 8c)	8i			_				3,989
	Transfers to (from) the plan (see instructions)	8j			0				
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D  If the plan provides welfare benefits, enter the applicable welfare for								
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)	oluntary F	iduciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c		Х			
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.)	ne or all of	the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х			
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-SI	F 2017

Page 3-		
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s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and							
Form 5500) and line 11a below)						Yes	No
Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
RISA?						Yes	X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
				date d			ing
u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
nter the minimum required contribution for this plan year		12b					
nter the amount contributed by the employer to the plan for this plan year		12c					
200		12d					
Vill the minimum funding amount reported on line 12d be met by the funding deadline?			Y	es	No		N/A
Plan Terminations and Transfers of Assets							
las a resolution to terminate the plan been adopted in any plan year?				Yes	X	No	
f "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
					Yes	X	o
	tify the plan(s)	to					
c(1) Name of plan(s):	13c(2)	EIN(s	)		13c	(3) PI	۷(s)
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the CERISA?  (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 instanting the waiver.  It completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line inter the minimum required contribution for this plan year.  Inter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  IN Plan Terminations and Transfers of Assets  Las a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brouch of the PBGC?	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?  (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 instructions, and granting the waiver.  Month  Mou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Inter the minimum required contribution for this plan year  Inter the amount contributed by the employer to the plan for this plan year  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)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  IN Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  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.)	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter granting the waiver.  Month  Day completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Inter the minimum required contribution for this plan year  12b  Inter the amount contributed by the employer to the plan for this plan year  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)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  III Plan Terminations and Transfers of Assets  It was a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  13a  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the granting the waiver.  Nonth Day  ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Inter the minimum required contribution for this plan year  Italian  Inter the amount contributed by the employer to the plan for this plan year  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)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Inter the amount of any plan assets that reverted to the employer this year  If "Yes," enter the amount of any plan assets that reverted to the employer this year  If "Yes," enter the amount of any plan assets that reverted to the employer this year  Inter the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  f 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 granting the waiver.  Month  Day  ou complete line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Inter the minimum required contribution for this plan year  12c  Subtract the amount contributed by the employer to the plan for this plan year  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)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  Plan Terminations and Transfers of Assets  Is a resolution to terminate the plan been adopted in any plan year?  F"Yes," enter the amount of any plan assets that reverted to the employer this year  Note all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  f, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  f 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 let granting the waiver.  Month  Day  Year  Year  Month  Day  Year  Year  Month  Day  Year  Year  Month  Day  Year  Year  Year  Month  Day  Year  Year  Year  Noth  Table  Itale  Itale  Noth  Itale  Year  Itale  Year  Itale  Year  Noth  Itale  Year  Itale  Ital	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of SERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  f 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 rul granting the waiver.  Month  Day  Year  Year  Wear of the minimum required contribution for this plan year  Italy  Inter the minimum required contribution for this plan year  Italy  I