	rm 5500-SF	Short Form Annu	t of Small Employe	e	OMB Nos. 1210-0110 1210-0089			
D	rnal Revenue Service		(ERISA), and sections 60	I 4065 of the Employee Retiren 057(b) and 6058(a) of the Inter	the Internal			
	Benefits Security Administration Benefit Guaranty Corporation	- Complete all entries in	Revenue Code (the Cod	de). .tructions to the Form 5500-S	This Form is Open to Public Inspection			
Part I	Annual Report	Identification Information		directions to the Form 5500-5	or.			
For calend	lar plan year 2017 or fig	scal plan year beginning 01/01/2		and ending 12/31/2				
A This re	turn/report is for:	X a single-employer plan	list of participating e	olan (not multiemployer) (Filers employer information in accorda	-			
<b>B</b> This rot	urn/report is	a one-participant plan	a foreign plan					
D This fet	um/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:	X Form 5558	automatic extension	D	FVC program	I		
	1	special extension (enter desc	, ,					
Part II		rmation—enter all requested in	formation					
1a Name		ON AND PROFIT SHARING RETI	REMENT PLAN	1b	Three-digit plan numbe	r		
					(PN)	001		
				1c	Effective da	te of plan 2/10/2014		
Mailin	g address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C e. country, and ZIP or foreign post		structions)	(EIN) 4	entification Number 6-4294295		
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AGLEVINO, INC.				509	elephone number -238-0333		
19312 N CA MEAD, WA S				2d		de (see instructions) 541990		
<b>3a</b> Plan a	administrator's name ar	nd address X Same as Plan Spor	nsor.	3b	Administrate	or's EIN		
				30	Administrato	or's telephone number		
4 If the	name and/or EIN of the	e plan sponsor or the plan name ha	as changed since the last	return/report filed for <b>4b</b>	EIN			
this p		nsor's name, EIN, the plan name a		the last return/report.	PN			
C Plan N								
5a Total	number of participants	at the beginning of the plan year			ia	3		
		at the end of the plan year			ib	3		
		account balances as of the end of			ic	3		
<b>d(1)</b> Tot	tal number of active pa	rticipants at the beginning of the pl	an year		(1)	3		
• •		rticipants at the end of the plan ye			(2)	3		
than	100% vested	terminated employment during the			ie	0		
Under pen SB or Sche	alties of perjury and ot	or incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary, a plete.	ctions, I declare that I hav	re examined this return/report,	including, if a	pplicable, a Schedule		
SIGN		/valid electronic signature.	10/09/2018	DALE STEVENS				
HERE	Signature of plan a	dministrator	Date	Enter name of individual si	gning as plar	administrator		
SIGN								
HERE	Signature of emplo		Date	Enter name of individual si	gning as emp			
For Paperw	vork Reduction Act Notic	e, see the Instructions for Form 550	J-SF.			Form 5500-SF (2017) v.170203		

<ul> <li>6a Were all of the plan's assets during the plan year invested in eligi</li> <li>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 can</li> </ul>	f an independ and conditio	lent qualified public a ns.)	ccountar	nt (IQ	PA)		X Yes Xes	No No
<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC If "Yes" is checked, enter the My PAA confirmation number from t	insurance pro	ogram (see ERISA se	ction 402	21)? .		Yes No	Not determ	
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning c	of Year			(b) End	l of Year	
a Total plan assets	7a	4	13243				52725	
<b>b</b> Total plan liabilities	7b							
<b>C</b> Net plan assets (subtract line 7b from line 7a)	7c	4	13243				52725	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) <sup>-</sup>	Total	
<ul> <li>a Contributions received or receivable from:</li> <li>(1) Employers</li> </ul>	8a(1)		4000					
(2) Participants	8a(2)							
(3) Others (including rollovers)	8a(3)							
<b>b</b> Other income (loss)	8b		5482					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						9482	
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0	
i Net income (loss) (subtract line 8h from line 8c)	8i						9482	
j Transfers to (from) the plan (see instructions)	·· 8j							
Part IV Plan Characteristics	· · ·			·				
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	n feature cod	es from the List of Pla	an Chara	acteris	stic Co	des in the ins	tructions:	
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare	feature code	s from the List of Plar	n Charac	terist	ic Cod	es in the instr	uctions:	
Part V Compliance Questions								
<b>10</b> During the plan year:			,	Yes	No		Amount	
<b>a</b> Was there a failure to transmit to the plan any participant contrib	utions within	the time period						

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)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		10000
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	
е	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		×	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
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	10i			

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[	Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[	Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII   F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s)	)	13	c(3)	PN(s)

Form 5500-SF	Short Form Annual R		of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		bis form is required to be filed under sections 104 and 4065 of the Employee Retirement ncome Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal								
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (ERIS		7(b) and 6058(a) of the		This Form is Open to Public Inspection					
Pension Benefit Guaranty Corporation	Complete all entries in accord	ance with the instru	uctions to the Form 5	500-SF.	Public Inspection					
	Identification Information									
For calendar plan year 2017 or f		01/2017	and ending		1/2017					
A This return/report is for:		st of participating em			ing this box must attach a the form instructions.)					
	a one-participant plan	foreign plan								
B This return/report is	the first return/report the	e final return/report								
	an amended return/report	short plan year return	/report (less than 12 m	onths)						
C Check box if filing under:	☐	utomatic extension		DFVC pr	ogram					
	special extension (enter description)				- <u>-</u>					
Part II Basic Plan Info	prmation—enter all requested information	0D	ng diginang kanang panakan ng panahang panahang panahan manang panahan sa							
1a Name of plan				1b Three	e-digit					
	AGLEVINO, INC. 401 (K) PENSION AND PROFIT SHARING RETIREMENT PLAN				Number 001					
				1c Effective date of plan 12/10/2014						
2a Plan sponsor's name (emple	a Plan sponsor's name (employer, if for a single-employer plan)									
Mailing address (include roo	m, apt., suite no. and street, or P.O. Box)				yer Identification Number 46-4294295					
EAGLEVINO, INC.	ce, country, and ZIP or foreign postal code	e (ir toreign, see instr	uctions)		sor's telephone number 238-0333					
19312 N CANWELL LN				2d Busin 54199	ess code (see instructions)					
				5415						
MEAD <b>3a</b> Plan administrator's name a	WA 99021-7837 nd address X Same as Plan Sponsor.			3b Admir	nistrator's EIN					
				3c Admir	nistrator's telephone number					
4 If the name and/or EIN of th	e plan sponsor or the plan name has cha	noed since the last re	turn/report filed for	4b EIN						
this plan, enter the plan spo a Sponsor's name c Plan Name	onsor's name, EIN, the plan name and the	plan number from th	e last return/report.	4d PN						
5a Total number of participant	s at the beginning of the plan year			5a	3					
	s at the end of the plan year			5b	3					
c Number of participants with	account balances as of the end of the pla	in year (only defined	contribution plans	5c						
d(1) Total number of active pa	articipants at the beginning of the plan yea	ır		5d(1)	3					
d(2) Total number of active p	articipants at the end of the plan year			5d(2)						
e Number of participants whe	o terminated employment during the plan	year with accrued be	nefits that were less	5e	(					
Caution: A penalty for the late	or incomplete filing of this return/repo	rt will be assessed	unless reasonable ca	use is estab	blished.					
Under penalties of perjury and o SB or Schedule MB completed a	ther penalties set forth in the instructions, and signed by an enrolled actuary, as well	I declare that I have	examined this return/re	port, includir	ng, if applicable, a Schedule					
sign Left L	apiete.	10-9-18	Leslie Lewis							
HERE					a plan administrator					
Signature of plan	administrator	Date	Enter name of individ Leslie Lewis	iual signing a	as pian administrator					
SIGN Lash Tu	n	10-978								
Signature of empl	oyer/plan sponsor	Date	Enter name of individ	lual signing a	as employer or plan sponsor Form 5500-SF (2017)					

the Instructions for Form 5500-SF. Paperwork Reduction Act Notice, see

01111 3300 v.170203

	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
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🗌 Yes 📋 N	o
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
Pa	t III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning of					
а	Total plan assets	7a		43,24				52,725
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		43,	243			52,725
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		4,	000			
	(2) Participants	8a(2)						
-	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		5,	482			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						9,482
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
i	Net income (loss) (subtract line 8h from line 8c)	8i						9,482
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics		a na na manana ana ang ang ang ang ang ang ang an					
b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare f							
and the second	rt V Compliance Questions				Veel	No		<u></u>
10	During the plan year: a Was there a failure to transmit to the plan any participant contribution	tions within	the time period		Yes	No	Amoun	<u>t</u>
	described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	/oluntary Fi	duciary Correction					
1				10a		Х		
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not i	nclude transactions	10a 10b		X X		
	, , , , ,	t? (Do not i	nclude transactions		X			10,000
	reported on line 10a.)	t? (Do not in fidelity bon	nclude transactions d, that was caused	10b	X			10,000
	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	t? (Do not in fidelity bon her persons ne or all of t	d, that was caused by an insurance he benefits under	10b 10c	X	X		10,000
	<ul> <li>reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)</li></ul>	t? (Do not in fidelity born her persons ne or all of t	d, that was caused by an insurance he benefits under	10b 10c 10d	X	X X		10,000
	<ul> <li>reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)</li></ul>	t? (Do not in fidelity bon her persons he or all of t	d, that was caused by an insurance he benefits under	10b 10c 10d 10e	X	X X		10,000

10i

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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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 s (Form 5500) and line 11a below)	chedule	SE	3		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 Code or sec ERISA?					Yes X	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 instructions, granting the waiver		r th ay	e date d	of the lett Year	er ruling	1
lf	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					1
	Enter the amount contributed by the employer to the plan for this plan year		;				
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)	120	1				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [	No	N/A	ł
Part	VII Plan Terminations and Transfers of Assets					an sing an	
13a	Has a resolution to terminate the plan been adopted in any plan year?		[	Yes	XI	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 control of the PBGC?	ne		Ę	] Yes	X No	
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to					
1		(2) EIN(	EIN(s)		13c(	<b>3)</b> PN(s)	)