## 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

Parti	Allilual Repor	t identification information										
For calenda	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending	12/31/2017							
A This return/report is for:    X   a single-employer plan												
<b>D</b> ·		a one-participant plan	a foreign pla	n								
<b>B</b> This retu	urn/report is	the first return/report	the final return/report									
		an amended return/report	amended return/report   a short plan year return/report (less than 12 months)									
C Check b	oox if filing under:	X Form 5558	automatic ex	DFVC program	DFVC program							
		special extension (enter desc	ription)									
Part II	Basic Plan Inf	ormation—enter all requested in	formation									
1a Name	of plan	•			1b Three-digit	t l						
		PROFIT SHARING PLAN			plan numb							
					(PN) <b>•</b>	001						
					1c Effective d	ate of plan						
						01/01/1998						
		loyer, if for a single-employer plan)			2b Employer I	dentification Number						
		om, apt., suite no. and street, or P.C		and instructions)	(EIN)	91-0926155						
WALD IMPO		nce, country, and ZIP or foreign pos	iai code (ii ioreign	see instructions)	·	telephone number 5-822-0500						
						code (see instructions)						
19910 - 50TH	H AVE. W., SUITE 20	00										
LYNNWOOD						452900						
3a Plan a	dministrator's name	and address X Same as Plan Spo	nsor.		<b>3b</b> Administra	tor's EIN						
					<b>3c</b> Administra	tor's telephone number						
						·						
4 If the r	name and/or EIN of t	he plan sponsor or the plan name h	as changed since	the last return/report filed f	or <b>4b</b> EIN							
		oonsor's name, EIN, the plan name a	and the plan numb	er from the last return/repo		44 50						
a Spons					4d PN							
C Plan N	lame											
<b>5a</b> Total r	number of participan	ts at the beginning of the plan year.			5a	15						
<b>b</b> Total r	number of participan	ts at the end of the plan year			5b	15						
		h account balances as of the end of				11						
	,	participants at the beginning of the p				8						
<b>d(2)</b> Tota	al number of active p	participants at the end of the plan ye	ar		5d(2)	8						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					ess <b>5e</b>	0						
Caution: A	penalty for the late	e or incomplete filing of this retur	n/report will be a	ssessed unless reasonal	ole cause is establishe	ed.						
Under pena	alties of perjury and	other penalties set forth in the instru	ctions, I declare th	at I have examined this ret	turn/report, including, if	applicable, a Schedule						
	edule MB completed true, correct, and cor	and signed by an enrolled actuary,	as well as the elec	tronic version of this return	report, and to the best	of my knowledge and						
			10/11/201	8 LOUIS R. WALI	<u> </u>							
SIGN HERE		ed/valid electronic signature.										
	Signature of plan	administrator	Date	Enter name of	individual signing as pla	n administrator						
SIGN												
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of	individual signing as employer or plan sponsor							

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  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.)										
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year										
Pa	rt III   Financial Information	1									
_7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) En	d of Year			
<u>a</u>	Total plan assets	7a	114	49364				1099373			
<u>b</u>	Total plan liabilities	7b									
C	Net plan assets (subtract line 7b from line 7a)	7c	114	49364		1099373					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total			
а	Contributions received or receivable from:										
	(1) Employers	8a(1)		45405	-						
	(2) Participants	8a(2)	,	15465							
	(3) Others (including rollovers)	8a(3)			_						
<u>b</u>	Other income (loss)	8b	13	37103							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						152568			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	20	00256	_						
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		2303							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	otal expenses (add lines 8d, 8e, 8f, and 8g)					202559				
i	Net income (loss) (subtract line 8h from line 8c)	8i				-49991					
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	, ,,									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	les 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	X			150000			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X		100000			
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.)				X			970			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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							

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Part	VI Pension Funding Compliance							
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
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>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
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) 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).

1210-0089

OMB Nos. 1210-0110

2017

This Form is Open to Public Inspection

Pans	sion Benefit Guaranty Corporation	Complete all entries to	*			Public Inspection			
Pari	t   Annual Repor	t Identification Information	accordance with the li	istructions to the Form 5	500-SF.				
For ca	lendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending					
		🗓 a single-employer plan			12/	31/2017 king this box must attach a			
A Thi	is return/report is for:	a one-participant plan	is or baracibating	employer information in ac	cordance v	king this box must attach a with the form instructions.)			
<b>B</b> This	return/report is		a foreign plan						
	· · · · · · · · · · · · · · · · · · ·	the first return/report	the final return/repo	ert	•				
		an amended return/report		furn/report (less than 12 m	anthal				
C Che	ack box If filing under:	r-a	F0-		onins)				
	and a second	X Form 5558	automatic extensio	n	DFVC p	rogram			
Part	II Posis Disa luc	special extension (enter desc	ription)						
	me of plan	ormation—enter all requested in	formation						
					1b Thre	e-digit			
WALD :	IMPORTS, LTD. 4	01(K) PROFIT SHARING	PLAN		-	number 003			
					(PN)				
	·	····			1C Effec	tive date of plan			
2a Pla	n sponsor's name (emplo	yer, if for a single-employer plan)				1/1998			
Oity	or rower state of blocking	m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post	). Box) al code /if foreign see (o	eta estigno)	(EIN)	oyer identification Number 91-0926155			
WALD	IMPORTS, LTD.	0 1	and the foreign, occur	a (dolloris)		sor's telephone number			
10010	# A ###			ļ	425-	<u>8</u> 22~0500			
19910	- 50TH AVE. W.	, SUITE 200			2d Busin	ess code (see instructions)			
LYNNW	non				4529	00			
		WA 98036		j					
Ja Flat	auministrators hame ar	d address X Same as Plan Spon	sor.		3b Administrator's EIN				
					3c Administrator's telephone number				
4 If the	name and/or EiN of the	plan sponsor or the plan name has	n ahoused store the least						
	יוסאם ויישום ביייי יייייי י	sor's name, EIN, the plan name ar	s changed since the last id the plan number from	return/report filed for the last return/report	4b EIN				
F +.			F		4d PN				
C Plan	Name								
53 Total			····						
oa rotai	i number of participants a	at the beginning of the plan year	**************************		5a	15			
M (OIR)	i number of participants a	it the end of the plan year		1"	5b	19			
0 110111	oci vi parucipanis with B	count balances as of the end of the	to mine troop /national for a		5c				
d(1) To	tal number of active parti	cipants at the beginning of the plan	0 1/0 or			1:			
d(2) To	tal number of active part	cipants at the end of the plan year	i yesi		5d(1)	8			
	ון טוואס פוווס עויטיו איש ויי איי	sillinaien employment anana ika .			5d(2)				
[han	100% vested	Incomplete filing of this return/	went Acet with accured D	enerits that were less	5e				
Under pen	aities of perium and other	r populios ant facts to the tract	OPOIL WIN DE 03262261	miness reasonable cans	e is establ	Ished.			
SB or Scho	edule MB completed and	r penalties set forth in the instruction signed by an enrolled actuary, as ate.	ons, I declare that I have	examined this return/repo	rt, includin	, if applicable, a Schedule			
belief, it is	true, correct, and comple	ie /			and to the t	est of my knowledge and			
SIGN ACTION DOUIS R. Wald									
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator									
SIGN				Line hame or individua	signing as	plan administrator			
HERE	Signature of employe	riplan sponsor	D-1-						
For Paperwe	ork Reduction Act Notice,	see the Instructions for Form 5500-S	Date F.	Enter name of individua	l signing as	employer or plan sponsor			
						Form 5500-SF (2017) v.170203			
						*. 11 VZU3			

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<ul> <li>6a Were all of the plan's assets during the plan year invested in elip</li> <li>b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibiling if you answered "No" to either line 6a or line 6b, the plan can be plan in a defined benefit plan, is it covered under the PBGC if "Yes" is checked, enter the My PAA confirmation number from</li> </ul>	or an inceper ty and condit nnot use Fo Cinsurance n	ident qualified publicions.)	s accou	ead u	(QPA) se Form	
Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning	r of Vas		T	#1 C 1 - 137
a Total plan assets	7a		,149			(b) End of Year
b Total plan liabilities	7b		,	,	<del> </del>	1,099,37
C Net plan assets (subtract line 7b from line 7a)	7c	1	,149	.364	<del></del>	1 000 22
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou				1,099,37
a Contributions received or receivable from: (1) Employers	8a(1)					(b) Total
(2) Participants	8a(2)	·	15,	465		
(3) Others (Including rallovers)	8a(3)					
b Other Income (loss)	8b		137,	103		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					152,56
to provide benefits)	. 8d		200,	256		
Certain deemed and/or corrective distributions (see instructions).	. 8e					<u> </u>
f Administrative service providers (salaries, fees, commissions)	. 8f		2,	303	***************************************	
g Other expenses	. 8g				***************************************	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				· · · · · · · · · · · · · · · · · · ·	202,55
Net income (loss) (subtract line 8h from line 8c)	. 8i					-49,99
j Transfers to (from) the plan (see instructions)	. 81					
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D						
b if the plan provides welfare benefits, enter the applicable welfare	feature code:	from the List of Pla	ın Char	acteris	tic Code	es in the instructions:
Part V Compliance Questions						
10 During the plan year:	······································				I T	
Was there a failure to transmit to the plan any participant contributes of the plan and participant contributes of the pl	/Alimbani Eid	spiner Ones-11		Yes	No	Amount
b Were there any nonexempt transactions with any party-in-interes	t2 /Do not in	duda tanan att	10a		X	
reported on line 10s.)	*************	444444444444444444444444444444444444444	10b		^	
d Did the plan have a tope whether			10c	X		150,000

X

X.

X

X

970

10d

10e

101

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

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

h 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

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

by fraud or dishonesty?.....

the plan? (See instructions.)....

Form 5500-SF 2017 Page 3	3-	}					
Part VI Pension Funding Compliance				·····		·	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes." see instru (Form 5500) and line 11a below)				ŚB		∏ Yes	s   No
The state of the s			1				
ERISA?	412 of the	Code or secti	on 302			Yes	E3
at it a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver.	/ear, see i	nstructions, ar	od enter	the date		letter ri ear	uling
A 700 compression me 122, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and s	kin la lin	p 13		Y		581	
b Enter the minimum required contribution for this plan year			12b	T		····	
C Enter the amount contributed by the employer to the plan for this plan year			12c	<del> </del>		<del></del>	
negative amount)	sign to the	e left of a		<del>                                     </del>	<del></del>		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	***************			Yes	No		
ran vii   Fian Terminations and Transfers of Assets			<u> </u>	1 165	[] 140	י נו	N/A
13a Has a resolution to terminate the plan been adopted in any plan year?			<del></del>	л.,		3	
If "Yes," enter the amount of any plan assets that reverted to the employer this year				∐ Ye	s <u>X</u>	No	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another placement of the PBGC?  C If, during this plan year, any assets or lightly to the placement of the plan year, any assets or lightly to the plan year.			<u> </u>		Пуш	1 X a	
c If, during this plan year, any assets or liabilities were transferred from this plan to another pla which assets or liabilities were transferred. (See instructions.)	an(s), ider	ntify the plan(s	) lo	<u></u>		, El ,	¥U
13c(1) Name of plan(s):		42-40				<del></del>	····
		130(2)	EIN(s)		13	3c(3) P	N(s)
						***************************************	
						<del></del>	