For	m 5500-SF	Short Form Annual	OMB Nos. 1210 1210						
	tment of the Treasury nal Revenue Service	This form is required to be filed u	065 of the Employee Re	etirement	2017				
	partment of Labor enefits Security Administration	7(b) and 6058(a) of the l ).	the Internal This Form is Oper						
Pension Be	nefit Guaranty Corporation	Complete all entries in account of the second	ordance with the instr	uctions to the Form 55	00-SF.	Public Inspection			
Part I		dentification Information	7						
For calenda	ior calendar plan year 2017 or fiscal plan year beginning     01/01/2017     and ending     12/31/2017       Image: single-employer plan     Image: single-employer plan     Image: single-employer plan     Image: single-employer plan								
A This ret	urn/report is for:		list of participating em			vith the form instructions.)			
<b>B</b> This retu	rn/report is	a one-participant plan	a foreign plan						
•		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)				
C Check b	oox if filing under:	× Form 5558	automatic extension	l	DFVC p	rogram			
		special extension (enter descript	,						
Part II		mation—enter all requested infor	nation						
		., PROFIT SHARING PLAN			1b Thre	e-digit number			
KUN JUNES	PRODUCTIONS, INC	., FROFIT SHARING FLAN			(PN)				
					1c Effect	tive date of plan 01/01/1987			
		er, if for a single-employer plan) a, apt., suite no. and street, or P.O. E	Rox)			oyer Identification Number			
City or		, country, and ZIP or foreign postal		uctions)	(EIN) 95-4082736 <b>2c</b> Sponsor's telephone number				
KON JONES	FRODUCTIONS, INC.			-		360-629-7400			
29127 40TH	AVENUE NORTH WES	ST			ZU Busir	ness code (see instructions)			
STANWOOD						711510			
<b>20</b> Dian au			_		2b Admi	nistrator's EIN			
Ja Plan ad	aministrator s name and	d address X Same as Plan Sponso	ır.	_	30 Admi	Instrator's Ein			
					3c Admi	Administrator's telephone number			
		plan sponsor or the plan name has sor's name, EIN, the plan name and			4b EIN				
a Sponso	or's name				<b>4d</b> PN				
C Plan N	ame								
5a Total n	number of participants a	at the beginning of the plan year		·····-	5a	2			
		at the end of the plan year			5b	2			
		ccount balances as of the end of the		-	5c	2			
<b>d(1)</b> Tota	al number of active part	icipants at the beginning of the plan	year		5d(1)	2			
• •		ticipants at the end of the plan year.			5d(2)	2			
than 1	100% vested	erminated employment during the p	-		5e	0			
		r incomplete filing of this return/re er penalties set forth in the instruction							
SB or Sche		d signed by an enrolled actuary, as							
SIGN		valid electronic signature.	10/05/2018	LAREE JONES					
HERE	Signature of plan ad		Date	Enter name of individu	al signing	as plan administrator			
SIGN									
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor			

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6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Image: Second Sec								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 4021)	? Yes No Not determined					
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this plan year	(See instructions.)					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities (a) Beginning of Year (b) End of Year								
а	Total plan assets	7a	832001	1035520					
b	Total plan liabilities	7b	0	0					
С	<b>C</b> Net plan assets (subtract line 7b from line 7a)								
8	B Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total								
а	Contributions received or receivable from: (1) Employers	8a(1)	15000						
	(2) Participants	8a(2)	0						

(2) Participant	ˈs	8a(2)	0	
(3) Others (inc	cluding rollovers)	8a(3)	0	
<b>b</b> Other income (	(loss)	8b	188519	
<b>C</b> Total income (a	add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		203519
	including direct rollovers and insurance premiums efits)	8d	0	
e Certain deeme	d and/or corrective distributions (see instructions)	8e	0	
f Administrative	service providers (salaries, fees, commissions)	8f	0	
<b>g</b> Other expense	s	8g	0	
h Total expenses	s (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (lo	ss) (subtract line 8h from line 8c)	8i		203519
j Transfers to (fr	om) the plan (see instructions)	8j	0	
	Characteristics		•	-

## 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 3D 3E

**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		
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		Х	0		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	0		
С	Was the plan covered by a fidelity bond?	10c		х	0		
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	0		
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		x	0		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	0		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		32653		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
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	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	: <b>(3)</b> F	'N(s)

Form 5500-SF	Short Form Annu	al Return/Rep	ort of Small En	ployee	OMB Nos. 1210-01 1210-008		
Department of the Treasury Internal Revenue Service		Benefit Pla			2017		
Department of Labor Employee Benefits Security Administration	Employee Benefits Security Administration Revenue Code (the Code).						
Pension Benefit Guaranty Corporate	n ► Complete all entries in a			-	This Form is Open to Public Inspection		
Part I Annual Repo	rt Identification Information		instructions to the Poli	n 2000-3F.			
For calendar plan year 2017 o	r fiscal plan year beginning	1/1/2017	and ending	12	/31/2017		
A This return/report is for:	a single-employer plan	list of participatin	er plan (not mulliemploye g employer information ir	er) (Filers chech n accordance v	king this box must attach a with the form instructions.)		
B This return/report is	l a one-participant plan	a one-participant plan					
	an amended return/report						
C Check box if filing under:			summepon (less than 12	(months)			
Check box if wing under:	Form 5558	automatic extensi	on		rogram		
D-All D. I. D. I.	special extension (enter descrip						
Part II Basic Plan Int 1a Name of plan	formation-enter all requested info	mation					
Ron Jones Productions, Inc., 1	Profit Sharing Plan			1b Three plan (PN)	number		
				1c Effec	tive date of plan		
Mailing address (include ro	oyer, if for a single-employer plan) om, apl., suite no. and street, or P.O. I ce, country, and ZIP or foreign postal	Box)		2b Emple (EIN)	1/1/1987 over Identification Number 95-4082736		
Ron Jones Productions, Inc.		code (il ibreigh, see il	istructions)	2c Sponsor's telephone number 360-629-7400			
29127 40th Avenue North West				2d Busine	ess code (see instructions)		
Stanwood 98292	WA				711510		
	nd address 🛛 Same as Plan Sponso	τ.		3h Admin	Inden a series		
		••		SU Aamin	istrator's EIN		
				3c Admini	istrator's telephone number		
If the name and/or EIN of the this plan, enter the plan spor	plan sponsor or the plan name has c isor's name, EIN, the plan name and	hanged since the last	return/report filed for	4b EIN			
a Sponsor's name c Plan Name		• * Charles 4 and the second s		4d PN			
a Total number of participants	at the beginning of the plan year			5a	2		
Total number of participants :	al the end of the plan year			5b	2		
C Number of participants with a	ccount balances as of the end of the p	lan year (only defined	contribution along	5c	2		
d(1) Total number of active part	icipants at the beginning of the plan ye	ваг		5d(1)	2		
(2) Total number of active part	icipants at the end of the plan year			5d(2)	2		
Number of participants who to than 100% vested	arminated employment during the plan	year with accrued be	nefits that were less	5e			
der penalties of perjury and other or Schedule MB completed and	r penalties set forth in the instructions signed by an enrolled actuary, as we	ort will be assessed	unless reasonable cau				
	ile.	10/5/2018	Laree Jones	and to the be	st of my knowledge and		
RE Signature of plan adr	and the second diversion of the second diversion of the second diversion of the second diversion of the second	+					

	Signature of plan administrator	Dale	Enter name of individual signing as plan administrator
SIGN			
	Signature of employer/plan sponsor work Reduction Act Notice, see the Instructions for Form 5500-SF.	Date	Enter name of individual signing as employer or plan sponsor
			Form 5500-SF (2017) v.170203

	rm 5500-SF	Short Form Annual	Return/Repor Benefit Plan	t of Small Emp	loyee	0	MB Nos. 1210-0110 1210-0089
	artment of the Treasury mal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employee				
Employee E	epartment of Labor Benefits Security Administration	Income Security Act of 1974 (ER	ISA), and sections 60 venue Code (the Cod		e Internal	This Form is Open to Public Inspection	
Pension B	enefit Guaranty Corporation	Complete all entries in according to the second	ordance with the ins	tructions to the Form 5	500-SF.	Fubil	inspection
Part I		Identification Information					
For calend	lar plan year 2017 or fi		/1/2017	and ending		31/2017	
A This re	turn/report is for:	a single-employer plan   a one-participant plan		blan (not multiemployer) mployer information in a			
B This ret	urn/report is		1. C				
			the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	ooram	
		special extension (enter description				ogram	
Part II	Pagia Dian Info		,				
1a Name		rmation—enter all requested information	auon		1b Three	digit	
	es Productions, Inc., Pr	ofit Sharing Plan				number	
rion cone					(PN)	Carl Construction Construction of Construction	001
						tive date of p 1/1/1987	blan
2a Plan si	ponsor's name (emplo	yer, if for a single-employer plan)			2b Emplo		ation Number
Mailing	address (include roor	n, apt., suite no. and street, or P.O. Bo			[1] AND A. CONTRACT MANAGEMENT (1997)	95-408273	
	town, state or province Productions, Inc.	e, country, and ZIP or foreign postal co	de (if foreign, see ins	tructions)	2c Spon	sor's telepho 360-629	
29127 401	h Avenue North West				2d Busin		ee instructions)
20127 100					<b></b>	000 0000 (00	ie mandenona)
Stanwood 98292		WA				711510	
3a Plan ad	dministrator's name an	d address 🖌 Same as Plan Sponsor.			3b Admir	istrator's El	N
					SC Admir	nstrator's tei	ephone number
		plan sponsor or the plan name has cha sor's name, EIN, the plan name and th			4b EIN		
a Sponso		isor's name, Env, the plan name and th		ne last returnneport.	4d PN		
C Plan Na							
5a Total n	umber of participants a	al the beginning of the plan year			5a		2
<b>b</b> Total n	umber of participants a	at the end of the plan year			5b		2
		ccount balances as of the end of the pl			5c		2
<b>d(1)</b> Tota	I number of active part	icipants at the beginning of the plan ye	ar		5d(1)		2
d(2) Tota	I number of active part	licipants at the end of the plan year			5d(2)		2
		erminated employment during the plan			5e		~
than 1	00% vested	r incomplete filing of this return/repo	at will be appeared	unloss reasonable and	55 - 57	iched	0
Under penal SB or Scheo	Ities of perjury and oth	er penalties set forth in the instructions, d signed by an enrolled actuary, as wel	I declare that I have	examined this return/rep	port, including	g, if applicat	ile, a Schedule nowledge and
SIGN	1/1/ Auger 1	1 due an	10/12/2018	Michael J. Murray			]
UEDE -	funner fr	Carry					
	Signature of plan ad	ministrator	Date	Enter name of individu	al signing as	s plan admin	istrator
SIGN							
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	al signing as	employer o	r plan sponsor
				11875-177 J. 128-118 - 45195 - 527			

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