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

Part I	Annual Report	: Identification Information									
For calenda	ar plan year 2017 or fi	iscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017						
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)											
		a one-participant plan	a foreign plan								
B This retu	urn/report is										
		an amended return/report	a short plan year return/report (less than 12 months)								
C Check I	box if filing under:	X Form 5558	automatic extension		DFVC progra	m					
D(II	Desir Blee Inte	special extension (enter descr	• •								
Part II	Basic Plan Into	ormation—enter all requested in	formation		1						
1a Name LUCHIK, INC	of plan C. 401(K) PROFIT SH.	ARING PLAN			1b Three-digi plan numb (PN) ▶						
					1c Effective date of plan 01/01/2016						
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C), Box)		2b Employer (EIN)	Identification Number 27-0316016					
	town, state or provinc	ce, country, and ZIP or foreign post		structions)	2c Sponsor's telephone number						
						09-378-5929 code (see instructions)					
20 N DATE S					448210						
KENNEWIC	K, WA 99336										
3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administrator's EIN							
					3c Administra	ator's telephone number					
		e plan sponsor or the plan name ha			4b EIN						
•	an, enter the plan spo or's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN						
C Plan N					101 111						
52 Total	oumber of portion onto	at the hearing of the plan year			5a	4					
		s at the beginning of the plan year			5b	0					
C Numb	er of participants with	s at the end of the plan yearaccount balances as of the end of	the plan year (only define	ed contribution plans	5c						
'	,	articipants at the beginning of the pl			5d(1)						
	·	articipants at the end of the plan year	•		5d(2)						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			penefits that were less	5e	0						
Caution: A	nenalty for the late	or incomplete filing of this return	/report will be assesse	d unless reasonable car	use is establishe						
Under pena SB or Sche	alties of perjury and ot	ther penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, including, if	applicable, a Schedule					
SIGN	Filed with authorized	I/valid electronic signature.	10/08/2018	TAMARA COUSINS	TAMARA COUSINS						
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pla	an administrator					
SIGN	Filed with authorized	d/valid electronic signature.	10/08/2018	TAMARA COUSINS							
HERE Signature of employer/plan sponsor Date Enter name of individual signing as empl						nployer or plan sponsor					

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No		
J	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Er	nd of Year		
а	Total plan assets	7a		566			0			
b	Total plan liabilities	. 7b		0				0		
C	Net plan assets (subtract line 7b from line 7a)	7c		566			0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total		
а	Contributions received or receivable from:	0=(4)		0						
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0	-					
	(3) Others (including rollovers)	8a(3) 8b		0						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							0		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d		566						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						566		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						-566		
j	Transfers to (from) the plan (see instructions)	8j								
Pai	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the ir	nstructions:		
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	structions:		
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?				X					
d						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.)				X					
f	Has the plan failed to provide any benefit when due under the plan? 10f				X					
g						X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				Χ					
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 '	/I 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)	edule S	B 	Yes	No X			
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
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.)								
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.			of the letter ru Year	uling			
lf y	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						
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 \	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Ye	s No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			X Yes I	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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) P	N(s)			

Form 5500-SF

Department of the Treasury Injernal Revenue Service

Department of Lebest Employee Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled under sections 104 and 4068 of the Employee Rettrement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

ÓMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Pension Benefit Gueranty Corporation	▶ Complete all entries in a	accordance with the Instri	uctions to the Form 6500-SI	F,				
Rart Annual Report	Identification information		40/04/004	7				
For calendar plan year 2017 or:	Scal plan year beginning 01/01/201 X a single-employer plan	Marianener enganas - sue	and ending 12/31/201	Checking (his box must attach a				
A This return/report is for:	bjoket jugaturarjov ju secotda n (uot urimembibhet) (Enare	nce with the form instructions.)						
B This return/report is								
D Tula fofnikktóbátt (s	/report (less than 12 months)							
C Check box if filling under:	X Form 5658.	autometic extension	DF	VC program				
	special extension (enter descr	iption)						
Partill Basic Plan Info	o rmation— enier all requested in	formation						
1a Name of plan			16	Three-digit				
Luchik, Inc. 401(k) Profit Sharing	Plan			plan number 001				
			10	Effective date of plan 01/01/2016				
Maillag address (Include roc	oyer. If for a single-employer plan) om. apt., suite no, and straet, or P.Ç), Box)		Employer Identification Number (EIN) 27-0316016				
Ofly or town, state or proving Luchik, inc.	ce, country, and ZIP or foreign post	si code (if foreign, see instri	uclians) 2c	Sponsor's telephone number (509) 378-5929				
•			2d	Business code (see instructions)				
20 N Dale St.		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		448210				
		* v		•				
Kennswick, WA 99336 3a Plan administrator's name and address X Same as Plan Sponsor.			3b	3b Administrator's EfN				
				Administrator's lelephone number				
4 If the name and/or EIN of the	ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a	as changed since the leat re ind the plain number from th	e last return/report,					
a Sponsor's name			4 d	4d PN				
C Plan Name	•							
	s at the beginning of the plan year		5:	a 4				
	s at the end of the plan year			0				
b Total number of participants c Number of participants with	s at the end of the plant year	the plan year (only defined						
complete this item)								
d(1) Total number of active pr	articipants at the beginning of the pl	an year	5d(
d(2) Total number of active pa	articipants at the end of the plan yes	ÁF ggyggar ságlasann akki den penyagang hegs kenyang naka	<u>5</u> d((2) 0				
there increased and and	o terminated employment during the	and the control of th						
The second of th	or incomplete filing of this return ther penalties set forth in the instruc- and signed by an anrolled actuary, a polete.	rions. I declare that I have a	examined this return/report, in sion of this return/report, and	icluding, if applicable, a Schedule				
sign Dama	—) () () "	3	Tamara Cousins					
HERE Signature of plan	the state of the s	Dale 10- x-18	Enter name of individual sig	ning as plan administrator				
Eldy 4	the state of the s							
	oyer/plan sponsor	Dale	Enter name of Individual sig	ning as employer or plan sponsor				
And the second s	ex next the Instructions for Form 5900			Form 6600-SP (2017)				

	Form 5500-SF 2017		Page 2			-				
	and the second s	p								
b	Were all of the plan's assets during the plan year invested in align Are you claiming a walver of the annual examination and report of under 29 CFR 2520-104-467 (See Instructions on walver elliphility If you answered "No" to alther time 6a or line 6b, the plan can	en Indepe and condi lot use Fo	ndent qualified public lone.)	accoun Basses of Inste	iant (P nanay ad ua	QPA) e Form			X Yes	ı 📗 No
¢	If the plan is a defined benefit plan, is it covered under the PBOO!	, ,) party]'Yes ∐	_		ermined
	if "Yes" is checked, enter the My PAA confirmation number from the	je PBGC: p	remium filling for this p	dan yes	ir <u> </u>			(Se	e instri	uclions.).
Pá	rtill Financial Information	C-1775	· · · · · · · · · · · · · · · · · · ·							
7	Plan Assets and Liabilities	## TAN	(á) Beginning	of Yea	ŕ		(b)	End of Y	oar	
a	Total plan assets	. 7a			66			'		Ó
	Total planiflabilities				0					0
	Net plan sesses (subtreat line 7b from line 7a)			5	66					Q
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			<i>1.</i>	(b) Total		
a	Contributions received or receivable from:				0					
	(1) Employers	8a(1)_			0					o Piranga Piranga Managa Piranga
	(2) Participants	8p(2)	·	,	0	(300)K		250M(5) #117	. 11.0 11.00 11.00 11.00	0 / 2 / 10 / 10 / 10 / 10 / 10 / 10 / 10
_	(3) Oihers (Including rolloyers)	8a(3)_	. ,	., .	0				32 (2)	THOMPSO TX YA
	Other Income (foás)	86			10/449	518. (C. 13)	tigen leiters	(1/2-280) 1	ov 15 GMB	<u>(1886) (186</u> 0
	Total Income (add lines 8a(1), 6a(2), 6a(3), and 6b)	8c	ery meggan (), version of earlies in	en ekkilkirit	96 (AB\$C 5)	WY 10. 1	19.50			जन्मभ्यतिक
a	to provide pauglis) "became a manage and displates between and	8d	566				destruction of			er akti üzek
е	Certain deemed and/or corrective distributions (see instructions)	6e	5	σ.			in Will			
f	Administrative service providers (selaries, fees, commissions)	8f	0			7.646	en en lander og det skalet. Det skalet en		Vitalija () Vitalija ()	jija Loge
9:	Other expenses	Bg								
	Total expenses (add lines 8d, 8e, 6f, and 8g)	6h							.50	66
f	Net Income (loss) (subtract line 8h from line 8c)	81							-50	60
j	Trensfers to (from) the plan (see instructions)	Вј	1				ai Sig			
12-1	Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D									
b	if the plan provides welfare benefits, enter the applicable welfare i	eature cod	es from the List of Pla	n Char	cteris	lle Coc	ies in the i	nstruction	ns: 	<u> </u>
Par	t.V. Compliance Questions		<u>, 5 </u>							
10	During the plan years				Yes	No		Airio	int	
	Was there a failure to transmit to the plan any participant contributes or bed in 29 CFR 2510.3-1027 (See Instructions and DOL's V Program)	oluntary F	Iduclary Correction	10a	1	×	e V	· .		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	nolude transactions	106		Х				
,¢	Was the plan covered by a fidelity bond?	فتقمم فعيتم أراكة ميثغ	ndaalisese on meridi raasii dalah e kaseestaria.	1,Dc		. ×				
d	by fraud or dishonesty?			10d		x	· 			
е	Were any fees or commissions paid to any brokers, agents, or oft carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	ine pedelite Auger	10e		×				<u>.</u>
f	Has the plan falled to provide any benefit when due under the plan	ń?	y posque and be available and an available and	10f	:	×				
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	Christian Levenius V	<u> </u>	10h		х				
ì	If 10h was enswered "Yes," check the box if you either provided the exceptions to providing the holice applied under 29 GFR 2520,10	required	notice or one of the	101						e Service Land

Oct. 8. 2018 4:11PM	No	. 5609	Ρ.	4	
Fōrm 5500∜SF 2017 Page 3~ 1	<u>.</u>				
Personal Control of the Control of t					
Fart-VI Rension Funding Compliance	وزايدان داداتم مالد	- T	11		
11 Is into a defined benefit plan subject to minimum funding regulrements? (If Yes, see instructions and complete S (Form 5500) and line 11s below)	William C	(2//	<u>. 4</u>	Yes	X No
11a Enter the unpaid minimum regulard contributions for all years from Schedule SB (Form 5500) line 40	110			·· ,	<u> </u>
12 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of section (12 of t	ion 302 c	ř Horizakia Horizakia		Yes	X No
a lifa waiver of the minimum randing standard for a prior year is being emortized in this plan year, see instructions, a granting the waiver	nd enter Da	the date of Y	the lett Year	ler rulli	ng
if you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13;	1				
b Enler the minimum required contribution for this plan year and the minimum required contribution for this plan year.		ļ			
C Enter the amount contributed by the employer to the plan for this plan year	12c	ļ			
d Subtract the amount in tine 12c from the amount in tine 12b; Enter the result (enter a minus sign to the left of a negative amount)	12d			Π.	- 1 -
e Will the minimum fonding amount reported on the 12d be met by the funding deadline?		Yes L	∣⊹No	<u> </u>	I/A
Plan Terminations and Transfers of Assets					
13a Hae a resolution to terminate the plan been adopted in any plan year?	<u></u>	X Yes		Νo	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	ļ			0
b Welf (all the plan assets distributed to participants or beneficiaries, franciered to enother plan, or brough) under the control of the PBGO?			Yes	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.)	,				,
13c(1) Name of plan(s):	2) EJN(s)	, ,	130	(3) PN	(8)