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e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 1 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 1 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. SIGN HERE Filed with authorized/valid electronic signature. 10/15/2018 GARY BUCK SIGN HERE Filed with authorized/valid electronic signature. 10/15/2018 Enter name of individual signing as plan administrator	d(1) Tota	al number of active part	ticipants at the beginning of the pla	an year			5d(1)		8			
than 100% vested Jee Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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. SIGN HERE Filed with authorized/valid electronic signature. 10/15/2018 GARY BUCK SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator							5d(2)		8			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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. SIGN HERE Filed with authorized/valid electronic signature. 10/15/2018 GARY BUCK SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator							5e		1			
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. SIGN HERE Filed with authorized/valid electronic signature. 10/15/2018 GARY BUCK SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator	Caution: A	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.										
SIGN HERE Filed with authorized/valid electronic signature. 10/15/2018 GARY BUCK Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Signature of plan administrator Image: Signature of plan administrator	SB or Sche	dule MB completed an	d signed by an enrolled actuary, a									
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Constraint of the second secon				10/15/201	8	GARY BUCK						
SIGN HERE				Date		Enter name of individ	ual signing	as plan adm	ninistrator			
HERE	SIGN											
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of employ	/er/plan sponsor	Date		Enter name of individ	ual signing	as employer	r or plan sponsor			

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

Form 5500-SF (2017) v.170203

6a b c								
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	335478	506896				
b	Total plan liabilities	7b	0	0				
С	Net plan assets (subtract line 7b from line 7a)	7c	335478	506896				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	88519					
	(2) Participants	8a(2)	37745					
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)	8b	51927					

(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	51927	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		178191
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	6773	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		6773
i Net income (loss) (subtract line 8h from line 8c)	8i		171418
j Transfers to (from) the plan (see instructions)	8j	0	
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: 2A 2E 2F 2G 2J 2K 2T 3D

Par	: 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		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
C	Was the plan covered by a fidelity bond?	10c	Х		400000
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	
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 the plan? (See instructions.).	10e	X		2396
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
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	: (3) F	'N(s)

Form 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	oyee		OMB Nos. 1210-011 1210-008
Department of the Treasury Internal Revenue Service	This form is required to be filed		4065 of the Employee Re	etirement		2017
Department of Labor Employee Benefits Security Administration		ERISA), and sections 60 Revenue Code (the Cod		Internal		Form is Open to lic Inspection
Pension Benefit Guaranty Corporation	Complete all entries in ac	ccordance with the ins	tructions to the Form 55	500-SF.	r ub	ne mapection
	rt Identification Information					
For calendar plan year 2017 or	fiscal plan year beginning 01/01/2017	7	and ending 12/3	1/2017		
A This return/report is for:	X a single-employer plan	list of participating e	lan (not multiemployer) (F mployer information in acc			
-	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 retu	rn/report (less than 12 mo	onths)		
C Check box if filing under:	X Form 5558	automatic extension	[DFVC p	rogram	
	special extension (enter descrip	otion)				
Part II Basic Plan Inf	formation—enter all requested info	rmation				
1a Name of plan	······································		1	1b Three	e-digit	
uck & Affiliates Insurance, Inc.	401(k) Profit Sharing Plan			plan i (PN)	number	001
			-	1c Effec		l f nlan
					1/2015	plan
	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.O.	Box)			oyer Identi 91-15585	fication Number
City or town, state or provir uck & Affiliates Insurance, Inc.	nce, country, and ZIP or foreign postal	code (if foreign, see insl	ructions)		sor's telep	hone number
,			Ļ	~ .	· · ·	484-6441
07 E. Queen				2d Busin 5242		(see instructions)
ookane, WA 99207						
3a Plan administrator's name	and address 🗙 Same as Plan Spons	or.		3b Admir	nistrator's	EIN
			-	3c Admir	nistrator's f	telephone number
A If the name and/or Fible of t				Ab mu		
	he plan sponsor or the plan name has onsor's name, EIN, the plan name and		eturn/report filed for	4b EIN		
this plan, enter the plan sp	ronson s name, rank, the plan name and	d the plan number from t	he last return/report.			
this plan, enter the plan sp a Sponsor's name c Plan Name	ionsoi s hame, Ein, the plathame an	d the plan number from t	he last return/report.	4d PN		
a Sponsor's namec Plan Name			he last return/report.	4d PN 5a		11
a Sponsor's name c Plan Name 5a Total number of participant	ts at the beginning of the plan year		he last return/report.			<u> </u>
 a Sponsor's name c Plan Name a Total number of participant b Total number of participant c Number of participants with 	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of the	e plan year (only defined	he last return/report.	5a		
 a Sponsor's name c Plan Name a Total number of participant b Total number of participant c Number of participants with complete this item) 	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of the	e plan year (only defined	he last return/report.	5a 5b		12
 a Sponsor's name c Plan Name 5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p 	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of the participants at the beginning of the plan	e plan year (only defined	he last return/report.	5a 5b 5c 5d(1)		12 12
 a Sponsor's name c Plan Name a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of participants who have a statement of participant with the statement of the statement o	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of the participants at the beginning of the plan participants at the end of the plan year to terminated employment during the p	e plan year (only defined) year	he last return/report.	5a 5b 5c		12 12 8
 a Sponsor's name c Plan Name a Total number of participant b Total number of participants with complete this item)	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of the participants at the beginning of the plan participants at the end of the plan year to terminated employment during the p <u>a or incomplete filing of this return/r</u> other penalties set forth in the instruction and signed by an enrolled actuary, as	e plan year (only defined year olan year with accrued be report will be assessed ons, I declare that I have	he last return/report.	5a 5b 5c 5d(1) 5d(2) 5e se is estab ort, includir	ig, if applic	12 12 8 8 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2
 a Sponsor's name c Plan Name b Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants where the second second	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of the participants at the beginning of the plan participants at the end of the plan year to terminated employment during the p <u>a or incomplete filing of this return/r</u> other penalties set forth in the instruction and signed by an enrolled actuary, as	e plan year (only defined year olan year with accrued be report will be assessed ons, I declare that I have	he last return/report.	5a 5b 5c 5d(1) 5d(2) 5e se is estab ort, includir	ig, if applic	12 12 8 8 1 1 sable, a Schedule
 a Sponsor's name c Plan Name b Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p d(2) Total number of active p e Number of participants whe than 100% vested caution: A penalty for the late Inder penalties of perjury and completed is elief, it is true, correct, and completed is elief. 	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of the participants at the beginning of the plan participants at the end of the plan year to terminated employment during the p e or incomplete filing of this return/r other penalties set forth in the instruction and signed by an enrolled actuary, as implete.	e plan year (only defined n year	he last return/report.	5a5b5c5d(1)5d(2)5ese is estabort, includir and to the	ng, if applic best of my	12 12 8 8 1 1 sable, a Schedule knowledge and
 a Sponsor's name c Plan Name a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants where the second second	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of the participants at the beginning of the plan participants at the end of the plan year to terminated employment during the p e or incomplete filing of this return/r other penalties set forth in the instruction and signed by an enrolled actuary, as implete.	e plan year (only defined year olan year with accrued be report will be assessed ons, I declare that I have	he last return/report.	5a5b5c5d(1)5d(2)5ese is estabort, includir and to the	ng, if applic best of my	12 12 8 8 1 1 sable, a Schedule knowledge and

6a	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.)	🗙 Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium 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		33547	78		506896			
b	Total plan liabilities	7b			0		0			
С	Net plan assets (subtract line 7b from line 7a)	7c		33547	78		506896			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)		8851	88519					
	(1) Employers	8a(2)		3774	45					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		5192	27					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	an a				178191			
	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		677	'3					
g	Other expenses	8g			0.					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1922.00	아이는		6773			
i	Net income (loss) (subtract line 8h from line 8c)	81					171418			
j	Transfers to (from) the plan (see instructions)	8j			0		성상 한국 등 전 동안전 방송 전 전 일상 한국 사람 사람			
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in the instructions:			
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
a	Was there a failure to transmit to the plan any participant contribu descr bed 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		400000			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
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 the plan? (See instructions.)			10e	х		2396			
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 a	s of year-e	end.)	10g		Х				
h	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-SF 2017

Page **3-**1

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)		B		Yes	X 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 o	f		Yes	X No		
,	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			L				
a If 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 ruling granting the waiver								
lf	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?		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	N N	0		
c	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) PN	l(s)		