## 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).

2017

This Form is Open to **Public Inspection** 

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I		<b>Identification Information</b>	1			
For calenda	ar plan year 2017 or fi	scal plan year beginning 07/01/	2017	and ending 06	6/30/2018	
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) ( employer information in ac	_	
<b>B</b> This retu	urn/roport is	a one-participant plan	a foreign plan			
D IIIIS IEIU	in/report is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)	
C Check b	oox if filing under:	Form 5558 special extension (enter desc	automatic extension	1	DFVC progra	m
Dort II	Pasia Dian Infa	<u> </u>	. ,			
Part II		ormation—enter all requested in	nformation		1b Thurs die	
<b>1a</b> Name J & S HOLDI	•	401(K) PROFIT SHARING PLAN	AND TRUST		<b>1b</b> Three-digingler plan number (PN) ▶	
					1c Effective of	date of plan 01/01/1986
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.6			<b>2b</b> Employer (EIN)	Identification Number 91-1973617
	town, state or province NG COMPANY, INC.	ce, country, and ZIP or foreign pos	tal code (if foreign, see in	structions)		telephone number
					2d Business	code (see instructions)
P.O. BOX 11 OLYMPIA, W						236200
OLTIVII IA, VV	71 00000					
3a Plan a	dministrator's name a	nd address X Same as Plan Spo	onsor.		<b>3b</b> Administra	ator's EIN
					30 Administra	stor'o tolonhono numbor
					3C Administra	ator's telephone number
		e plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN	
•	or's name				4d PN	
<b>C</b> Plan N	ame					
<b>5a</b> Total r	number of participants	at the beginning of the plan year.			5a	51
<b>b</b> Total r	number of participants	at the end of the plan year			5b	44
		account balances as of the end of			5c	44
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the p	olan year		5d(1)	43
<b>d(2)</b> Tota	al number of active pa	articipants at the end of the plan ye	ear		5d(2)	38
than '	100% vested	terminated employment during th			5e	0
		or incomplete filing of this return ther penalties set forth in the instru				
SB or Sche		nd signed by an enrolled actuary,				
SIGN	Filed with authorized	/valid electronic signature.	11/14/2018	RON MCFARLAND		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pla	an administrator
SIGN HERE						
	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing as en	nployer or plan sponsor

Form 5500-SF 2017 Page **2** 

If you answered "No" to either line 6 aor line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500.  If the plan is a defined benefit gain, is it covered under the PBGC insurance program (see ERISA section 2021)?		<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> </ul>							<u> </u>	No No
7 Plan Assets and Liabilities 7 2 280217 2354578 8 Total plan assets		If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?	[	Yes No		
a Total plan assets	Pa	rt III   Financial Information	1	T		Ī				
b Total plan liabilities	_7_	Plan Assets and Liabilities				'		(b) En		
C Net plan assets (subtract line 7b from line 7a)	<u>a</u>	Total plan assets	. 7a	228						
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants	<u>b</u>	Total plan liabilities	. 7b						6777	
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c	227	75298				2347799	
(2) Participanis	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
(2) Participants	а		90(1)							
(3) Others (including rollovers)					59700					
b Other income (loss)		· · ·								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				4		+				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		· , ,		14	46447					
e Certain deemed and/or corrective distributions (see instructions)			. 8c						208091	
f Administrative service providers (salaries, fees, commissions)			. 8d	12	20807					
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	. 8g	,	14783					
Transfers to (from) the plan (see instructions)   8	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						135590	
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 2G 2J 2K 2T 3D  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:  a 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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  10a X  C Was the plan covered by a fidelity bond?  10b Id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  10c X 300000  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  10c X 11593  f Has the plan failed to provide any benefit when due under the plan?  9 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10g X 25848  10h X  11f 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						72501	
Second Part V   Compliance Questions	j	Transfers to (from) the plan (see instructions)	8j							
Second Part V   Compliance Questions	Pai	t IV Plan Characteristics		•						
Part V Compliance Questions  10 During the plan year:  a 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)	9a		feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:	
10 During the plan year:  a 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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10g X  25848  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3).  10h X	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	des in the ins	tructions:	
a 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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  • 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.)  • Has the plan failed to provide any benefit when due under the plan?  • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  • 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	b				10b		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X			30000	00
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d		•	·	10d		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner person ne or all of	s by an insurance the benefits under	10e	X			1159	93
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)		X			2584	48
	h	·	•		10h		X			
	i				10i					

Form 5500-SF 2017	Page <b>3-</b> 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)		В	. Y	es 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 of			es 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 Year	ruling
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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	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).

▶ 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

		t identification information		1/0017	J case at times	00100	0010
For calenda	ar plan year 2017 or	fiscal plan year beginning		1/2017	and ending	06/30/	
A This ret	urn/report is for:	□ a single-employer plan     □	list	t of participating emp	n (not multiemployer) (F Noyer information in acc		
		a one-participant plan	a fo	oreign plan			
B This retu	ırn/report is	the first return/report	the	final return/report			
		an amended return/report	∏ash	nort plan year return/	report (less than 12 mo	nths)	
C Check b	oox if filing under:	Form 5558		tomatic extension	Г	DFVC prog	rom
• 011001(1	ox ii iiiiig andor.	special extension (enter des		tornatic extension	L	] Dr vc prog	aiii
Part II	Pacia Plan Int	formation—enter all requested i		n			
1a Name		offilation—enter all requested i	ппоппацо			1b Three-di	ait I
	•					plan nur	
J & S H	OLDING COMPA	NY, INC. 401(K) PROFI	IT SHA	RING PLAN AN	D TRUST	(PN)	
						1c Effective 01/01/	
		loyer, if for a single-employer plan				April 1 Colores	r Identification Number
		om, apt., suite no. and street, or P nce, country, and ZIP or foreign po		(if foreign, see instru	ctions)	1.11.	1973617
	HOLDING COMP			<b>(</b>	,		's telephone number 6-8078
							s code (see instructions)
P.O. BC	X 11249					236200	,
OLYMPIA		WA 98508					
		and address X Same as Plan Sp	onoor			<b>3b</b> Adminis	trator's FIN
Ja Pian a	ummistrator s name	and address A Same as Flan Sp	001501.			OD Adminis	rator a Liiv
							trator's telephone number
4 If the t	name and/or EIN of an, enter the plan s	the plan sponsor or the plan name consor's name, EIN, the plan name	has chan and the	ged since the last re- plan number from the	turn/report filed for e last return/report.	4b EIN	
•	or's name					4d PN	
C Plan N	lame						
5a Total	number of participar	its at the beginning of the plan year	Farmerouseur			5a	51
		its at the end of the plan year				5b	44
		th account balances as of the end				5c	
comp	lete this item)	participants at the beginning of the				5d(1)	44
		participants at the beginning of the plan				5d(2)	38
		ho terminated employment during t					
than	100% vested					5e	(
Linder nen	a penalty for the lat	te or incomplete filing of this retu other penalties set forth in the inst	urn/repor	t will be assessed to declare that I have	uniess reasonable cat examined this return/re	use is establi: port. including	if applicable, a Schedule
SB or Sch	edule MB completed true, correct, and co	and signed by an enrolled actuary	, as well a	as the electronic vers	sion of this return/repor	t, and to the b	est of my knowledge and
SIGN				x 11/14/18	Ron McFarland		
HERE	Signature of plan	n administrator		Date	Enter name of individ	ual signing as	plan administrator
SIGN							
HERE	Signature of emp	oloyer/plan sponsor		Date	Enter name of individ	ual signing as	employer or plan sponsor
	At a distance of the state of t	CONTROL OF A CONTROL OF THE CONTROL	***	N. C.		11/4 2	

Dago	2
Page	

Form	EENN	CE	2017	

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.							X Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from th							Not determined (See instructions.)
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	
a Total plan assets	7a	2,:	280,	217			2,354,576
b Total plan liabilities	7b			919			6,777
C Net plan assets (subtract line 7b from line 7a)	7c	2,	275,	298			2,347,799
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) T	otal
Contributions received or receivable from:     (1) Employers	8a(1)						
(2) Participants	8a(2)		58,	_			
(3) Others (including rollovers)	8a(3)			944			
b Other income (loss)	8b		146,	447		11	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						208,091
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		120,	807			
Certain deemed and/or corrective distributions (see instructions)	8e			_			
f Administrative service providers (salaries, fees, commissions)	8f		-				
g Other expenses	8g		14,	783			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						135,590
i Net income (loss) (subtract line 8h from line 8c)	81						72,501
j Transfers to (from) the plan (see instructions)	8j				12.5	700	
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D							
10 During the plan year:				Yes	No		Amount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/oluntary Fi	duciary Correction	10a		х	•	anount
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х		
c Was the plan covered by a fidelity bond?	,		10c	Х			300,000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
• Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e	Х			11,593
f Has the plan failed to provide any benefit when due under the pla	in?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g	Х			25,848
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		
If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			101		l <sub>o</sub>		

Form	5500-	SF	201	7

Page 3-			
---------	--	--	--

Part '	/I Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scherofferm 5500) and line 11a below)	dule SI	3	Yes	No 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? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		.0	Yes	No X
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.	enter ti Day		the letter r Year	uling
lfy	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 1	/II Plan Terminations and Transfers of Assets				
	Has a resolution to terminate the plan been adopted in any plan year?		Yes	⊠ 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 X	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)	PN(s)