Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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

2018

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information									
For calenda	ar plan year 2018 or fi	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018						
A This ret	turn/report is for:	X a single-employer plan		olan (not multiemployer) (employer information in ac							
_		a one-participant plan	a foreign plan								
B This retu	urn/report is	the first return/report	X the final return/report								
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)						
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	m					
	\ <u></u>	special extension (enter descr	· ,								
Part II	Basic Plan Info	ormation—enter all requested inf	ormation								
1a Name BEAVER MA	•	C. CASH BALANCE PLAN			1b Three-digi plan numb (PN) ▶						
					1c Effective of	late of plan 01/01/2015					
	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) 2b Employer Identification Number (FIN) 91-1118012										
,	`	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	,	atructions)	(EIN)	91-1118012					
•	ACHINE WORKS, INC	structions)		telephone number 25-402-1032							
						code (see instructions)					
12605 NE 17	78TH SUITE A				ZG Business (
	LE, WA 98072					333510					
3a Plan a	dministrator's name a		3b Administra	itor's EIN							
			3c Administrator's telephone number								
					SC Administra	itor s terepriorie number					
		e plan sponsor or the plan name ha			4b EIN						
	ian, enter the pian spo or's name	onsor's name, EIN, the plan name a	ind the plan number from	the last return/report.	4d PN						
C Plan N					TO FIN						
C FIGHT	varrie										
5a Total	number of participants	s at the beginning of the plan year			5a	10					
b Total i	number of participants	s at the end of the plan year			5b	0					
		account balances as of the end of		·	5c						
'	,	articipants at the beginning of the pl			5d(1)	10					
d(2) Tot	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	0					
		o terminated employment during the			5e	0					
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable car	use is establishe	ed.					
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		d/valid electronic signature.	01/04/2019	ROD BROWER							
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.	01/04/2019	ROD BROWER							
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual signing as em	nployer or plan sponsor					

Form 5500-SF (2018) Page **2**

_	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of						X Yes No		
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				•	,	X Yes No		
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and mus	t instea	ad use	Form	5500.		
С	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 the	ie PBGC p	remium filing for this p	lan yea	r		41 <u>75369</u> . (See instructions.)		
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year		
а	Total plan assets	7a		55155			0		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	7:	55155		0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)		0	_				
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	-:	26059					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			-26059					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7:	29096					
е	Certain deemed and/or corrective distributions (see instructions)								
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					729096			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-755155		
j_	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1C 1H 1I	feature co	odes 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	acteris	tic Cod	les in the instructions:		
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.)	t? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	·	10d		X			
е	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.)	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)		10h						
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					

age 3 -	1
	ige 3-

Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below)			В	X Y	es 🗌 No				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			0				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?	e or section	n 302 of		. Y	es X No				
	(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 enter the date of the letter ruling granting the waiver. Day Year									
lf :	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)										
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?			X 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 control of the PBGC?				X Yes	No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	the plan(s)) to							
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)				

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Fc	or calendar _l	olan year 201	18 or fiscal plan	year beginning 01,	/01/201	8		and endin	g 12/3	31/2018					
			nearest dollar		data sasa		-1-1	an da an tabilah a	.1						
	Name of pla	an		sessed for late filing of	tnis repo	ort uniess reason	able caus	B Three-di	git) •	002				
С	•			2a of Form 5500 or 5500	D-SF			D Employer Identification Number (EIN)							
	BEAVER N	IACHINE WO	ORKS, INC.						91-11	18012					
E	Type of plan	: X Single	Multiple-A	Multiple-B		F Prior year pla	an size: X	100 or fewer	101-	500 More th	nan 500				
F	Part I	Basic Info	ormation												
1	Enter the	valuation da	ate:	Month 04 Da	ay <u>30</u>	Year <u>20</u>)18			T					
2											750040				
	a Market value										758043				
_								lumber of	. 2b	sted Funding	758043 (3) Total Funding				
3	r unumg target participant obuit breakdown							ticipants		Target	Target				
	a For retired participants and beneficiaries receiving payment									0	0				
								7		28598	28598				
								1		479460	479460				
								8		508058	508058				
4	If the pla	n is in at-risk	status, check th	e box and complete line	es (a) aı	nd (b)]							
		• •		bed at-risk assumptions					4a						
				umptions, but disregard secutive years and disr					4b						
5	Effective	interest rate							5		4.61 %				
6	Target n	ormal cost							6		236561				
	To the best of accordance will combination, of	th applicable law	he information supplie and regulations. In m	d in this schedule and accompa y opinion, each other assumpti- perience under the plan.											
	SIGN HERE									01/03/201	9				
			Sigr	nature of actuary						Date					
	JUSTIN F.J.	GREINDL, F	FSA, EA, MAAA							17-07528	3				
Type or print name of actuary									Most	recent enrollme	nt number				
FIDUS ACTUARIAL SOLUTIONS, LLC										480-550-88	·				
	4814 N GON TAMPA, FL			Firm name				le	elephone	number (includ	ing area code)				
			Ad	dress of the firm											
If th	e actuary ha	as not fully re	eflected any regu	lation or ruling promulg	ated un	der the statute in	completi	ng this schedul	e, check	the box and se	e [

Page 2	2 -	1
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Schedule SB (Form 5500) 2018

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances							
							(a) C	arryover balanc	e	(b) F	Prefundir	ng balance	
7		•	0 , ,		able adjustments (line 13 fro	•			0			0	
8			•	•	nding requirement (line 35 fr				0			0	
9	Amount r	emaining	g (line 7 minus line	8)					0			0	
10	Interest of	n line 9 ເ	using prior year's	actual retu	rn of <u>1.36</u> %				0			0	
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:								
	a Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)							266068	
					over line 38b from prior year interest rate of 4.67°							0	
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual													
return C Total available at beginning of current plan year to add to prefunding balance												0	
2000											266068		
d Portion of (c) to be added to prefunding balance											0		
12 Other reductions in balances due to elections or deemed elections											0		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)												0	
P	Part III Funding Percentages												
14 Funding target attainment percentage										14	149.20%		
15	5 Adjusted funding target attainment percentage												
16					of determining whether carry				to reduc	e current	16	92.91%	
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage												
Р	Part IV Contributions and Liquidity Shortfalls												
18					ar by employer(s) and emplo	oyees:							
(1)	(a) Date MM-DD-Y		(b) Amount p employer	-	(c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount employe		(0	(c) Amount paid by employees		
	VIIVI DD 1	111)	Citiployer	(5)	стрюуссо	(WIN DD	,	omploye)1(O)		Ompic	<i>5</i> ,000	
						Totals ►	18(b)			0 18(c)		0	
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation dat	e after the	beginning of the	e year:				
	a Contril	outions a	llocated toward ur	npaid minin	num required contributions f	rom prior yea	rs		19a			0	
	b Contrib	outions m	nade to avoid restr	ictions adj	usted to valuation date				19b			0	
	C Contrib	outions all	ocated toward min	imum requi	red contribution for current ye	ar adjusted to	valuation d	ate	19c			0	
20	Quarterly	contribu	tions and liquidity	shortfalls:									
	a Did the	e plan ha	ve a "funding sho	rtfall" for th	e prior year?						X	Yes No	
	b If line	20a is "Y	es," were required	quarterly	installments for the current y	/ear made in a	a timely ma	anner?			X	Yes No	
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table as	applicable:							
		(1) 1-	•		Liquidity shortfall as of end	d of quarter of			1		(1) 11-		
		(1) 1s	ı		(2) 2nd		(3)	3rd			(4) 4th	<u> </u>	

Б	art V	Accumpti	one Head to	Dotormino	Eundina	Target and Ta	ract No.	rmal Cast		
21	Discount		ons oseu to	Determine	Fullding	rarget and Ta	irget Noi	illiai Cost		
21		ent rates:	1st seg	ment:	2n	nd segment:		3rd segment:		
	u oogiii	ioni ratos.		3.92%		5.52%		6.29 %		N/A, full yield curve used
	b Applic	able month (er	nter code)						21b	0
22	Weighte	d average retir	ement age						22	65
23	Mortality	table(s) (see	instructions)	Prior regulation	n: 🔀	Prescribed - co	mbined	Prescribed	d - separa	te Substitute
			(Current regulat	ion:	Prescribed - co	mbined	Prescribed	d - separa	te Substitute
Pa	art VI	Miscellane								
				escribed actua	rial assumnti	ons for the curren	t nlan vear	7 If "Yes" see ii	nstruction	s regarding required
	attachment									
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment									
26	Is the pla	an required to p	orovide a Schedu	ule of Active Pa	articipants? I	f "Yes," see instru	ctions rega	rding required a	ttachmen	tX Yes No
27		•		-		ode and see instru	ctions rega	arding	27	
Pa	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years									
28	Unpaid minimum required contributions for all prior years								28	0
29	29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)									0
30	Remaini	ng amount of u	ınpaid minimum	required contril	butions (line	28 minus line 29)			30	0
Pa	Part VIII Minimum Required Contribution For Current Year									
31										
	a Target normal cost (line 6)									
	b Excess	s assets, if app	olicable, but not g	greater than line	e 31a				31b	236561
32	Amortiza	ation installmen	nts:				0	utstanding Bala	nce	Installment
	a Net sh	ortfall amortiza	ation installment.						0	0
									0	0
33						he ruling letter gra e waived amount .			33	
34	Total fun	ding requireme	ent before reflect	ting carryover/p	orefunding ba	alances (lines 31a	- 31b + 32a	a + 32b - 33)	34	0
					Carry	over balance	P	refunding balar	ice	Total balance
35			se to offset fundi	_		0			0	0
36	Additiona	al cash require	ment (line 34 mi	nus line 35)					36	0
37				•		urrent year adjust		`	37	0
38	Present	value of exces	s contributions fo	or current year	(see instructi	ions)				
	a Total (excess, if any,	of line 37 over li	ne 36)					38a	0
	a Total (excess, if any, of line 37 over line 36)							0		
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)								39	0
40	Unpaid n	ninimum requii	red contributions	for all years					40	0
Pai	rt IX	Pension	Funding Rel	ief Under P	ension Re	elief Act of 20	10 (See	Instructions)	
41	If an elec	ction was made	to use PRA 201	10 funding relie	f for this plan	n:				-
	a Sched	ule elected								2 plus 7 years 15 years
	b Eligible	e plan year(s) f	for which the ele	ction in line 41a	a was made				<u></u>	08

Schedule SB, line 26 - Schedule of Active Participant Data

Beaver Machine Works, Inc. Cash Balance Plan 91-1118012/001

For the plan year 01/01/2018 through 12/31/2018

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25			-	-		-				
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49										
50 to 54										
55 to 59										
60 to 64		1								
65 to 69										
70 & up										

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Beaver Machine Works, Inc. Cash Balance Plan 91-1118012 / 001

For the plan year 01/01/2018 through 12/31/2018

Valuation Date: 04/30/2018

As prescribed in IRC Section 430 **Funding Method:**

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Segment 3

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.94
Segment 2	6 - 20	3.66
Segment 3	> 20	4.44

Segment rates as of September 30, 2017 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA									
Segment #	Year	Rate %							
Segment 1	0 - 5	3.92							
Segment 2	6 - 20	5.52							

> 20

6.29

Pre-Retirement - Mortality Table -None

> Early Retirement Table - None Turnover Table -None Disability Table -None Salary Scale -None

Interest Credit Rate -Current Yr - 5% Projected Yrs - 5%

Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -18C - 2018 Combined

> Cost of Living -None

Asset Valuation Method:

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

8.5% Pre-Retirement - Interest -CB Projection Rate - 5%

Post-Retirement - Interest -8.5%

> Mortality Table -G71M - 1971 Group Annuity (male)

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Beaver Machine Works, Inc. Cash Balance Plan 91-1118012 / 001

For the plan year 01/01/2018 through 12/31/2018

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Schedule SB, Part V **Summary of Plan Provisions**

Beaver Machine Works, Inc. Cash Balance Plan 91-1118012 / 001

For the plan year 01/01/2018 through 12/31/2018

Beaver Machine Works, Inc. **Employer:**

Type of Entity - S Corporation

EIN: 91-1118012 TIN: Plan #: 001 Plan Type: Cash Balance

Valuation - 04/30/2018 Effective - 01/01/2015 Year end - 12/31/2018 Dates:

Top Heavy Years - 2016, 2017, 2018

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

> Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction. However, those employed

on 12/31/2015 enter on 12/31/2015

Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation Retirement:

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

> Pay Credits - Classification Pay Credit Formula

> > 100% of compensation no less than \$300,000

В 2% of compensation 2% of compensation

Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%

Accrued Benefit - Frozen accrued benefit as of 04/30/2018

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) plan actuarial equivalence interest and mortality

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit - None

Top Heavy Minimum: Provided in another plan

IRS Limitations: 415 Limits -Percent: 100 Dollar: \$220,000

Maximum 401(a)(17) compensation - \$275,000

PBGC: Plan is covered by Pension Benefit Guaranty Corporation

Normal Form: Life Annuity **Optional Forms:** Lump Sum

Joint with 50% Survivor Benefit

100% vested in 3 years. **Vesting Schedule:**

Service is calculated using all years of service except years prior to plan effective date and age 18

<u>Present Value of Accrued Benefit:</u> Based on the Hypothetical Account Balance.

Schedule SB, Part V Summary of Plan Provisions

Beaver Machine Works, Inc. Cash Balance Plan 91-1118012 / 001

For the plan year 01/01/2018 through 12/31/2018

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 18E - 2018 Applicable Mortality Table for 417(e) (unisex)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2018

2010

OMB No. 1210-0110

This Form is Open to Public Inspection

	▶ File as a	an attachment to Form	5500 or 550	0-SF.				
For calendar plan year 2018 or fiscal pla	in year beginning	01/01/2018		and endin	g	12/31/20	18	
Round off amounts to nearest doll								
Caution: A penalty of \$1,000 will be	assessed for late filing of t	this report unless reason	nable cause i	s established	d			
A Name of plan	T		В	Three-dig	git			
Beaver Machine Works,	Inc. Cash Balanc	ce Plan		plan num	ber (PN)		002	
C Plan sponsor's name as shown on line	e 2a of Form 5500 or 5500)-SF	D	Employer	Identifica	tion Number (E	IN)	
			-		1401141100		,	
Beaver Machine Works,	Inc.			91-111	8012			
E Type of plan: X Single Multiple-	A Multiple-B	F Prior year pla	an size: 🛛 10	00 or fewer	101-5	600 More th	an 500	
Part I Basic Information						<u> </u>		
1 Enter the valuation date:	Month 04 Day	v 30 Year	2018					
2 Assets:		,						
a Market value					2a		758,043	
b Actuarial value					2b		758,043	
3 Funding target/participant count bre			(1) Num			ted Funding	(3) Total Funding	
			partici	ants		arget	Target	
a For retired participants and benef	iciaries receiving payment			0		0	0	
b For terminated vested participant	s			7		28,598	28,598	
C For active participants				1	479,460		479,460	
d Total				8	508,058		508,058	
4 If the plan is in at-risk status, check	the box and complete line	s (a) and (b)	П					
a Funding target disregarding preso	cribed at-risk assumptions.				4a			
b Funding target reflecting at-risk as at-risk status for fewer than five controls.	ssumptions, but disregardir	ng transition rule for pla	ns that have	been in	416			
5 Effective interest rate						4.61%		
6 Target normal cost							236,561	
Statement by Enrolled Actuary						·		
To the best of my knowledge, the information supp accordance with applicable law and regulations. In	olied in this schedule and accompan	nying schedules, statements and	d attachments, if	any, is complete	and accurat	te. Each prescribed	assumption was applied in	
combination, offer my best estimate of anticipated	experience under the plan.	The reasonable (withing lines about	odin die expensi	oo or the plan an	d reasonabl	e expectations) and	Such Other assumptions, in	
SIGN	-salai							
HERE	10X03					01/03/201	L9	
	gnature of actuary		·			Date		
Justin F.J. Greindl, FSA,	EA, MAAA					1707528		
	r print name of actuary				Most re	cent enrollmen	t number	
Fidus Actuarial Solutions	, LLC				4	80-550-88	320	
	Firm name			Tel	ephone n	umber (includi	ng area code)	
4814 N Gomez Ave								
Tampa FL 33	614							
	Address of the firm							
If the actuary has not fully reflected any reg	ulation or ruling promules	ted under the statute in	completing th	ie echodulo	check #	e hov and eac	П	
instructions	Januari or running promittingat	iou under the statute III	completing th	na acricuule,	, GIICGK (f	ie bux aliu see	\sqcup	

Page	2	-	

Pa	art II	Begir	ning of Year	Carryov	er and Prefunding Ba	aland	es								
									(a) C	arryover baland	е	(b)	Prefun	ding bala	ince
7		•	•		able adjustments (line 13 fro							0			0
8			•	•	nding requirement (line 35 fr	•						0			0
9	• '											0			0
10	Interest of	n line 9	using prior year's	actual retui	rn of1.36%							0			0
11	Prior yea	r's exces	s contributions to	be added t	to prefunding balance:										
	a Preser	nt value c	of excess contribut	ions (line 3	88a from prior year)									26	6,068
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.67%									0					
	b(2) Inte	erest on l	ine 38b from prior	year Sche	edule SB, using prior year's a	actual									0
					ar to add to prefunding balance										0
	_													26	6,068
					ance										0
					or deemed elections							0			0
				-	line 10 + line 11d – line 12)							0			0
	art III		ding Percenta										144	140	0.004
													. 14		.80%
					of determining whether carry									101	.00%
	year's fu	nding rec	uirement										16	92	.91%
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the f	fundin	g targe	et, e	nter suc	ch percentage			. 17		%
	art IV	-	tributions an		_ ·										
18					ar by employer(s) and employer	oyees:		\oto		(h) Amount	noid by		a) Amo	unt naid	h
(1	(a) Date /M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(N	(a) D IM-DD-			(b) Amount employe		,	•	unt paid oloyees	БУ
						Tota	la b	Ī	40/h\			0 49(a)			
10	Discount			:	untinum for amoull relate with a		ls ▶		18(b)	haninging of the		0 18(c)			0
19			-		uctions for small plan with a						19a				0
 a Contributions allocated toward unpaid minimum required contributions from prior years										0					
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date									0					
20			itions and liquidity	-											
	a Did the plan have a "funding shortfall" for the prior year?								No						
	b If line	20a is "Y	es," were required	quarterly	installments for the current y	/ear m	ade in	a ti	mely ma	anner?				Yes	No
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table as	applic	able:								
		(4) 4	4		Liquidity shortfall as of end	d of qu	arter c	of th					(4)	4h	
	(1) 1st (2) 2nd (3) 3rd							(4) 4	th						

P	art V	Assumpti	ons Used to Determin	e Funding Target and Targ	get Normal Cost				
21	Discount r	rate:							
	a Segme	ent rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29%		N/A, full yield curve used		
	b Applica	ıble month (er	nter code)			21b	0		
22	Weighted	average retire	ement age			22	65		
23		able(s) (see				d - separat	e Substitute		
	,	() (Current regul		ined Prescribe	d - sanarat	re Substitute		
Pí	art VI	Miscellane		ation. Tresended comb		- Зорага	C Gubstitute		
				uarial assumptions for the current p	lan year? If "Ves " see i	netruction	regarding required		
		-			-				
25	Has a me	thod change l	been made for the current pla	nn year? If "Yes," see instructions r	egarding required attach	nment	Yes X No		
26	Is the plar	n required to p	provide a Schedule of Active	Participants? If "Yes," see instructi	ons regarding required a	attachmen	tX Yes No		
27		•	alternative funding rules, ente	er applicable code and see instructi	ons regarding	27			
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years				
28	Unpaid m	inimum requir	red contributions for all prior y	ears		28	0		
29		Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)				29			
30	Remaining	g amount of u	inpaid minimum required con	tributions (line 28 minus line 29)		30	0		
Pa	art VIII	Minimum	Required Contributio	n For Current Year					
31	Target no	ormal cost and	d excess assets (see instructi	ons):					
	a Target n	normal cost (li	ne 6)			31a	236,561		
	b Excess	assets, if app	licable, but not greater than I	ine 31a		31b	236,561		
32	Amortizati	ion installmen	nts:		Outstanding Bala	ince	Installment		
	a Net sho	ortfall amortiza	ation installment			0	0		
	b Waiver	amortization i	installment		•	0	0		
33	If a waiver			er the date of the ruling letter grant) and the waived amount		33			
34	Total fund	ling requireme	ent before reflecting carryove	r/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	0		
				Carryover balance	Prefunding balar	nce	Total balance		
35			se to offset funding	C		0	0		
36	Additional	cash require	ment (line 34 minus line 35)			36	0		
	37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)					37	0		
38									
			· · · · · · · · · · · · · · · · · · ·	,		38a	0		
	a Total (excess, if any, of line 37 over line 36)b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances					38b	0		
39						39	0		
40					•	40	0		
Pa	rt IX		· · · · · · · · · · · · · · · · · · ·	Pension Relief Act of 2010		5)			
			e to use PRA 2010 funding re		•	-			
						Γ	2 plus 7 years 15 years		
				1a was made			<u> </u>		

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

2018

This Form is Open to **Public Inspection**

Part I		t Identification Information							
		fiscal plan year beginning	01/01/2018	and ending	12/31/2	018			
A This ret	urn/report is for:	🛚 a single-employer plan	a multiple-employer pla list of participating emp						
		a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	x the final return/report						
		an amended return/report	a short plan year return	/report (less than 12 m	nonths)				
C 011-1									
C Check	C Check box if filing under: Form 5558 automatic extension DFVC program pecial extension (enter description)								
Part II	Basic Plan Inf	ormation—enter all requested inf							
1a Name	of plan	orks, Inc. Cash Balan			1b Three-digit plan numb				
					1c Effective d				
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				dentification Number			
	town, state or provirger Machine W	nce, country, and ZIP or foreign post forks,Inc.	al code (if foreign, see instru	uctions)	2c Sponsor's 425-402	telephone number			
1260)5 NE 178th S	uite A			2d Business c	ode (see instructions)			
Wood	linville	WA 9807	12		333510				
3a Plan a	dministrator's name	and address X Same as Plan Spor	nsor.		3b Administrator's EIN				
	3c Administrator's telephone number								
		he plan sponsor or the plan name ha			4b EIN				
	ian, enter the plan sp sor's name	oonsor's name, EIN, the plan name a	and the plan number from th	e last return/report.	4d PN				
C Plan N									
• Harri	vario								
5a Total	number of participan	ts at the beginning of the plan year			. 5a	10			
b Total	number of participan	ts at the end of the plan year			. 5b	0			
		h account balances as of the end of			5c				
d(1) Tot	al number of active p	participants at the beginning of the pl	an year		5d(1)	10			
d(2) Tot	tal number of active p	participants at the end of the plan year	ar		5d(2)	0			
than	100% vested	no terminated employment during the			5e	0			
		e or incomplete filing of this return other penalties set forth in the instruc							
SB or Sche		and signed by an enrolled actuary, a							
SIGN	RK	01111		Rod Brower					
HERE	Signature of plan	administrator	Date 12-20-18	Enter name of individ	dual signing as pla	n administrator			
SIGN	R. Br	our		Rod Brower	as pla				
HERE	Signature of emp	loyer/plan sponsor	Date 12 - 20-18	Enter name of individ	dual signing as em	ployer or plan sponsor			

Form 5500-SF (2018) Page **2**

b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indeper and condit	ndent qualified public a	ccount	ant (IC	(PA)	X 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 in					_	. — —		
	If "Yes" is checked, enter the My PAA confirmation number from the	е РВСС р	remium illing for this p	ian yea	Γ		(See Instructions.)		
Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year		
а	Total plan assets	7a		755,			(
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		755,	155		(
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	()		0				
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-26,	059				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-26,059		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		729,	096				
	Certain deemed and/or corrective distributions (see instructions)	8e		- ,					
	,	8f							
	Administrative service providers (salaries, fees, commissions)								
	Other expenses	8g					729,096		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					-755,155		
	Net income (loss) (subtract line 8h from line 8c)	8i					-733,133		
_		8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $1\text{C}\ 1\text{H}\ 1\text{I}$	teature co	ides from the List of Pia	an Cha	racteri	stic Co	odes in the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	n Chara	acterist	ic Coc	les in the instructions:		
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 contribut described 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.)	? (Do not	include transactions	10b		Х			
С				10c		Х			
d		fidelity bo	nd, that was caused	10d		Х			
е	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.)	gents, or other persons by an insurance provides some or all of the benefits under				Х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h					
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	ne require	d notice or one of the	10i					

		Form 5500-SF (2018) Page 3-					
Part \	۷I	Pension Funding Compliance					
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete rm 5500) and line 11a below)			В	X Yes	No
11a		er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40				0	
12	ERI	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s ISA?" "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ectio	n 302 of	f	. Yes X	No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions nting the waiver				of the letter ruling Year	
lf y		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	er the minimum required contribution for this plan year		12b			
С	Enter	er the amount contributed by the employer to the plan for this plan year		12c			
d	Sub	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a		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?		X Yes	No		
	If "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 1	No	
С	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred.						
1	3c(1)	Name of plan(s):	!) EIN(s)		13c(3) P	N(s)	

12d

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)