For	m 5500-SF	Short Form Annua	I Return/Report Benefit Plan	of Small Emplo	OMB Nos. 1210-01 1210-00				
	tment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee Re	etirement	201	17		
	partment of Labor nefits Security Administration	Income Security Act of 1974 (E		7(b) and 6058(a) of the	This Form is Open to				
Pension Be	nefit Guaranty Corporation	Complete all entries in ac	cordance with the instru	uctions to the Form 55	Public Inspection 5500-SF.				
Part I		dentification Information	-						
For calenda	ar plan year 2017 or fisc				6/30/2018	· · · · · · · · · · · · · · · · · · ·			
A This retu	urn/report is for:	X a single-employer plan	list of participating em	an (not multiemployer) (I ployer information in ac		-			
B This retu	rn/ranart ia	a one-participant plan	a foreign plan						
	inineport is	the first return/report	the final return/report						
	l	an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C Check b	oox if filing under:	Form 5558	automatic extension	[DFVC p	rogram			
		special extension (enter description	tion)						
Part II	Basic Plan Infor	mation—enter all requested infor	mation	1		1			
1a Name of					1b Thre	e-digit number			
EVERGREE	N SAFETY COUNCIL 4	01K PLAN			(PN)		001		
						tive date of plan			
20 Diam an	· · · · · · · · · · · · · · · · · · ·					07/01/2000			
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)					ZD Empl (EIN)	ployer Identification Number N) 91-0599376			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EVERGREEN SAFETY COUNCIL					2c Spor	Sponsor's telephone number 206-382-4090			
				-	2d Busir	Business code (see instructions)			
12545 135TH	I AVE. NE VA 98034-8709				611000				
MINNLAND, V	WA 90034-0709								
3a Plan ac	dministrator's name and	l address 🗙 Same as Plan Spons	or.		3b Administrator's EIN				
				-	3c Administrator's telephone number				
4 If the n	ame and/or EIN of the	plan sponsor or the plan name has	changed since the last re	sturn/report filed for	4b EIN				
this pla	an, enter the plan spons	sor's name, EIN, the plan name and							
a Sponso C Plan Na					4d PN				
	ame								
5a Total n	number of participants a	t the beginning of the plan year			5a		19		
		it the end of the plan year			5b		17		
		ccount balances as of the end of the		-	5c		14		
d(1) Tota	al number of active parti	icipants at the beginning of the plan) year		5d(1)		15		
d(2) Tota	al number of active parti	icipants at the end of the plan year			5d(2)		10		
		erminated employment during the p			5e		3		
Caution: A	penalty for the late or	r incomplete filing of this return/r	eport will be assessed	unless reasonable cau	ise is estal	blished.			
SB or Sche	dule MB completed and	er penalties set forth in the instruction of signed by an enrolled actuary, as							
	rue, correct, and comple	ete. alid electronic signature.	01/16/2019	JEFFREY VAUGHAN					
SIGN HERE	Signature of plan ad		Date	Enter name of individu	al signing	ae plan administ	rator		
SIGN	Signature of plan ad				iai siyilliy	as pian auninist	ιαιθι		
HERE	Signature of employ	er/nlan sponsor	Date	Enter name of individu	ial signing	as employer or p	lan sponsor		
		er/pian sponsor			aa siyiiiiy				

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

Form 5500-SF (2017) v.170203

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	X Yes 🗌 No							
b	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 lf you answered "No" to either line 6a or line 6b, the plan cann										
c	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined										
U	If "Yes" is checked, enter the My PAA confirmation number from th										
		e i bee p		. (000 mondonol)							
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
a	Total plan assets	7a	472783	507688							
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	472783	507688							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)	9807								
	(2) Participants	8a(2)	25884								
	(3) Others (including rollovers)	8a(3)	0								
b	Other income (loss)	8b	46439								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		82130							
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	46685								
e	Certain deemed and/or corrective distributions (see instructions)	8e	0								
f	Administrative service providers (salaries, fees, commissions)	8f	540								
g	Other expenses	8g	0								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		47225							
i	Net income (loss) (subtract line 8h from line 8c)	8i		34905							
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 2K 3D 2F	feature co	des from the List of Plan Character	istic Codes in the instructions:							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Characteris	stic Codes in the instructions:							

Par	V Compliance Questions				
10	During the plan year:				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)				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond?	10c	Х		10000
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		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		X	
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 as of year-end.)	10g	Х		9280
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
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	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

	rm 5500-SF	t of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089					
Inte	artment of the Treasury ernal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and	4065 of the Employee F	Retirement	2017			
	Department of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		This Form is Ope				
Pension E	Benefit Guaranty Corporation	Complete all entries in a	accordance with the inst	tructions to the Form F	500-SE	Public Inspection			
Part I	Annual Repor	t Identification Information	accordance with the mar		500-51.				
	dar plan year 2017 or	fiscal plan year beginning	07/01/2017	and ending	06/3	0/2018			
		X a single-employer plan				ing this box must attach a			
A This re	eturn/report is for:	a one-participant plan	list of participating er	mployer information in a	ccordance wi	th the form instructions.)			
B This ret	turn/report is								
		the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	ogram			
		special extension (enter descr	iption)						
Part II	Basic Plan Inf	ormation—enter all requested inf	ormation						
1a Name					1b Three	-diait			
		INCIL 401K PLAN				number 001			
						ive date of plan			
				1/2000					
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 (EIN) 91-0599376				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Evergreen Safety Council				2c Sponsor's telephone number					
					206-382-4090				
12545	135th Ave. NE					ess code (see instructions)			
					61100	0			
Kirklar	nd	WA 98034-8709)						
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spon	SOF.		3b Admir	istrator's EIN			
					3c Admin	istrator's telephone number			
4 If the	name and/or EIN of th	e plan sponsor or the plan name ha	s changed since the last	return/report filed for	4b EIN				
this p	lan, enter the plan spo or's name	onsor's name, EIN, the plan name a	nd the plan number from t	the last return/report.					
C Plan N					4d PN				
5a Total	number of participants	s at the beginning of the plan year			5a	19			
		s at the end of the plan year			5b	17			
C Numb	er of participants with	account balances as of the end of t	he plan year (only defined	contribution plans	5c				
		articipants at the beginning of the pla			5d(1)	14			
		articipants at the end of the plan yea			5d(2)				
		b terminated employment during the				10			
than	100% vested				5e	3			
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable ca	use is estab	lished.			
SB or Sche	edule MB completed a	ther penalties set forth in the instruct and signed by an enrolled actuary, as	tions, I declare that I have s well as the electronic ve	examined this return/re rsion of this return/report	port, includin rt, and to the	g, if applicable, a Schedule best of my knowledge and			
SIGN	true, correct, and com	Varia ha	1/11/10	Jeffrey Vaugh					
HERE	Signature of plan	e v v www							
01011	- signature of plant		Date	Enter name of individ	iual signing a	s pian administrator			
SIGN HERE									
	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	lual signing a	s employer or plan sponsor			
Por Paperwo	ork Reduction Act Noti-	ce, see the Instructions for Form 5500-	SF.			Form 5500-SF (2017) v.170203			

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.) 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
		_
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	Int III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Yea	r
<u>'</u> a	Total plan assets	7a	(a) Deginning (472,				507,688
-	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c		472,	783			507,688
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun				(b) Total	
а	Contributions received or receivable from:		(0.0.7		(1)	
	(1) Employers	8a(1)			807			
	(2) Participants	8a(2)		25,	884			
	(3) Others (including rollovers)	8a(3)		16	420			
-	Other income (loss)	8b		46,	439			82,130
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_			02,130
u	to provide benefits)	8d		46,	685			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f			540			
g	Other expenses	8g			0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						47,225
i	Net income (loss) (subtract line 8h from line 8c)	8i						34,905
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Cha	racteri	stic Codes	in the instruction	S:
b	2E 2G 2J 2K 3D 2F If the plan provides welfare benefits, enter the applicable welfare for	eature cor	les from the List of Pla	n Char	octoriet	ic Codes i	n the instructions	
N					acterio			
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amoun	t
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)	-		10a		х		
b	Were there any nonexempt transactions with any party-in-interest			Ivu		37		
	reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	Х			10,000
d						х		
	by fraud or dishonesty?			10d				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persor ne or all of	the benefits under			v		
	the plan? (See instructions.)			10e		X		
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-	end.)	10g	х			9,280
h	If this is an individual account plan, was there a blackout period?	•		-		Х		
<u> </u>	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				
					I			

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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 m 5500) and line 11a below)		SB			Yes	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 section SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					Yes 🛛	No
	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and nting the waiver	l enter _ Da		e date c	of the le		_
lf	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	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?			Yes	Х	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	X No	
С		uring 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)		13	c(3) PN(s)	