## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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** 

	ort identification information								
For calendar plan year 2018 of	or fiscal plan year beginning 01/01/	2018	and ending 07/	/31/2018					
<b>A</b> This return/report is for:	a single-employer plan		lan (not multiemployer) (F mployer information in acc	-					
·	a one-participant plan	a foreign plan	, ,	,					
<b>B</b> This return/report is	the first return/report								
	an amended return/report	X a short plan year retu	ear return/report (less than 12 months)						
C Check box if filing under:	Form 5558	automatic extension	DFVC program						
	special extension (enter desc	cription)							
Part II Basic Plan Ir	nformation—enter all requested in	nformation							
1a Name of plan	,			1b Three-dig	nit				
LUNDBERG, LLC 401(K) PRO	FIT SHARING PLAN			plan num					
				1c Effective	date of plan				
<b>20</b> Di				01	01/01/2016				
Mailing address (include	nployer, if for a single-employer plan) room, apt., suite no. and street, or P.0			<b>2b</b> Employer Identification Number (EIN) 81-1347311					
, ,	vince, country, and ZIP or foreign pos	tal code (if foreign, see inst	tructions)	2c Sponsor'	s telephone number				
LUNDBERG, LLC				•	25-283-5070				
D.O. DOV 0500				2d Business	code (see instructions)				
P.O. BOX 2530 REDMOND, WA 98073					541330				
3a Plan administrator's name	e and address X Same as Plan Spo	onsor.		<b>3b</b> Administr	ator's EIN				
				22 11:11:11:11					
				3C Administr	ator's telephone number				
	f the plan sponsor or the plan name h sponsor's name, EIN, the plan name :			<b>4b</b> EIN					
<b>a</b> Sponsor's name	, , , , , , , , , , , , , , , , , , ,	and the plan name of nom		4d PN					
C Plan Name									
52. Total number of particina	unto at the haginning of the plan year			5a	61				
	ants at the beginning of the plan year.  ants at the end of the plan year			5b	0				
	rith account balances as of the end of			5c	0				
complete this item)				5d(1)					
	participants at the beginning of the p	•		5d(1) 5d(2)	52				
* *	e participants at the end of the plan ye who terminated employment during th			` '	0				
than 100% vested				5e	0				
	ate or incomplete filing of this retur								
	d other penalties set forth in the instru d and signed by an enrolled actuary, omplete.								
SIGN Filed with authoriz	zed/valid electronic signature.	01/30/2019	RON MCCRUMMEN, C	CFO					
HERE Signature of pla	n administrator	Date	Enter name of individua	al signing as p	lan administrator				
SIGN									
HERE Signature of em	ployer/plan sponsor	Date	Enter name of individu	al signing as e	mployer or plan sponsor				

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	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.)								Yes No
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	nsurance p	rogram (see ERISA se	ection 4	021)?	[	Yes		ot determined instructions.)
Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b)	End of Yea	ar
а	Total plan assets	7a	413	36385					0
b	Total plan liabilities	7b		671					0
С	Net plan assets (subtract line 7b from line 7a)	7c	413	35714			0		
8	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)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	,	11332					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	1332
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10	05576					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		150					
g	Other expenses	8g	<b>3g</b> 4078						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				109804			9804
i	Net income (loss) (subtract line 8h from line 8c)	8i				-98472			8472
j	Transfers to (from) the plan (see instructions)	8j	-4037242						
Par	Part IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2H 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the	instruction	ns:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acteris	tic Cod	des in the	instructions	S:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amou	nt
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ			
С	Was the plan covered by a fidelity bond?			10c	X				500000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					

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0111 3300-31 (2010)	Page 3- 1	

Pension Funding Compliance								
				Yes No				
1a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	•			of the letter rulingYear				
completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.							
er the minimum required contribution for this plan year		12b						
C Enter the amount contributed by the employer to the plan for this plan year								
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)								
Il the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A				
Plan Terminations and Transfers of Assets								
s a resolution to terminate the plan been adopted in any plan year?			X Yes	No No				
Yes," enter the amount of any plan assets that reverted to the employer this year		13a		C				
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
	ify the plan(s)	to						
1) Name of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> PN(s)				
01(K) PLAN	47-2025267			001				
Constitute in the Constitute of the Constitute o	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and corm 5500) and line 11a below)	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schorm 5500) and line 11a below)  Inter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SI orm 5500) and line 11a below)  Inter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB orm 5500) and line 11a below)  Inter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40				

## 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 Annual Repor	t Identification Information	n						
For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	07/31/2	018			
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)						
	a one-participant plan	a foreign plan						
<b>B</b> This return/report is	the first return/report	X the final return/repor	t					
	an amended return/report	X a short plan year ret	urn/report (less than 12 m	onths)				
C Check box if filling under:	Form 5558 special extension (enter des	automatic extension		DFVC program	n			
Don't II Don's Diam Ind								
	ormation—enter all requested i	ntormation		1b Three-digit	. 1			
1a Name of plan Lundberg, LLC 40	1(k) Profit Sharing	Plan		plan numb				
				1c Effective d 01/01/	ate of plan			
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P	.O. Box)		2b Employer Identification Number (EIN) 81-1347311				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Lundberg, LLC					telephone number 3 - 5 0 7 0			
P.O. Box 2530					code (see instructions)			
Redmond	WA 980	)73		541330				
3a Plan administrator's name	3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administrator's EIN			
	3c Administrator's telephone number							
	he plan sponsor or the plan name			4b EIN				
a Sponsor's name	onsor's name, EIN, the plan name	and the plan number from	i tile last return/report.	4d PN				
C Plan Name								
5a Total number of participan	ts at the beginning of the plan year	٢		. 5a	61			
<b>b</b> Total number of participan	ts at the end of the plan year			5b	0			
	h account balances as of the end c		7.5	5c	0			
d(1) Total number of active p	participants at the beginning of the	plan year		5d(1)	52			
, ,	participants at the end of the plan y			5d(2)	0			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					0			
Under penalties of perjury and SB or Schedule MB completed	e or incomplete filing of this retu other penalties set forth in the instr and signed by an enrolled actuary	ructions, I declare that I have	ve examined this return/re	port, including, if	applicable, a Schedule			
belief, it is true correct, and to	npige.	1/30/19	Ron McCrummen	CFO				
SIGN HERE		1						
Signature of plan	administrator	Date 1/30/19	Enter name of individ	iual signing as pla	in administrator			
HERE Signature of emp	lover/plan sponsor	)/30 (19 Date	Enter name of individ	lual signing as em	nployer or plan sponsor			

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						F	X Yes No
6a Were all of the plan's assets during the plan year invested in elig	gible assets? (	See instructions.)				Е	d les [] Ho
					X Yes No		
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility our answered "No" to either line 6a or line 6b, the plan ca							
If you answered "No" to either line out or line out, the plan of C. If the plan is a defined benefit plan, is it covered under the PBGC.	insurance pro	ogram (see ERISA sec	tion 402	1)?	Yes	No N	Not determined
If "Yes" is checked, enter the My PAA confirmation number from	the PRGC pre	emium filing for this pla	n year			(Se	e instructions.)
If "Yes" is checked, enter the My PAA confirmation number from	the root pro						
Part III Financial Information						h) End of V	oar
7 Plan Assets and Liabilities		(a) Beginning of	<b>Year</b> 36,38	E .		b) End of Yo	O
a Total plan assets	7a	4,1	67	_			C
b Total plan liabilities				_			C
C Net plan assets (subtract line 7b from line 7a)	7с	4,1	35,71	.4		# > T - 4 - 1	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		+		(b) Total	
a Contributions received or receivable from:	8a(1)			0			
(1) Employers				0			
(2) Participants				0			
(3) Others (including rollovers)			11,33	32			
<b>b</b> Other income (loss)				+			11,33
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			$\neg$			
<b>d</b> Benefits paid (including direct rollovers and insurance premium: to provide benefits)	8d		105,5	76			
the structions distributions (see instructions				0			
it a factor for commissions)		8f 1		50			
d Administrative service providers (salaries, lees, commissions).  G Other expenses	The second of		4,0	78			
h Total expenses (add lines 8d, 8e, 8f, and 8g)							109,80
i Net income (loss) (subtract line 8h from line 8c)							-98,47
Transfers to (from) the plan (see instructions)	8j	-4,	037,2	42			
	1 0	L			Al-		
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension	sion feature co	odes from the List of Pla	an Chara	cteris	tic Codes i	n the instruct	tions:
LOE OT OK OH 3D							
b If the plan provides welfare benefits, enter the applicable welfare	are feature coo	des from the List of Plan	n Charac	terist	ic Codes in	the instruction	ons:
Part V Compliance Questions			— Т	Vac	No	Am	ount
10 During the plan year:				Yes	NO	Am	Ount
Was there a failure to transmit to the plan any participant condescribed in 29 CFR 2510.3-102? (See instructions and DO)	tributions with	in the time period			.,		
described in 29 CFR 2510.3-102? (See instructions and DO Program)			10a		Х		
h Were there any nonexempt transactions with any party-in-inte	erest? (Do not	include transactions			х		
reported on line 10a.)			10b	Х			500,00
C Was the plan covered by a fidelity bond?							500,00
d Did the plan have a loss, whether or not reimbursed by the p	lan's fidelity bo	ond, that was caused			х		
by fraud or dishonesty?			10d				
e Were any fees or commissions paid to any brokers, agents,	or other person	ns by an insurance			,, l		
carrier, insurance service, or other organization that provides the plan? (See instructions.)	s some or all o		10e		Х		
a di	e plan?		10f		Х		
The state of the s			10g		Х		
g Did the plan have any participant loans? (If Yes, enter and	rind? (See inst	ructions and 29 CFR	, og		v		
h If this is an individual account plan, was there a blackout per	iou: (See iiist	ruodono una 20 or 11	10h	1	X		

2520.101-3.) 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....

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Part V	Pension Funding Compliance			alula Ci		Пи	- [] No
	Is this a defined benefit plan subject to minimum funding requirements (Form 5500) and line 11a below)			eaule Si		∐ Ye	s   No
440	Enter the uppoid minimum required contributions for all years from So	chedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding rec	quirements of section 412 of the C				Ye	
	If a waiver of the minimum funding standard for a prior year is being a	amortized in this plan year, see ins	4	l enter t Day	he date o	of the letter Year	ruling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M	B (Form 5500), and skip to line	13.	12b	1		
b E	Enter the minimum required contribution for this plan year				<b> </b>		
	Enter the amount contributed by the employer to the plan for this plan	year		12c			
٨	Subtract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a minus sign to the	left of a	12d			
	negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?					No L	N/A
Part \	Has a resolution to terminate the plan been adopted in any plan year?				X Yes	No	i i
13a	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year		13a			(
b	Were all the plan assets distributed to participants or beneficiaries, to control of the PBGC?	ransferred to another plan, or brou	ight under the			X Yes	No
c	If, during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred.	n this plan to another plan(s), ider	tify the plan(s	) to			
1	3c(1) Name of plan(s):		13c(2	) EIN(s	)	13c(3)	PN(s)
	ex 401(k) Plan		47-2	02526	7	0.0	1
Dust	EX 401(V) FIGH						