## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 Report	: Identification Information							
For calenda	ar plan year 2018 or f	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018				
A This ret	This return/report is for:  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.)								
_									
<b>B</b> This retu	urn/report is								
	an amended return/report a short plan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension	ı	DFVC progra	m			
	T	special extension (enter descr	. ,						
Part II	Basic Plan Info	ormation—enter all requested inf	ormation						
1a Name CREEKSIDE	•	01K PROFIT SHARING PLAN			1b Three-digi plan numb (PN) ▶				
					1c Effective date of plan 01/01/2013				
		oyer, if for a single-employer plan)	. D)		2b Employer Identification Number				
		om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta		structions)	(EIN) 91-1596448				
-	PACKARD PS	, , , , , , , , , , , , , , , , , , ,	a. eeue (e.e.g, eee		<b>2c</b> Sponsor's telephone number 509-577-8277				
					2d Business code (see instructions)				
	H 40TH AVENUE				621210				
YAKIMA, WA	4 96906								
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrator's EIN				
Plant danimination of hame and address plante do ham opened.									
					3c Administra	tor's telephone number			
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN				
	or's name	misor's name, Lin, the plan name a	ind the plan number nom	the last return/report.	4d PN				
C Plan Name									
					50				
_		s at the beginning of the plan year			5a 5b	29			
		s at the end of the plan year			. 30	29			
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)					5c	29			
d(1) Total number of active participants at the beginning of the plan year					5d(1)	26			
d(2) Total number of active participants at the end of the plan year					. 5d(2) 20				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0			
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca					
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, andlete.							
SIGN	Filed with authorized	d/valid electronic signature.	02/19/2019	DAVID PACKARD	)				
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as pla	an administrator			
SIGN	Filed with authorized	d/valid electronic signature.	02/19/2019	DAVID PACKARD					
HERE	Signature of emplo	oyer/plan sponsor	Enter name of individ	Enter name of individual signing as employer or plan sponsor					

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

b Are you claiming a waiver of the annual examination and report of an independent qualified public account under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	ead use 4021)? ar	 e Form	n <b>5500.</b> ] Yes [] N			
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must inst  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan ye  Part III Financial Information	ead use 4021)? ar	e Form	n <b>5500.</b> ] Yes [] N	Not determined		
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan ye  Part III Financial Information	ar					
Part III   Financial Information	r			(See instructions.)		
_						
7 Plan Assets and Liabilities (a) Beginning of Yea						
			(b) End of Year			
a Total plan assets		816885				
<b>b</b> Total plan liabilities				0		
C Net plan assets (subtract line 7b from line 7a)		816885				
8 Income, Expenses, and Transfers for this Plan Year (a) Amount		(b) Total				
a Contributions received or receivable from: (1) Employers						
(2) Participants						
(3) Others (including rollovers)						
<b>b</b> Other income (loss)						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		113538				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)						
e Certain deemed and/or corrective distributions (see instructions) 8e						
f Administrative service providers (salaries, fees, commissions) 8f 3854						
g Other expenses						
h Total expenses (add lines 8d, 8e, 8f, and 8g)		9202				
i Net income (loss) (subtract line 8h from line 8c)				104336		
j Transfers to (from) the plan (see instructions)						
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch 2A 2E 2G 2J 2K 3D	aracter	istic Co	odes in the	instructions:		
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteris	stic Co	des in the i	nstructions:		
Part V Compliance Questions						
10 During the plan year:	Yes	No		Amount		
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  10a		X				
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X				
C Was the plan covered by a fidelity bond?	Х			75000		
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		73000		
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 plan?10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		Χ				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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						

Form 5500-SF (2018)	Page <b>3-</b> 1
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Part	VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)										
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(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, granting the waiver	and enter Da		e of the letter ruling Year						
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								
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)										
е	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>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?										
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to								
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> 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 section 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

Par	tl Annual Repor	t Id	entification Information	1	dance with the inst	ructions to the Form 55	00-SF.				
For ca	lendar plan year 2018 or f	isca	plan year beginning		01/01/2018	and ending	- 1	0/21/0210			
	a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach										
	s return/report is:		a one-participant plan the first return/report	a list of participating employer information in accordance with the form instructions.) a foreign plan teturn/report the final return/report							
			an amended return/report		a short plan year ret	turn/report (less than 12	months)				
C Che	eck box if filing under:		Form 5558 special extension (enter desc	riptio	automatic extension		[	DFVC progr	am		
Part	II Basic Plan Info	orm	nation enter all requested	infor	mation						
	ame of plan		MA 401K PROFIT SHARI					Three-digit plan number (PN) ▶	001		
							1c Effective date of plan 01/01/2013				
Ci	alling Address (include ro ity or town, state or provin	om, ce, (	r, if for a single-employer plan) apt., suite no. and street, or P. country, and ZIP or foreign pos	O. Bo	ox) ode (if foreign, see in	structions)	2b Employer Identification Number (EIN) 91-1596448				
PZ	ACKARD & PACKARD	PS					2c Sponsor's telephone number (509) 577-8277				
	501 SOUTH 40TH AV	ENU	E					Business code 621210	(see instructions)		
	an administrator's name a	nd s	address X Same as Plan Sp				3b Administrator's EIN				
4 161							3c	Administrator's	telephone number		
4 If t	s plan, enter the plan spo	e pla nsor	an sponsor or the plan name har's name, EIN, the plan name a	as ch ind th	anged since the last ne plan number from	return/report filed for the last return/report.	4b	EIN			
a Sp	a Sponsor's name C Plan Name 4d PN										
<b>5a</b> To	tal number of participants	at th	he beginning of the plan year				5a		29		
<b>b</b> To	tal number of participants	at th	he end of the plan year				5b		29		
C Nu						5c		29			
d(1)	d(1) Total number of active participants at the beginning of the plan year					5d(1	1)	26			
	Number of participants who terminated employment during the plan year with accrued benefits that were					5d(2	2)	20			
les	s than 100% vested			••••••			5e		0		
Cautio	n: A penalty for the late	or i	ncomplete filing of this return	n/rep	ort will be assesse	d unless reasonable ca	use is e	established.			
30 01	penalties of perjury and of Schedule MB completed a it is true, correct, and com	na s	penalties set forth in the instru signed by an enrolled actuary, a e.	ction: as we	s, I declare that I have ell as the electronic vo	re examined this return/re ersion of this return/repo	eport, in rt, and to	cluding, if appli o the best of m	cable, a Schedule y knowledge and		
SIGN	tow	_			2/15/19	David Po	acko	rd			
HERE	Signature of plan adm	inis	trator		Date	Enter name of individua			nistrator		
SIGN					2/19/19	David Par	Karo	1			
HERE	Signature of employer	/pla	n sponsor		Date	Enter name of individua	al signin	a as employer	or plan enoneor		

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b	y a variety of the arrival examination and report of all independent qualified public accountant (ΙΟΡΔ)										
	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.							Yes No			
С	If the plan is a defined hearffy large is it as a fine 6b, the plan cannot	ot use Form	5500-SF and must ins	stead	use l	Form	5500.				
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA section	on 402	21)?		Yes	□ No □	Not determined		
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pren	nium filing for this year	-				(See	instructions.)		
P	art III Financial Information										
1	Plan Assets and Liabilities		(a) Beginning of	(a) Beginning of Year			(b) End of Year				
<u>a</u>	Total plan assets		7	712,549				816,885			
b	Total plan liabilities			0				0			
C	Net plan assets (subtract line 7b from line 7a)	. 7c	7	712,549				816,885			
8 a	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount			(b) Total				
a	Contributions received or receivable from: (1) Employers	80/1)		62.0	11						
	(2) Participants	8a(1)		63,2		1816					
_	(3) Others (including rollovers)	12242000		81,4	81						
b	Other income (loss)					- H					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3	1,15	4)		(C)=noi				
d	Benefits paid (including direct rollovers and insurance premiums	oc				Wiles.			113,538		
	to provide benefits)	8d		5,348							
е	Certain deemed and/or corrective distributions (see instructions)	8e				7					
f	Administrative service providers (salaries, fees, commissions)	8f		3,854				Sandar San			
g	Other expenses	8g	10								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							9,202		
i	Net income (loss) (subtract line 8h from line 8c)	8i		File		N.	104,336				
j	Transfers to (from) the plan (see instructions)	8j				ur.					
Pa	rt IV Plan Characteristics					1155					
9a	If the plan provides pension benefits, enter the applicable pension fe	ature codes	from the List of Plan Cl	aract	orietia	Code	o in the	la atomatica a c			
	2A 2E 2G 2J 2K 3D	ataro oodoo	nom the List of Flair Of	iaiaci	CHSU	Code	s in the	instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes fr	om the List of Plan Cha	aracte	ristic	Codes	in the in	nstructions:			
Pa	rt V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amo	ount		
a	Was there a failure to transmit to the plan any participant contributi	ions within th	e time period					7.111	, and		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fiduo	iary Correction								
	Program)			10a		х					
b	b vvere there any nonexempt transactions with any party-in-interest? (Do not include transactions										
	reported on line 10a.)			10b		Х					
_ d	Was the plan covered by a fidelity bond?			10c	х		Hill		75,000		
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					х	Time!				
е	e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some		r persons by an insurance								
	the plan? (See instructions.)	10e		х							
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.)										
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)										
i	If 10h was answered "Yes," check the box if you either provided the			10h		Х					
371	exceptions to providing the notice applied under 29 CFR 2520.101-	nice of one of the	10i								