Descent leave that are approved in the form is required to be field under sections 15.4 and 4005 of the Enrolpec Retirement Revenue Code (the Code).     Descent leave and and code in the instructions to the form 500-55.     Part I Annual Report Identification Information     Control and and and year to the information in accordance with the instructions of the Enrolpect Identification Information     Control and and and year to the information in accordance with the instructions of the form 100-100-100 (Files checks).     Control and and and year to the form 100-100-100 (Files checks) and the form instructions in accordance with the form instructions in the form instructions in accordance with the form instructions in the form instructions in accordance with the form instructions in the form instructions in the form 100-100-100 (Files checks) and the form instructions in the form instructions in the form instructions in the form 100-100-100 (Files checks) and the form instructions in the form instructions in the form instructions in the form 100-100-100 (Files checks) and the form instructions in the form 100-100-100 (Files checks) and t		m 5500-SF	Short Form Annual Return/Report of Small Empl Benefit Plan				OMB Nos. 1210-0110 1210-0089					
Encreption         Evenue         Revenue         Complete all miles (accordance with the instructions to the Form 5500 SF.         This Part is 10 (accordance with the instructions to the Form 5500 SF.           Part III         Annual Report Identification Information         and ending         1/2/1/2/18           For calendar plan year beginning         (10) (20) (20) (20)         and ending         1/2/1/2/18           A         This return/eport is for:         a one participant plan         a foreign plan         one participant plan         a foreign plan           B         This instrum/veport is         a one participant plan         a foreign plan         b foreign plan         b foreign plan           B         This instrum/veport is         a one participant plan         a foreign plan         b foreign plan           C         Check box if fling under:         Check foreign and mended return/report         a storeign and mended return/report         a storeign and mended return/report           C         Check box if fling under:         B foreign and mended return/report         B return/report is mile and mended return/report         B return/report is manned return/report           C         Check box if fling under:         D foreign and mended return/report         B return/report is a single-employer plan / mended return/report           A         This securin instrutun/report         B return/report is a single-							2018					
A This return/eport is     Complete all entries in accordance with the instructions to the Form 5500 SF     Part I A Annual Report Identification Information     For celevalar plan year 2010 of face1 plan year information     For celevalar plan year 2010 of face1 plan year plan information     For celevalar plan year 2010 of face1 plan year plan information     For celevalar plan year 2010 of face1 plan year plan												
For calendar plan year 2018 or fitude plan year beginning       0101/2018       and ending       1201/2018         A This return/report is for:												
A       This return/report is for: <ul> <li>a single-employer plan</li> <li>a single-employer plan</li> <li>b This return/report is</li> <li>c C Check box if fling under:</li> <li>c SESS</li> <li>g a somatic extension</li> <li>D FVC program</li> <li>a social extension (not redescription)</li> </ul> <li>Part II Basic Plan Information—enter al requested information</li> <li>1a Name of plan</li> <li>GLOBAL PACIFIC ENVIRONMENTAL 401(K) PLAN</li> <li>The ending in number (RN) with extension (not redescription)</li> <li>B This return/report is a single-employer plan)</li> <li>Maling advection Number (ENVIRONMENTAL 401(K) PLAN</li> <li>C Extension (not redescription)</li> <li>C Support Steephone number (RN) with extension (Note PLAN)</li> <li>C Support Steephone number (RN) with extension (Note PLAN)</li> <li>C Support Steephone number (RN) with extension (Note PLAN)</li> <li>C Support Steephone number (SUPAN-417)</li> <li>C Suppo</li>												
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B       This return/report is       ih the first return/report is a short plan year return/report (less than 12 months)         C       Check box if filing under:       in a mended return/report is a short plan year return/report (less than 12 months)         C       Check box if filing under:       in gocial extension       DFVC program         in gocial extension (enter description)       Ib Three-digit (PA)       0.02         Part II       Basic Plan Information -enter all requested information       1b Three-digit (PA)       0.02         12       Effective date of plan (PA)       0.02       1c Effective date of plan (0.01/12005)         24       Plan sponsor's name (employer, if for a single-employer plan)       Maling address (include room, apt, suite no and street, or P.O. Box)       2b Employer Identification Number (EIN)         CLOBAL PACIFIC ENVIRONMENTAL       210 of foreign postal code (if foreign, see instructions)       2c Sponsor's telephone number 200-003.4172         3a       Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's telephone number 203000         3a       Plan administrator's name, and address       Same as Plan sponsor.       3b Administrator's telephone number 238000         3a       Total number of participants at the beginning of the plan year       5a 23       23         3b       Total number of participants at the beginning of the plan year       5d (12)	A This retu	rn/report is for:		list of participating em			-					
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<ul> <li>a product demain of plan</li> <li>b Top rogin</li> </ul> <b>Part II</b> Basic Plan Information —enter all requested information <b>Call Delay Control</b>			n/report (less than 12 mo	onths)								
Part II       Basic Plan Information—enter all requested information         1a Name of plan       1b       Three-digt plan number (PN) >       002         1a Name of plan       1b       Three-digt plan number (PN) >       002         1a CERceive date of plan       0101/2005       1c       Effective date of plan 0101/2005         2a Plan sponsor's name (employer, if for a single-employer plan) Maling address (include room, act, sule no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b       Employer Identification Number (EIN) 91:-2114934         3LOBAL PACIFIC ENVIRONMENTAL       2c       Sponsor's telephone number 380-083-479       2d         919 W. 39TH STREET CONCOUVER, WA 39660-1212       3a Plan administrator's name and address in Same as Plan Sponsor.       3b       Administrator's telephone number 3c: Administrator's telephone number         4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 	C Check be	ox if filing under:	[	DFVC p	rogram							
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5a       Total number of participants at the beginning of the plan year       5a       29         b       Total number of participants at the end of the plan year       5b       26         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       5         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       29         d(2)       Total number of active participants at the end of the plan year       5d(2)       26         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       She on the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       02/28/2019       CHARLES RAGAN         SIGN       Filed with authorized/valid electronic signature.       02/28/2019       CHARLES RAGAN         SIGN       HERE       Enter name of individual signing as plan administrator						<b>4d</b> PN						
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e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       02/28/2019       CHARLES RAGAN         SIGN HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator	d(1) Total number of active participants at the beginning of the plan year											
than 100% vested       Jee         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       02/28/2019       CHARLES RAGAN         SIGN HERE       Filed with authorized/valid electronic signature.       Date       Enter name of individual signing as plan administrator							26					
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       02/28/2019       CHARLES RAGAN         SIGN HERE       Filed with authorized/valid electronic signature.       Date       Enter name of individual signing as plan administrator												
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HERE     Signature of plan administrator     Date     Enter name of individual signing as plan administrator       SIGN HERE     Image: Signature of plan administrator     Image: Signature of plan administrator				ture. 02/28/2019 CHARLES RAGAN								
SIGN HERE	HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	al signing	as plan administrator					
HERE							•					
		Signature of employ	/er/plan sponsor	Date	Enter name of individu	e of individual signing as employer or plans						

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

Form 5500-SF (2018) v.171027

	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> <li>if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>							
С	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 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)							
Pa	Part III Financial Information							
7	7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	414651	402567				
-								
b	Total plan liabilities	7b						
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	414651	402567				

8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		9077				
	(2) Participants	8a(2)	1	9930				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	-2	1897				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				7110		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	5529				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f	:	3665				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				19194		
i	Net income (loss) (subtract line 8h from line 8c)	8i				-12084		
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 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pla	n Character	istic Co	odes in the instructions:		
b	<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
Par	t V Compliance Questions							
10	During the plan year:			Yes	No	Amount		
2	Maa thara a failura ta transmit ta tha alan any participant contribu	tione with	a the time period		1			

10	During the plan year:	Yes	No	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)	10a		Х	
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		40000
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	
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.).	10e	X		938
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		38243
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	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No	
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the dat granting the waiver								
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	r 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 ative amount)		12d					
e	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?			Ye	s X	No		
	lf "Y	es," 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	Yes 🗙 No		
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to					
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)	