	rm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
Inter	rtment of the Treasury rnal Revenue Service epartment of Labor	This form is required to be file Income Security Act of 1974	d under sections 104 and			2018
	enefits Security Administration enefit Guaranty Corporation	_	Revenue Code (the Code	,	00 CF	This Form is Open to Public Inspection
Part I	Annual Report	Complete all entries in a Identification Information	accordance with the inst	ructions to the Form 550	JU-SF.	
		scal plan year beginning 01/01/2	018	and ending 08/	31/2018	
A This ret	turn/report is for:	X a single-employer plan	list of participating er	lan (not multiemployer) (F nployer information in acc		ing this box must attach a ith the form instructions.)
R This ret	urn/report is	a one-participant plan	a foreign plan			
		the first return/report	X the final return/report	m/report (less than 12 mo	nths)	
C Check	box if filing under:	Form 5558	automatic extension	F	DFVC pi	rogram
	0	special extension (enter descr		L		ogram
Part II	Basic Plan Info	rmation—enter all requested inf	ormation			
1a Name	of plan	C. 401(K) PROFIT SHARING PLA			1b Three plan (PN)	number
					()	tive date of plan 07/01/2013
Mailing	g address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Empl (EIN)	oyer Identification Number 45-2283379
	r town, state or provinc RIC SOLUTIONS, LLC	e, country, and ZIP or foreign posta	al code (if foreign, see inst	ructions)	2c Spon	sor's telephone number 509-491-3500
					2d Busin	ess code (see instructions)
2563 TIGER RICHLAND,						236200
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
		e plan sponsor or the plan name hansor's name, EIN, the plan name a	5		4b EIN	
•	or's name				4d PN	
5a Total	number of participants	at the beginning of the plan year			5a	8
b Total	number of participants	at the end of the plan year			5b	0
		account balances as of the end of		-	5c	0
d(1) Tot	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	7
• •		rticipants at the end of the plan yea			5d(2)	0
than	100% vested	terminated employment during the	•		5e	0
		or incomplete filing of this return her penalties set forth in the instruct				
SB or Sche		nd signed by an enrolled actuary, a				
	Filed with authorized	/valid electronic signature.	03/12/2019	KHRISTINA BEYER		
HERE	Signature of plan a		Date	Enter name of individua	al signing a	as plan administrator
SIGN HERE		/valid electronic signature.	03/12/2019	KHRISTINA BEYER		
	Signature of emplo	oyer/plan sponsor ce, see the Instructions for Form 5500	Date D-SF.	Enter name of individua	al signing a	as employer or plan sponsor Form 5500-SF (2018) v 171027

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 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year (b) E	nd of Year			
а	Total plan assets	7a	493580	0			
b	Total plan liabilities	7b					

	70		
c Net plan assets (subtract line 7b from line 7a)	7c	493580	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:(1) Employers	8a(1)	3070	
(2) Participants		13819	
(3) Others (including rollovers)	8a(3)	1173	
b Other income (loss)		7356	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			25418
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		518368	
e Certain deemed and/or corrective distributions (see instructions) 8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	630	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		518998
i Net income (loss) (subtract line 8h from line 8c)	8i		-493580
j Transfers to (from) the plan (see instructions)	····· 8i		
Part IV Plan Characteristics	1 7		
9a If the plan provides pension benefits, enter the applicable pens 2F 2G 2J 2K 2T 3D	ion feature co	des from the List of Plan Characteristic	Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions			
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) 10	a	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	x	
С	Was the plan covered by a fidelity bond? 10	c X		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10	d	x	
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.)	e	×	
f	Has the plan failed to provide any benefit when due under the plan?)f	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	g	Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	x	
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)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 rm 5500) and line 11a below)			SB			Y	es 🔉	K 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 se SA?			of			Y	es 🔉	K No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions nting the waiver			r th ay			letter ear	rulin	g
lf	you o	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 left of a ative amount)		12d						
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/	/Α
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)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the				< Ye	es 🗌	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to						
1	3c(1) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s)

Form 5500-SF	Short Form Annu	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0085	
Department of the Treaduly Internet Revolute Service		Benefit Plan	es of the Employme Re	tirement	2018
Department of Labor Employee Benefits Security Administration	income Security Act of 197	ed under sections 104 and 40 4 (ERISA), and sections 6057 Revenue Code (the Code)	(b) and 6058(a) of the i	nternal Th	is Form is Open to Public Inspection
Pension Renefit Guaranty Corporation	 Complete all entries in 	accordance with the instru	ctions to the Form 55		done inspection
Part I Annual Report	t Identification Informatio			1000	
For calendar plan year 2018 or	fiscal plan year beginning 01/01/2	018	and ending 08/31		ALL DESCRIPTION OF THE OWNER
A This return/report is for:	a single-employer plan		n (not multiemployer) (F ployer information in act	filers checking thi cordance with the	s box must attach a form instructions.)
	a one-participant plan	a toreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	x short plan year return	/report (less than 12 m	onths)	
C Check box if filing under:		automatic extension	1	DEVC program	n
C Direct cox it mig croci.	Form 5558 special extension (enter dos		,]	57
Part II Basic Plan Inf	ormation-enter all requested				
1a Name of plan	ormenon-ener en requesteu	e men is new yra		1b Three-digit	
	L.C. 401(K) PROFIT SHARING P	LAN		plan numbe	
				(PN) > 1c Effective da	ate of plan
*				07/01/2013	
2a Plan sponsor's name (emp Mailing address (include ro		2b Employer k (EIN) 45-22	dentification Number 283379		
City or town, state or provi	uctions)	2c Sponsor's	telephone number		
REAL CENTRIC SOLUTIONS, L	LG				509) 491-3500
				2d Business o 236200	ode (see instructions)
2563 Tiger Lane				230200	
Richland, WA 99352					
3a Plan administrator's name	and address 🕅 Same as Plan Sp	oonsor.		3b Administrat	tor's EIN
				3c Administrat	tor's telephone numbe
			in the set file of fee	4b FIN	
4 If the name and/or EIN of 1 this plan, enter the plan se	the plan sponsor or the plan name consor's name, EIN, the plan name	e and the plan number from the	e last return/report.		
a Sponsor's name C Plan Name				4d PN	
En Task and a start	to at the basis and the store			5a	8
	its at the beginning of the plan yea			5b	0
c Number of participants with	its at the end of the plan year th account balances as of the end	of the plan year (only defined	contribution plans	5c	٥
	participants at the beginning of the			5d(1)	7
				5d(2)	0
 e Number of setticioeste set 	participants at the end of the plan ho terminated employment during	the plan year with accrued be	mefits that were less	56	0
than 100% vested				and the second second	-5
Caution: A penalty for the lat	te or incomplete filing of this ret other penalties set forth in the inst	urn/report will be assessed	unless reasonable car examined this return/re	port_including #	ru. applicable, a Schedul
SB or Schedule MB completed belief, it is true, correct, and po	and sidebd by an enrolled actuary	/, as well as the electronic ver	rsion of this return/repor	t, and to the best	of my knowledge and
SIGN ////	the second secon	212-2019	Khristina Beyer	-	
HERE Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator
SIGN	1/10-	3-12.709	Khristina Be		
UCDE ATTA			Enter name of individ		niover or plan spoos
Signature of emp	olgyenplan sponsor otice, see the Instructions for Form 5	Date 500-SF.	Enter name of individ	ual signing as en	Form 5500-SF (2)

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1.9	Qе	4	

6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (S	See instructions.)			Dat		X Yes 🗌 No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	and conditio	ns.)				0	Yes 🗍 No
1025	If you answered "No" to either line 5a or line 5b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined
C	If "Yes" is checked, enter the My PAA confirmation number from the							. (See instructions.)
	It "Yes" is checked, enter the My PAA contirmation number from th	e PBGC pro	mum ning tor cas p	an year				, (see manucoons.)
Pa	rt III Financial Information							-
7	Plan Assets and Liabilities	the state of	(a) Beginning o	of Year			(b) End	of Year
a	Total plan assets	78		49358				0
b	Total plan liabilities	7b						
c	Net plan assets (subtract line 7b from line 7a)	70		49358	0			٥
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	fotal
a	Contributions received or receivable from:	10:00		2000				
2420	(1) Employers	8a(1)		307	-			
_	(2) Participants	88(2)		1381	-			and the second second
	(3) Others (including rollovers)	8a(3)		117	<u> </u>	-		
	Other income (loss)	8b		735	16			100000
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	111111		-+		-	25418
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		51836	8		N	
e	Certain deemed and/or corrective distributions (see instructions)	8e		0			_	24 M. A.
f	Administrative service providers (salaries, fees, commissions)	8f		63	0	5-25-1		States Street
g	Other expenses	8g		_			-	225
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						518998
i	Net income (loss) (subtract line 8h from line 8c)	8i						-493580
j	Transfers to (from) the plan (see instructions)	81						
Pa	rt IV Plan Characteristics		entra de la composition de la		- GX			
	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 2T 3D	feature cod	es from the List of Pla	an Cha	racterit	stic Codes	in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	feature code	s from the List of Pla	n Chara	octenst	ic Codes i	n the instr	uctions:
Par	t V Compliance Questions		1100	-		_		and the second
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 Fid	luciary Correction	10a		x	-	
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not in	clude transactions	10b		x		
c	Was the plan covered by a fidelity bond?			10c	х			5000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	i, that was caused	10d		х		
e	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of th	ne benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the pla	an?		101		x		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-en	ıd.)	10g		х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x	1.2	aller Starley
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i		1		3

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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 Sche (Form 5500) and line 11a below)	dule S	iB	Ē	Yes	No No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 o	f		Yes	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter Da		the le Yea		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	- 10 Sent			0	
b	Enter the minimum required contribution for this plan year	12b	19			
	Enter the amount contributed by the employer to the plan for this plan year	12c				
	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)	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	D	Yes	No		N/A
Part	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	П	No	
		13a		-		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes	N	0
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0				
1	3c(1) Name of plan(s): 13c(2) E	IN(s)		130	(3) PN	(8)