Uniformit Revenue Struct 2018 Description Section Security Act of 1974 (EFISA) and 4605 of the Employer Relitement Revenue Code (the Code). Description 6057(b) and 6058(a) of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Employer Act of 1974 (EFISA) and 4605 of the Act of	Form 5500-SF Short Form Annual Return/Report of Small Empl Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089			
The parameter of Labor			This form is required to be filed		065 of the Employee Re	etirement	_{.t} 2018			
Part I Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 0.101/2018 and ending 07/31/2018 A This return/report is for: a single-employer plan a foreign plan a foreign plan B This return/report is for: a one-participant plan a foreign plan a foreign plan B This return/report is me first neturn/report Short plan year return/report B short plan year return/report B This return/report is me first neturn/report Short plan year return/report B short plan year return/report B This return/report is Form 5558 automatic extension DFVC program gencial extension (enter discription) DFVC program 001 C Part II Basic Plan Information—enter all requested information 1b There-digit plan number (PN) / 001 IC Effective date of plan of plan address (include rom, pat, sute no and street, or P.O. Box) C(E(N) 91/78/2403 2c Sponsor's name (employer, if for a single-employer plan) Mating address (include rom, pat, sute no and street, or P.O. Box) C(E(N) 91/78/2403 2c Sponsor's telephone number 509/662-4541 2d Plan sponsor's name (e			Income Security Act of 1974 (7(b) and 6058(a) of the I						
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 07/21/2018 A This return/report is for: a single-employer plan a single-employer plan a list of participaing employer information in accordance with the form instructions.) B This return/report is the first return/report A short plan gen may beginning 01/01/2018 B This return/report is the first return/report A short plan year return/report A short plan year return/report B This return/report is the first return/report A short plan year return/report A short plan year return/report C Check box if filing under: Y Form 5558 automatic extension DFVC program gspecial extension (enter description) automatic extension DFVC program 10 Three-digit plan number (PN) />Part II Basic Plan Information—enter all requested information 1 11 C Effective date or plan 010/11/1988 2 22 Plan sponsor's name (employer, if for a single-employer plan) 01/01/1998 2 23 Plan sponsor's name (employer, if for a single-employer plan) 01/01/1998 2 24 Plan sponsor's name (employer, if for a single-employer plan) 01/01/1998 2 25 C. RICHARDSON, INC. 20 Bous coscie (see instruction	Pension Be	enefit Guaranty Corporation	Complete all entries in ac	uctions to the Form 55	00-SF.	Public Inspection				
A This return/report is for: a single-employer plan is of participating employer information in accordance with the form instructions.) a one-participant plan b This return/report is the first return/report a an anended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 10 Three-digit plan number (PN) 001 11 E Effective date of plan OBC ACI(K) PROFIT SHARING PLAN 21 E Employer return/1998 22 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or forw, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 23 A Plan administrator's name and address Same as Plan Sponsor. 32 Administrator's telephone number 50 A										
A This return/report is for: a one-participant plan a foreign plan bit of participanting employer information in accordance with the form instructions.) a one-participant plan a foreign plan Is of participanting employer information in accordance with the form instructions.) B This return/report Is a short plan year return/report Is a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information Ib Three-digit plan number (PN) + 001 IC Effective date of plan opticipanting employer, if for a single-employer plan) 001 Mailing address (include from, and, state or P.O. Box) Clip or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) S.G. RICHARDSON, INC. 3b Administrator's name and address [Same as Plan Sponsor. 3b Administrator's telephone number 509-e662-4541 O BOX 422 VENATCHEE, WA 98807-0422 Same as Plan Sponsor. 3c Administrator's telephone number 509-e662-4541 3c Administrator's telephone number 509-e662-45	For calenda	lar plan year 2018 or fisc	cal plan year beginning 01/01/20	-						
B This return/report is he first return/report In the final return/report In the final return/report B This return/report is he first return/report In the final return/report In the final return/report C Check box if filing under: Form 5558 In automatic extension DFVC program Special extension (enter description) DFVC program 001 Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) Inc. I C Effective date of plan 001 Ic Effective date of plan 001 I C Effective date of plan 0101/1998 2a Plan sponsor's name (employer, if for a single-employer plan) 001 Mailing address (Include room, apt, suite on and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number 509-662-4541 SG RICHARDSON, INC. 2d Business code (see instructions) 236/200 'YEINATCHEE, WA 99807-0422 236/200 236/200 'A If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for its plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report 4b EIN A sponsor's name C Plan Name	A This ret	turn/report is for:		list of participating em			-			
Internative function point Internative function Internative function Internative function Internative function Internative function </td <td>R This retu</td> <td>urn/report is</td> <td>a one-participant plan</td> <td>a foreign plan</td> <td></td> <td></td> <td></td>	R This retu	urn/report is	a one-participant plan	a foreign plan						
C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1 The plan number (PN) 001 12 Effective date of plan 01 1c Effective date of plan 01/01/1998 24 Plan sponsor's name (employer, if for a single-employer plan) 01 1c Effective date of plan 01/01/1998 24 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 01 36.G. RICHARDSON, INC. 2b Employer Identification Number (EIN) 91-0782403 2c Sponsor's talephone number 509-862-4541 2d Basiness code (see instructions) 2c Sponsor's talephone number 509-862-4541 2d Business code (see instructions) 3c Administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name and address Same as Plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/repo										
Part II Basic Plan Information —enter all requested information 1a Name of plan 1b Three-digit plan number (PN) 3G RICHARDSON INC 401(K) PROFIT SHARING PLAN 1b Three-digit plan number (PN) 3G RICHARDSON INC 401(K) PROFIT SHARING PLAN 1c Effective date of plan 01/01/1998 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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 91-0782403 2c Sponsor's telephone number 509-662-4541 2d Business code (see instructions) > G.G. RICHARDSON, INC. 3b Administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 509-662-4541 2d Business code (see instructions) 232600 Sac Administrator's telephone number 509-662-4541 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 509-662-4541 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 500 address for the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name cin a sponsor's name cin a sponsor's name cin adme plan name and the		l	an amended return/report	X a short plan year return	n/report (less than 12 mo	onths)				
Part II Basic Plan Information—enter all requested information 1a Name of plan BG RICHARDSON INC 401(K) PROFIT SHARING PLAN 1b Three-digit plan number (PN) ▶ 001 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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 91-0782403 2c Sponsor's telephone number 509-662-4511 2d Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 509-662-4511 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 50 Administrator's telephone number 50 PLANCHEE, WA 98807-0422 3a Plan administrator's name and address Same as Plan Sponsor. 3b 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 this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 4b EIN 5a Total number of participants at the beginning of the plan year 5a 4 5b 0	C Check I	box if filing under:			[DFVC p	rogram			
1a Name of plan 1b Three-digit plan number (PN) ▶ 001 3G RICHARDSON INC 401(K) PROFIT SHARING PLAN 1c Effective date of plan outborr (PN) ▶ 001 1a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite 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) 91-0782403 3c RICHARDSON, INC. 2c Sponsor's telephone number 509-662-4541 2d Business code (see instructions) 236200 3a Plan administrator's name and address S same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 509-662-4541 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. This plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4d PN 5a 4 4										
3G RICHARDSON INC 401(K) PROFIT SHARING PLAN plan number (PN) * 001 1c Effective date of plan 01/01/1998 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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 91-0782403 3G. RICHARDSON, INC. 2c Sponsor's telephone number 509-662-4541 2d 9D BOX 422 VENATCHEE, WA 98807-0422 236200 236200 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 509-662-4541 3c Administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 3a Plan administrator's name and address Same as Plan Sponsor. 3b 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 this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4d PN 5a 4 5b 0	_		mation—enter all requested info	rmation						
Image: Non-Section Control of the plan sponsor is name. 001 Image: Non-Section Control of participants at the beginning of the plan year. 001 Image: Non-Section Control of participants at the end of the plan year. 001 Image: Non-Section Control of participants at the end of the plan year. 001 Image: Non-Section Control of participants at the end of the plan year. 001 Image: Non-Section Control of participants at the end of the plan year. 001 Image: Non-Section Control of participants at the end of the plan year. 001 Image: Non-Section Control of participants at the end of the plan year. 001 Image: Non-Section Control of participants at the end of the plan year. 001 Image: Non-Section Control of participants at the end of the plan year. 001 Image: Non-Section Control of participants at the end of the plan year. 001 Image: Non-Section Control of participants at the end of the plan year. 001 Image: Non-Section Control of participants at the end of the plan year. 001 Image: Non-Section Control of participants at the end of the plan year. 001 Image: Non-Section Control of participants at the end of the plan year. 001 Image: Non-Section Control of participants at the end of the plan year. 001 Image: Non-Section Contro		•								
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 91-0782403 3c. RICHARDSON, INC. 2c Sponsor's telephone number 509-662-4541 2d Business code (see instructions) 2d Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 5a Total number of participants at the beginning of the plan year 5a 4 5a Total number of participants at the end of the plan year 5a 4	GG RICHAR	CDSON INC 401(K) FRC	JEIT SHARING FLAN			•				
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 91-0782403 2c Sponsor's telephone number 509-662-4541 2d Business code (see instructions) 0 BOX 422 VENATCHEE, WA 98807-0422 236200 2d Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 509-662-4541 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, C Plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, C Plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 5a Total number of participants at the beginning of the plan year 5a 4 5b 0				1c Effect	•					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number 2d Business code (see instructions) 2d Business code (see instructions) 20 B0X 422 VENATCHEE, WA 98807-0422 236200 236200 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 5a Total number of participants at the beginning of the plan year 5a 4 5b 0						2b Employer Identification Number				
3.0.5.1 NON FAREBOON, INC. 509-662-4541 2d Business code (see instructions) 236200 236200 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 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 this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b 5a Total number of participants at the beginning of the plan year 5a 4 b Total number of participants at the end of the plan year 5b 0	City or	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)								
236200 236200 3a Plan administrator's name and address S Same as Plan Sponsor. 3b Administrator's EIN 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 this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN a Sponsor's name 4d PN c Plan Name 5a 4 b Total number of participants at the beginning of the plan year	G.G. RICHAI	B. RICHARDSON, INC.				509-662-4541				
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 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 this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN a Sponsor's name 4d PN 5a Total number of participants at the beginning of the plan year)				2d Busir	, , , , , , , , , , , , , , , , , , ,			
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN a Sponsor's name 4d PN c Plan Name 5a 4 b Total number of participants at the beginning of the plan year							236200			
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN a Sponsor's name 4d PN c Plan Name 5a 4 b Total number of participants at the beginning of the plan year	3a Plan a	dministrator's name and	l address X Same, as Plan Spons	sor		3b Admi	nistrator's FIN			
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN a Sponsor's name 4d PN c Plan Name 5a 4 b Total number of participants at the beginning of the plan year					_					
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN a Sponsor's name Plan Name 5a Total number of participants at the beginning of the plan year 5a 4 b Total number of participants at the end of the plan year 5b 0						3c Admi	nistrator's telephone number			
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN a Sponsor's name Plan Name 5a Total number of participants at the beginning of the plan year 5a 4 b Total number of participants at the end of the plan year 5b 0										
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN a Sponsor's name Plan Name 5a Total number of participants at the beginning of the plan year 5a 4 b Total number of participants at the end of the plan year 5b 0										
c Plan Name 5a Total number of participants at the beginning of the plan year						4b EIN				
5a Total number of participants at the beginning of the plan year 5a 4 b Total number of participants at the end of the plan year 5b 0						4d PN				
b Total number of participants at the end of the plan year	C Plan N	Name								
	5a Total r	number of participants a	t the beginning of the plan year			5a	4			
						5b	0			
C Number of participants with account balances as of the end of the plan year (only defined contribution plans 0 0						5c	0			
d(1) Total number of active participants at the beginning of the plan year	d(1) Tota	al number of active parti	icipants at the beginning of the pla	n year			3			
A bunch on a financial standard and a second standard during the second standard standard to second standard stand	• •					. 5d(2) 0				
Number of participants who terminated employment during the plan year with accrued benefits that were less 5e	than	100% vested		· · · · · · · · · · · · · · · · · · ·						
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	Caution: A	A penalty for the late of alties of perium and other	r incomplete filing of this return/	report will be assessed	unless reasonable cau	se is estal	olished.			
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.	SB or Sche	edule MB completed and	d signed by an enrolled actuary, as							
SIGN Filed with authorized/valid electronic signature. 03/22/2019 RICK COZZALIO				03/22/2019	RICK COZZALIO					
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing	as plan administrator			
SIGN	SIGN									
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Signature of employ	er/plan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor			

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

Form 5500-SF (2018) v.171027

	Were all of the plan's assets during the plan year invested in eligib							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				· ·	'		X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann		,					<u> </u>	
с	If the plan is a defined benefit plan, is it covered under the PBGC in							Not deter	rmined
	If "Yes" is checked, enter the My PAA confirmation number from th							(See instruc	
				,				- (,
Pa	rt III Financial Information		-						
7	Plan Assets and Liabilities		(a) Beginning ((b) End	of Year	
a	Total plan assets	7a	14	17969				0	
b	Total plan liabilities	7b		0				0	
C	Net plan assets (subtract line 7b from line 7a)	7c	14	17969				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Fotal	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		19777					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		64274					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						84051	
d	Benefits paid (including direct rollovers and insurance premiums		15						
	to provide benefits)	8d	150	02020					
	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
<u> </u>	Other expenses	8g						4500000	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1502020	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-1417969	
J	Transfers to (from) the plan (see instructions)	8j							
	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 3D $$ 2R $$	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
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								
	reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	X			14179	97
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		x			
е	Were any fees or commissions paid to any brokers, agents, or oth								
	carrier, insurance service, or other organization that provides som			10-		х			
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e 10f		X			
				-					
g		-		10g		Х			
n	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		x			

 2520.101-3.)
 10h
 ^

 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

Page **3-** 1

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	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 🗙	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			rth ay			letter ear	rulinę	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/.	A
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?					× 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.)	an(s)) to						
1	3c(1) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s	5)

	artment of the Treasury mal Revenue Service	This form is required to be fi	Benefit Plan	065 of the Employee Retiremen	2018
Employee I	epartment of Labor Senefits Security Administration	Income Security Act of 197		7(b) and 6058(a) of the Internal	
Pension B	enefit Guaranty Corporation	Complete all entries in	n accordance with the instr	uctions to the Form 5500-SF.	Public Inspection
Part I		t Identification Informatio			1001000
For calence	lar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending 07 an (not multiemployer) (Filers ch	7/31/2018
A This re	turn/report is for:	X a single-employer plan		ployer information in accordance	
B This rol	um/report is	a one-participant plan			
Dimsie		the first return/report	the final return/report		
		an amended return/report	X a short plan year return	n/report (less than 12 months)	
C Check	box if filing under:	X Form 5558	automatic extension		C program
		special extension (enter des	cription)		
Part II	Basic Plan Inf	ormation-enter all requested i	information		
1a Name		1			hree-digit
GG I	RICHARDSON IN	C 401(K) PROFIT SHAR	ING PLAN		an number (N) 001
					ffective date of plan
					1/01/1998
2a Plans	ponsor's name (empl	loyer, if for a single-employer plan)			mployer Identification Number
		om, apt., suite no. and street, or P ice, country, and ZIP or foreign po		uctions)	IN) 91-0782403
	Richardson,			20 5	ponsor's telephone number 09-662-4541
					usiness code (see instruction
POI	30x 422				
Wena	atchee	WA 98807	-0422		26200
22 Dian	dministrato da nomo	and address X Same as Plan Sp			36200 dministrator's EIN
f If the	name and/or EIN of th	ne plan sponsor or the plan name	has changed since the last r	eturn/report filed for 4b E	IN
	lan, enter the plan sp or's name	onsor's name, EIN, the plan name	and the plan number from the		
C Plan I				4d P	N
5a Total	number of participant	s at the beginning of the plan year	۲		
		s at the end of the plan year			
C Numb	er of participants with	account balances as of the end of	of the plan year (only defined	contribution plans	
		- 41-1			
		articipants at the beginning of the			
		articipants at the end of the plan y o terminated employment during ti		nofite that were less	/
than	100% vested		•	Je	5.
Caution: /	A penalty for the late	or incomplete filing of this retu ther penalties set forth in the instr	im/report will be assessed	unless reasonable cause is es	stablished.
SB or Sch	edule MB completed a	and signed by an enrolled actuary.	as well as the electronic ver	sion of this return/report, and to	the best of my knowledge an
SIGN	true, correct, and con	DALLE)	2/22/2019	Rick Cozzalio	
HERE	Signature of plan	(ALCING)			
RICH	Signature of plan		Date	Enter name of individual signi	ng as plan administrator
SIGN	Juno (May March	3/2019		
	ork Reduction Act Noti	oyer plan sponsor ice, see the Instructions for Form 55	Date Date	Enter name of individual signi	
For Paperw					Form 5500-SF (20 v.1710
For Paperw					
For Paperw					

٧.	1	7	1	C	2	1

Form 5500-SF (2018)

2~	α	

		-						[v] Vac	
	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a							X Yes	No No
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							X Yes	No No
	If you answered "No" to either line 6a or line 6b, the plan cann							-	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not deten	mined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	premium filing for this p	lan year	r			(See instruc	tions.)
Pa	rt III Financial Information					3			
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
a	Total plan assets	7a		417,			1-1-1		0
b	•	7b			0				0
c	Net plan assets (subtract line 7b from line 7a)	70	1,	417,	969				0
8	Income, Expenses, and Transfers for this Plan Year	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	(a) Amour				(b) T	otal	
a	Contributions received or receivable from:		(4) / 41104		-	1.			2
	(1) Employers	8a(1)				k., 195			. ¹ 11.
	(2) Participants	8a(2)		19,	777.	1	(Horiza)		
	(3) Others (including rollovers)	8a(3)			ŝ.	4		an she chin A	-
b	Other income (loss)	8b		64,	274			×.	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			4 - 1 - 1 10 - 1			8	4,051
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,	1,502,020					
e	Certain deemed and/or corrective distributions (see instructions)	8e			ĩ				
f	Administrative service providers (salaries, fees, commissions)	8f					지수는 물론	아니는	
g	Other expenses	8g						(1) (1) (1)	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		4 . 1	14			1,50	2,020
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			1.51			-1,41	7,969
j	Transfers to (from) the plan (see instructions)	8j				se op			
Pa	rt IV Plan Characteristics						and the second sec		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2R	feature co	odes from the List of PI	an Chai	racteri	stic Co	des in the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	cteris	tic Cod	es in the instru	ctions:	
<u> </u>									
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	A	mount	
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	10.		x			
b	Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10a		x		- KARA-195	
c				10c	х			14	1,797
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		x			
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		x	2		
f	Has the plan failed to provide any benefit when due under the plan			10f		x			
g						x			
	If this is an individual account plan, was there a blackout period? (10g		-	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
	and the second part plan, was there a blackout perious	loce math	Coulis and 23 OLL			1 20			

х 2520.101-3.) 10h List, St. If 10h was answered "Yes," check the box if you either provided the required notice or one of the i exceptions to providing the notice applied under 29 CFR 2520.101-3 10i

A.

Form 5500-SF (2018)

A.

P	age	3-	

Part \	/I Pension Funding Compliance			e di badi		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schu (Form 5500) and line 11a below)				Yes 🗌	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?		•		Yes 🕅	No
	(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, and granting the waiver	i enter i Day		f the let Year		
lf y	ou 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			1	
C	Enter the amount contributed by the employer to the plan for this plan year	12c				
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)	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
Part \	/II Plan Terminations and Transfers of Assets		а 1			
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes		No	
	If "Yes," 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?		Į Į	Yes	No No	
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred.					10
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)
			T			