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**

Part I	Annual Report	Identification Information	<u>n</u>								
For calenda	ar plan year 2018 or fis	scal plan year beginning 01/01/2	/2018		and ending 12	2/31/201	8				
A This ret	urn/report is for:	a single-employer plan			in (not multiemployer) (ployer information in ac		-				
	·	a one-participant plan	a for	reign plan				,			
B This retu	ırn/report is	the first return/report	the fi	inal return/report							
		an amended return/report	a sho	ort plan year return	/report (less than 12 m	onths)					
C Check b	oox if filing under:	Form 5558	auto	matic extension	DFVC program						
		special extension (enter desc	cription)								
Part II	Basic Plan Info	rmation—enter all requested in	nformation	1							
1a Name NOEL P. SH	of plan ILLITO, P.S., INC. 401	I(K) PLAN				pl	nree-digit an number PN)	001			
1c Effective date of plan 01/01/2001								f plan			
		yer, if for a single-employer plan)						fication Number			
		m, apt., suite no. and street, or P.0 e, country, and ZIP or foreign post		if foreign, see instru	uctions)			148872			
NOEL P. SHI	LLITO, P.S., INC.			-		2C S	ponsor's telep 253-572	hone number 2-4388			
						2d Bi	usiness code ((see instructions)			
1919 NORTH TACOMA, W	I PEARL STREET, C- A 98406	2					5411	10			
3a Plan ad	dministrator's name ar	nd address X Same as Plan Spo	onsor.			3b Ad	dministrator's	EIN			
					3c Administrator's telephone number						
4 If the n	ame and/or EIN of the	e plan sponsor or the plan name h	has change	ed since the last re	turn/report filed for	4b E	IN				
this pla a Sponso		nsor's name, EIN, the plan name a	and the plant	an number from th	e last return/report.	4d PN					
C Plan N						4 0 PN					
5a Total r	number of participants	at the beginning of the plan year.				5a		2			
		at the end of the plan year				5b		2			
		account balances as of the end of				5c		2			
d(1) Tota	al number of active par	rticipants at the beginning of the p	olan year			5d(1)		2			
		rticipants at the end of the plan ye				5d(2))	2			
than 1	100% vested	terminated employment during the				5e		0			
Caution: A	penalty for the late	or incomplete filing of this retur	rn/report v	will be assessed u	unless reasonable cau	use is es	stablished.				
SB or Sche		her penalties set forth in the instrund signed by an enrolled actuary, ablete.									
SIGN	Filed with authorized	/valid electronic signature.	0	3/26/2019	NOEL SHILLITO						
HERE	Signature of plan a	dministrator	1	Date	Enter name of individ	ual signi	ng as plan adr	ninistrator			
SIGN											
HERE	Signature of emplo	yer/plan sponsor]	Date	Enter name of individ	vidual signing as employer or plan sponsor					

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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.)	5500. Yes No Not determined
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year Total plan assets (a) Total plan liabilities To Total plan liabilities To Total plan assets (subtract line 7b from line 7a) To Geometry (a) Amount Total Contributions received or receivable from: (1) Employers 8a(1) 6141 (2) Participants 8a(2) 22900 (3) Others (including rollovers) 8a(3) 0	5500. Yes No Not determined . (See instructions.) (b) End of Year 663460 (b) Total
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	Yes No Not determined
Part III Financial Information Financial Information 7 Plan Assets and Liabilities Financial Information 8 Total plan assets Financial Information 8 Total plan assets Financial Information 9 Total plan assets Financial Information 1 Financial Information 1 Financial Information 1 Financial Information 2 Participants Financial Information 1 Financial Information 2 Participants Financial Information 1 Financial Information 1 Financial Information 2 Participants Financial Information 2 Participants Financial Information 3 Geginning of Year 4 Geginning of Year 5 Geginning of Year 6 Geginning of Year 6 Geginning of Year 7 Geginning of Year 7 Geginning of Year 7 Geginning of Year 8 Geginning of Year 6 Geginning of Year 7 Geginning of Year 8 Geginning of Year 6 Geginning of Year 7 Geginning of Year 8 Geginning of Year 9 Gegin	(b) End of Year 663460 (b) Total
7 Plan Assets and Liabilities 7a 662550 b Total plan liabilities 7b from line 7a) 7c 662550 C Net plan assets (subtract line 7b from line 7a) 7c 662550 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: (1) Employers 8a(1) 6141 (2) Participants 8a(2) 22900 (3) Others (including rollovers) 8a(3) 0	663460 663460 (b) Total
a Total plan assets 7a 662550 b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 662550 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: (1) Employers 8a(1) 6141 (2) Participants 8a(2) 22900 (3) Others (including rollovers) 8a(3) 0	663460 663460 (b) Total
b Total plan liabilities	663460 663460 (b) Total
C Net plan assets (subtract line 7b from line 7a) 7c 662550 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: (1) Employers 8a(1) 6141 (2) Participants 8a(2) 22900 (3) Others (including rollovers) 8a(3) 0	(b) Total
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	(b) Total
a Contributions received or receivable from: 8a(1) 6141 (1) Employers 8a(2) 22900 (2) Participants 8a(2) 22900 (3) Others (including rollovers) 8a(3) 0	
(1) Employers 8a(1) 6141 (2) Participants 8a(2) 22900 (3) Others (including rollovers) 8a(3) 0	910
(3) Others (including rollovers)	910
(b) etholo (moraling renevers)	910
b Other income (loss)	910
	910
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
e Certain deemed and/or corrective distributions (see instructions) 8e 0	
f Administrative service providers (salaries, fees, commissions) 8f 0	
g Other expenses 0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	0
i Net income (loss) (subtract line 8h from line 8c)	910
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 Characteristic Co 2E 2J 2K 3D 2A	des in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Cod	es in the instructions:
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)	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
C Was the plan covered by a fidelity bond?	66256
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	00200
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.)	
f Has the plan failed to provide any benefit when due under the plan? 10f	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	
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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	

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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)		В	Y	es 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?		:	Y	es X 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	d enter t Day		of the lette Year _	r ruling
lf :	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			
С	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			
е	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?		Yes	× N	o
	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?			Yes X	No
С	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. (See instructions.)	to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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		t Identification Information						
For calend	ar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/3	1/2018		
A This ret	turn/report is for:	X a single-employer plan		an (not multiemployer) (F nployer information in acc		ng this box must attach a the form instructions.)		
D with mile		a one-participant plan	a foreign plan					
B This retu	urn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558	automatic extension	[DFVC pro	ogram		
		special extension (enter desc						
Part II		ormation—enter all requested in	nformation					
1a Name NOEI		, P.S., INC. 401(K)	PLAN		1b Three plan r (PN)	number		
ŠI.						ive date of plan 01/2001		
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.				oyer Identification Number 91-1148872		
	town, state or provin	ice, country, and ZIP or foreign pos , P.S., INC.	stal code (if foreign, see inst	ructions)	2c Sponsor's telephone number			
						-572-4388 ess code (see instructions)		
1913	NORTH PEARL	STREET, C-2						
TACC	MA	WA 984	06		5411	110		
3a Plan a	dministrator's name a	and address 🏿 Same as Plan Spo	onsor.		3b Admir	nistrator's EIN		
					3c Admir	nistrator's telephone number		
		he plan sponsor or the plan name I	0	·	4b EIN			
	or's name	onesi o name, and, and plantiame	and the plant hamber here.		4d PN			
C Plan N	lame							
					F			
	, ,	ts at the beginning of the plan year		1	5a	2		
		ts at the end of the plan year			5b			
		n account balances as of the end o			5c	2		
d(1) Tot	al number of active p	articipants at the beginning of the p	olan year		5d(1)	2		
d(2) Tot	al number of active p	participants at the end of the plan y	ear		5d(2)	2		
than	100% vested	o terminated employment during the			5e	C		
		or incomplete filing of this retu						
SB or Sche		other penalties set forth in the instruence and signed by an enrolled actuary, applete.						
SIGN	1/1/4	UH HUUUD	3/24/19	NOEL SHILLITO				
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing a	s plan administrator		
SIGN								
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individu	ual signing a	s employer or plan sponsor		

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 6a Were all of the plan's assets during the plan year invested in eligible 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 a lf you answered "No" to either line 6a or line 6b, the plan cann c If the plan is a defined benefit plan, is it covered under the PBGC in 	an indepen and conditi ot use For	dent qualified public acons.) m 5500-SF and must	counta Instea	ant (IQ d use	PA) Form 55	X Yes	s No
If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pr	emium filing for this pla	an year			(See instr	uctions.)
Part III Financial Information							
7 Plan Assets and Liabilities	1387,111	(a) Beginning o		_		(b) End of Year	
a Total plan assets	7a		662,	550			63,460
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c		662,	550		(63,460
8 Income, Expenses, and Transfers for this Plan Year	Tion in	(a) Amount				(b) Total	
a Contributions received or receivable from:	0-(4)		6,	141			
(1) Employers	8a(1)		22,	_	N. VI		
(2) Participants	8a(2)		22,	0			
(3) Others (including rollovers)	8a(3)		-28,	131			
b Other income (loss)	8b		-20,	131			910
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d			0	201		
e Certain deemed and/or corrective distributions (see instructions)	8e			0	- 1		HUEN
f Administrative service providers (salaries, fees, commissions)	8f			0	100		
g Other expenses				0	177		
h Total expenses (add lines 8d, 8e, 8f, and 8g)		ESTIMATE OF ILEAN	Y AR				C
i Net income (loss) (subtract line 8h from line 8c)	81		100				910
j Transfers to (from) the plan (see instructions)	- Bj				MARK	ALL STRUCKS OF	
Part IV Plan Characteristics	1 01	<u> </u>					
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 2A	feature co	des from the List of Pla	an Cha	racteri	stic Code	es in the instructions:	
b If the plan provides welfare benefits, enter the applicable welfare f	feature cod	es from the List of Plar	n Chara	acteris	tic Codes	in the instructions:	
Part V Compliance Questions							
10 During the plan year:				Yes	No	Amount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		х		
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х		
C Was the plan covered by a fidelity bond?			10c	X			66,25
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bo	nd, that was caused	10d		Х		
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of	the benefits under	10e		Х		
f Has the plan failed to provide any benefit when due under the pla	an?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount			10g		Х		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		Maril .
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i				Telvis

	Form 5500-SF (2018) Page 3 -							
Part \	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruct (Form 5500) and line 11a below)				B 		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 41 ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan ye granting the waiver.	N	onth	enter t Day	he date	of the let Year	ter ruli	ng ——
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk	lp to line 1	3.					
b ı	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			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus s negative amount)			12d		-		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	1	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	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b						Yes	X N	0
С	If, during this plan year, any assets or liabilities were transferred from this plan to another pla which assets or liabilities were transferred.	an(s), ident	fy the plan(s) to				
1	13c(1) Name of plan(s):		13c(2)	EIN(s)	EIN(s)		13c(3) PN(s)	