Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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

A This return/report is or: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participant plan and return/report and another description an amended return/report as short plan year return/report (less than 12 months) C C Check box if filing under: Form 5558 automatic extension DFVC program	Part I Annu	iai Report Ident	tification information											
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B This return/report is	A d single ciripleyer plan													
In the Institution of Part (Part III) Institution of Part III In	·	Пас	one-participant plan			, ,,			,					
C Check box if filing under:	B This return/repor	s return/report is the first return/report the final return/report												
Part II Basic Plan Information—enter all requested information		an	n amended return/report	as	hort plan year return	r return/report (less than 12 months)								
Part II Basic Plan Information—enter all requested information 1a Name of plan Fill 401(K) PLAN 1c Hercirce date of plan Fill 401(K) PLAN 1c Hercirce date of plan 1c Effective date of plan 1c Effective date of plan 1c Ox701/1998 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., sulte no. and street, or P.O. Box) City or fown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number (EIN) 91-0930713 2c Sponsor's telephone number (100 Plan administrator's name and address Same as Plan Sponsor. 3d Plan administrator's name and address Same as Plan Sponsor. 3d Administrator's telephone number (100 Plan administrator's name and address Same as Plan Sponsor. 3d Administrator's telephone number (100 Plan administrator's telephone number (100 Plan administrator's name, EIN, the plan name has changed since the last return/report filled for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN 2d	C Check box if filir	ng under: Fo	orm 5558	au	tomatic extension		DF	VC program						
18 Name of plan Fill 401(K) PLAN 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) FRONTIER INDUSTRIES, INC. 2b Employer Identification Number (EIN) 91-0003713 2c Sponsor's telephone number 360-229-34955 2d Business code (see instructions) 909-26TH STREET ANACORTES, WA 98221-2822 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 360-229-34955 2d Business code (see instructions) 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. 5 Sponsor's name c Plan Name 5 Total number of participants at the beginning of the plan year			,	. ,										
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SIGN HERE	HERE Signat	ure of plan adminis	strator		Date	Enter name of individ	ual sig	ning as plan adr	ninistrator					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor														
	HERE Signat	ure of employer/pla	an sponsor		Date	Enter name of individ	lividual signing as employer or plan sponsor							

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ui		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.)							es No	
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determine the "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year										
Part I	III Financial Information									
7 Pla	an Assets and Liabilities		(a) Beginning o	of Year			(b) En	d of Year		
a To	otal plan assets	7a	169	96657			1179			
b To	otal plan liabilities	7b		0		0				
C Ne	et plan assets (subtract line 7b from line 7a)	7c	169	1696657			1179			
8 Inc	come, Expenses, and Transfers for this Plan Year		(a) Amoun	t		(b) Total				
	ontributions received or receivable from:) Employers	8a(1)	1(103333			•			
(2)) Participants	8a(2)	1	17770						
(3)	Others (including rollovers)	8a(3)		0						
b Ot	ther income (loss)	8b		-5410						
C To	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					115693			
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d		0						
e Ce	ertain deemed and/or corrective distributions (see instructions)	8e	180	03877						
f Ac	dministrative service providers (salaries, fees, commissions) 8f			7294						
g Ot	g Other expenses			0						
h To	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h					1811171			
i Ne	i Net income (loss) (subtract line 8h from line 8c)							-1695478	}	
j Tra	ansfers to (from) the plan (see instructions)	8j		0						
Part I	Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 3D										
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Part \	/ 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)					X				
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X				
C	C Was the plan covered by a fidelity bond?				Χ			150	0000	
	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				
C	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				
f +	f Has the plan failed to provide any benefit when due under the plan?					X		-	_	
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X				
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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			10i							

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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 con (Form 5500) and line 11a below)			В		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 ERISA?	e or section	n 302 of		. 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 instru granting the waiver.		d enter t Day		of the letter Year	ruling
lf :	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			
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 negative amount)	of a	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?			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 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 which assets or liabilities were transferred. (See instructions.)	the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)