## 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

Part I	Annual Repor	t Identification Information				
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 0	7/10/2018	
A This ret	:urn/report is for:	X a single-employer plan		r plan (not multiemployer) employer information in ad		
		a one-participant plan	a foreign plan			
<b>B</b> This retu	urn/report is	the first return/report	X the final return/repo	ort		
		an amended return/report	X a short plan year re	eturn/report (less than 12 m	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension	on	DFVC progra	ım
		special extension (enter descr	ription)			
Part II	Basic Plan Info	ormation—enter all requested inf	formation			
1a Name AMERICAN	•	RKETING INC 401K PROFIT SHAR	ING PLAN		1b Three-diginal plan numb	
					1c Effective of	date of plan 06/29/1983
		oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number
		om, apt., suite no. and street, or P.C ace, country, and ZIP or foreign post		nstructions)	(EIN)	91-1185210
-	INDEPENDENT MAR		a. eeue ( rereigii, eee i			s telephone number 09-575-0290
					2d Business	code (see instructions)
511 W A STF YAKIMA, WA	REET A 98902-0000					524210
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.		<b>3b</b> Administra	ator's EIN
					<b>3c</b> Administra	ator's telephone number
						•
4 If the r	name and/or EIN of th	ne plan sponsor or the plan name ha	as changed since the la	st return/report filed for	<b>4b</b> EIN	
this pl	an, enter the plan sp	onsor's name, EIN, the plan name a				
<b>a</b> Spons <b>c</b> Plan N	or's name				4d PN	
C FIAITIN	iairie					
<b>5a</b> Total r	number of participant	s at the beginning of the plan year			. 5a	23
<b>b</b> Total r	number of participant	s at the end of the plan year			. 5b	0
		n account balances as of the end of		·	. 5c	0
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the pl	an year		5d(1)	20
		articipants at the end of the plan yea			. 5d(2)	0
		o terminated employment during the			5e	0
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assess	sed unless reasonable ca		
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, and an enrolled actuary, and the control in th				
SIGN	Filed with authorized	d/valid electronic signature.	04/09/2019	DAVID WANE		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator
SIGN	Filed with authorize	d/valid electronic signature.	04/09/2019	DAVID WANE		
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individ	lual signing as en	nployer or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					. X Yes No
b	Are you claiming a waiver of the annual examination and report of							No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cann							. N les   No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th							(See instructions.)
Pa	rt III   Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) Er	d of Year
а	Total plan assets	7a	, , , , , , , , , , , , , , , , , , , ,	32106			` '	0
b	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	173	32106				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b	Total
а	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants		4	11787				
	(3) Others (including rollovers)							
b	Other income (loss)	` '	2	23008				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						64795
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	19	91540				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		137				
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						191677
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-126882
j	Transfers to (from) the plan (see instructions)	8j	-160	05224				
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the ir	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acterist	tic Cod	les in the ins	tructions:
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a 10b		X		
				10c	X			500000
d		fidelity bo	nd, that was caused	10d		X		000000
е	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.)	her person ne or all of	s by an insurance the benefits under	10e	X			4220
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	Χ			0
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			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 complete Sche (Form 5500) and line 11a below)			Yes X	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 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			of the letter ruling Year	_
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			
<u>e</u>	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	× 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?			X Yes 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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> PN(s)	
NTEG	RITY MARKETING GROUP 401K PLAN 81-3098308			001	

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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► 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

		t identification information				
For	calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	07/10/201	.8
Α	This return/report is for:	a single-employer plan  a one-participant plan	a multiple-employer pl a list of participating e a foreign plan	an (not multiemployer) mployer information in	(Filers checking the accordance with the	nis box must attach ne form instructions.)
В	This return/report is:	the first return/report	x the final return/report			
		an amended return/report	x a short plan year retur	n/report (less than 12	months)	
C	Check box if filing under:	🕱 Form 5558	automatic extension		☐ DFVC p	rogram
		special extension (enter desc	cription)			
P	art II Basic Plan Inf	formation enter all requested	Linformation			
_	Name of plan	official effect all requested	mormation		1b Three-digit	
		ENT MARKETING INC 401K F	ROFIT SHARING PLAN		plan numb (PN) ►	er 003
2-					1c Effective d 06/29/1	
Za	Mailing Address (include re	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos	.O. Box)	ructions)		dentification Number -1185210
	AMERICAN INDEPENDI	ENT MARKETING INC			(509) 5	telephone number 75-0290
	511 W A STREET				2d Business of 524210	code (see instructions)
	US YAKIMA WA 98902-000					
3a	Plan administrator's name	and address X Same as Plan Sp	onsor		<b>3b</b> Administra	tor's EIN
					3c Administra	tor's telephone number
4		the plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN	
a	Sponsor's name				4d PN	
С	Plan Name					
		ts at the beginning of the plan year			5a	23
		ts at the end of the plan year			5b	0
	complete this item)	h account balances as of the end of			5c	0
d(	1) Total number of active page	articipants at the beginning of the pl	an year		5d(1)	20
d(	•	articipants at the end of the plan yea			5d(2)	0
е	Number of participants who less than 100% vested	o terminated employment during the	e plan year with accrued ben		5e	0
Ca	ution: A penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed	unless reasonable ca	ause is establishe	ed.
SE	nder penalties of perjury and B or Schedule MB completed lief, it is true, correct, and co	other penalties set forth in the instru and signed by an enrolled actuary, implete.	uctions, I declare that I have as well as the electronic ve	examined this return/reportsion of this return/reportsion	report, including, if ort, and to the best	applicable, a Schedule of my knowledge and
S	IGN Lavel	line	4-4-2019	Pavidh	ane	
	ERE Signature of plan ad	ministrator	Date	Enter name of individu	ıal signing as plan	administrator
9	IGN XMENT	tane	4-9-2019	David le	ane	
	ERE Signature of employ	er/plan sponsor		Enter name of individu		oyer or plan sponsor
					5 5	

6a	Were all of the plan's assets during the plan year invested in eligible	assets?	(See instructions.)						X Yes	ПМо
	Are you claiming a waiver of the annual examination and report of a	n indeper	ndent qualified public acco	untar	nt (IQF	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd condit	ions.)		••••••	••••••	••••••	•••••	X Yes	□]No
С	If you answered "No" to either line 6a or line 6b, the plan canno									
Ū	If the plan is a defined benefit plan, is it covered under the PBGC in:									
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC p	remium filing for this year						(See instruc	ctions.)
Pa	art III Financial Information									
7_	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End	of Year	
a	Total plan assets	7a	1,7	32,1	06					0
b	Total plan liabilities	7b			0					0
C	Net plan assets (subtract line 7b from line 7a)	7c	1,7	32,1	06					0
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(b)	Total	
a	(1) Employers	8a(1)			0				1	
	(2) Participants	8a(2)		41,7	87					
	(3) Others (including rollovers)	8a(3)		,						
b	Other income (loss)	8b		23,0	08					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							64,	705
d	Benefits paid (including direct rollovers and insurance premiums				,				04,	793
	to provide benefits)	8d	19	91,5	40					
	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		1	37					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							191,	677
	Net income (loss) (subtract line 8h from line 8c)	8i							(126,8	82)
<u></u>	Transfers to (from) the plan (see instructions)	8j	(1,605	5,22	4)					
	rt IV Plan Characteristics									
	rt IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension fe					ic Coc	les in the	e instruc	etions:	
	rt IV Plan Characteristics					ic Cod	es in the	e instruc	etions:	
9a	rt IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension fe	eature cod	des from the List of Plan C	harad	cterist					
9a b	If the plan provides pension benefits, enter the applicable pension fe 2E 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare fea	eature cod	des from the List of Plan C	harad	cterist					
9a b	rt IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension fe  2E 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare fea  rt V Compliance Questions	eature cod	des from the List of Plan C	harad	cterist	: Code	s in the			
9a b Pa	If the plan provides pension benefits, enter the applicable pension fe 2E 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare fea   If V Compliance Questions  During the plan year:	eature coo	des from the List of Plan C	harad	cterist					
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9a b Pa 10 a	If the plan provides pension benefits, enter the applicable pension fe 2E 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides pension benefits, enter the applicable pension fea   If the plan provides welfare benefits, enter the applicable pension fea   If the plan provides welfare benefits, enter the applicable pension fea   If the plan provides welfare benefits, enter the applicable pension fea   If the plan provides welfare benefits, enter the applicable pension fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare fea   If the plan provides welfare fea   If the plan provides welfare fea   If t	eature code	des from the List of Plan C es from the List of Plan Ch in the time period duciary Correction	harad	cterist	: Code	s in the		ions:	
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9a b Pa 10 a b	If the plan provides pension benefits, enter the applicable pension fe 2E 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable pension fea   If the plan provides welfare benefits, enter the applicable pension fea   If the plan provides welfare benefits, enter the applicable pension fea   If the plan provides welfare benefits, enter the applicable pension fea   If the plan provides welfare benefits, enter the applicable pension fea   If the plan provides welfare benefits, enter the applicable pension fea   If the plan provides welfare benefits, enter the applicable pension fea   If the plan provides welfare benefits, enter the applicable pension fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable pension fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefits, enter the applicable welfare fea   If the plan provides welfare benefi	eature code	des from the List of Plan C es from the List of Plan Ch in the time period duciary Correction include transactions and, that was caused	aract	eristic	No X	s in the		Amount	0,000
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