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 | | : Identification Information | | | | | | | |
|---|-------------------------|---|--|---------------------------|---|--------------------------|--|--|--|
| For calend | lar plan year 2018 or f | iscal plan year beginning 01/01/2 | 2018 | and ending 1 | 2/31/2018 | | | | |
| A This re | turn/report is for: | X a single-employer plan | a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) | | | | | | |
| | | a one-participant plan | a foreign plan | | | | | | |
| b This ret | urn/report is | the first return/report an amended return/report | the final return/report | | | | | | |
| | | months) | | | | | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | | DFVC progra | am | | | |
| | | special extension (enter desc | | | | | | | |
| Part II | Basic Plan Info | ormation—enter all requested in | formation | | 1 - | 1 | | | |
| 1a Name of plan CARPENTER, MCGUIRE & DEWULF, P.S. | | | | | | git ber 001 | | | |
| | | | | | (PN) ▶ 001 1c Effective date of plan 09/01/1995 | | | | |
| | | oyer, if for a single-employer plan) |). Payl | | 2b Employer Identification Number | | | | |
| | | om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post | | tructions) | (EIN) 91-1691742 2c Sponsor's telephone number | | | | |
| CARPENTE | R, MCGUIRE & DEW | ULF P.S. | | | 509-725-3101 | | | | |
| P.O. BOX 24 | 40 | | | | 2d Business code (see instructions) | | | | |
| | RT, WA 99122 | | | | 541110 | | | | |
| 33 Plan 6 | administrator's name o | and address ☐ Same as Plan Spo | noor | | 3b Administr | ator's EIN | | | |
| | R, MCGUIRE & DEW | — | | | 91-1691742 | | | | |
| DAVENPORT, WA 99122 | | | | | 3c Administrator's telephone number 509-725-3101 | | | | |
| 4 If the | name and/or FIN of th | ne plan sponsor or the plan name h | as changed since the last | return/report filed for | 4b EIN | | | | |
| this p | lan, enter the plan spo | onsor's name, EIN, the plan name a | | | | | | | |
| a Spons C Plan N | sor's name Name | | | | 4d PN | | | | |
| | | | | | | | | | |
| | | s at the beginning of the plan year. | | | . 5a | 16 16 | | | |
| Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (only defined contribution plans | | | | | | | | | |
| | | | | • | | | | | |
| d(1) Total number of active participants at the beginning of the plan year | | | | | 5d(1) | 15 | | | |
| d(2) Total number of active participants at the end of the plan yeare Number of participants who terminated employment during the plan year with accrued benefits that were less | | | | | 5d(2) 15 | | | | |
| than 100% vested | | | | | 5e 0 | | | | |
| Under pen SB or Sch | alties of perjury and o | ther penalties set forth in the instru- and signed by an enrolled actuary, a | ctions, I declare that I have | e examined this return/re | eport, including, i | f applicable, a Schedule | | | |
| SIGN | | d/valid electronic signature. | 04/22/2019 | KENNETH D. CARPE | RPENTER | | | | |
| HERE | Signature of plan | administrator | Date | Enter name of individ | dual signing as p | lan administrator | | | |
| SIGN | | | | | | | | | |
| HERE | Signature of emplo | over/plan sponsor | Date | Enter name of individ | dual signing as employer or plan sponsor | | | | |

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| | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) | | | | | | | | | |
|----------|---|--|--|----------------------|-----------------|-----------------|-------------------------|----------------------------------|--|--|
| С | If you answered "No" to either line 6a or line 6b, the plan cann 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 | n ot use Fo nsurance p | orm 5500-SF and mus program (see ERISA se | t instea ection 4 | ad use 021)? | Forn | n 5500.] Yes | Not determined ee instructions.) | | |
| Pa | rt III Financial Information | | | | - | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Year | | (b) End of Year | | | | |
| а | Total plan assets | 7a | 30- | 47518 | | | 15 | 35604 | | |
| <u>b</u> | Total plan liabilities | | | | | | | | | |
| <u>C</u> | Net plan assets (subtract line 7b from line 7a) | 7c | 30 | 47518 | | 1535604 | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | | (b) Total | | | | |
| a | Contributions received or receivable from: (1) Employers | 8a(1) | ; | 38054 | | | | | | |
| | (2) Participants | 8a(2) | | 89622 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | |
| b | Other income (loss) | 8b | -1 | 84918 | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | -57242 | | | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | 14 | 1454597 | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) \dots | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 75 | | | | | | |
| g | Other expenses | 8g | 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 14 | 54672 | | |
| <u>i</u> | et income (loss) (subtract line 8h from line 8c) | | | | | | -15 | 11914 | | |
| j | Transfers to (from) the plan (see instructions) | | | | | | | | | |
| Pai | rt IV Plan Characteristics | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D | feature co | odes from the List of Pl | an Cha | racteri | stic Co | odes in the instructi | ons: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Chara | acteris | tic Co | des in the instructio | ns: | | |
| Par | t V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amo | unt | | |
| 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) | 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 | 10b | | X | | | | |
| | Was the plan covered by a fidelity bond? | | | 10c | Х | | | 305000 | | |
| 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 | | 303000 | | |
| е | 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.) | | | | | X | | | | |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | X | | | | |
| 9 | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | | | | | X | | | | |
| h | 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) | 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 | a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver | | | | | | | | | |
| 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 | 0 | | | | | |
| | 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

Department of Labor Employed 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-SE

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

| | | Complete all entries in acc | cordance with the in | nstructions to the Form | 5500-SF. | | | |
|--|--|---|---|--|---------------------------------------|--|--|--|
| Part | I Annual Repor | t Identification Information | | | | | | |
| For cal | endar plan year 2018 or | | 1/01/2018 | and ending | 12/31 | | | |
| A This | return/report is for: | X a single-employer plan | a multiple-employe list of participating | r plan (not multiemployer employer Information in |) (Filers checkin accordance with | g this box must attach a the form instructions.) | | |
| D mate | make design and the | a one-participant plan | a foreign plan | | | | | |
| D Inis | return/report is | the first return/report | the final return/repo | | | | | |
| | | an amended return/report | a short plan year re | turn/report (less than 12) | months) | | | |
| C Che | ck box if filing under: | Form 5558 | automatic extensio | n | DFVC prog | gram | | |
| Part I | I Pagis Dian Info | special extension (enter description | | | | | | |
| 1.4.1.199.4.4.4.4 | I Dasic Plan Inic | ormation—enter all requested inform | nation | | | | | |
| | ne of plan rpenter, McGuir | re & DeWulf, P.S. | | | 1b Three-d plan nur (PN) | nber 001 | | |
| | | | | | 1c Effective 09/01 | e date of plan ./1995 | | |
| Mall | Ing address (include roo | m, apt., suite no. and street, or P.O. Bo | ox) | | | | | |
| | | | ode (il loreign, see in | structions) | | | | |
| P.0 | D. BOX 249 | | | | | | | |
| ZAC | /ENPORT | WA 99122 | | | 54111 | 0 | | |
| 3a Plan | administrator's name an | d address Same as Plan Sponsor. | | 1-10-1-11-11-11-11-11-11-11-11-11-11-11- | | | | |
| CARPENTER, MCGUTRE & DEWULF P.S. | | | | | 91-1691742 | | | |
| P.C |), BOX 249 | | | | 3c Administr | rator's telephone number | | |
| | | WA 99122 | | | 509-72 | 25-3101 | | |
| 4 If the | name and/or EIN of the plan, enter the plan, | plan sponsor or the plan name has ch sor's name. EIN, the plan name and th | anged since the last | return/report filed for | 4b EIN | | | |
| a Spon | sor's name | and an analysis | is pierritaria di norri | ine austreturnmeport. | 4d PN | | | |
| C Plan | Name | | | | | | | |
| 5a Total | number of participants a | it the beginning of the plan year | | | 5a | 16 | | |
| | | | | | 5b | 16 | | |
| C Numl | ber of participants with a | count balances as of the end of the pl | an year (only define) | d contribution plans | 5c | 15 | | |
| | | | | | 5d(1) | 15 | | |
| d(2) To | tal number of active parti | cipants at the end of the plan year | ************ | | 5d(2) | 15 | | |
| than | 100% vested | | | | 5e | 0 | | |
| caution: A | a penalty for the late of | incomplete filing of this return/repo | rt will be assessed | unless reasonable caus | se is establishe | ad | | |
| SB or some | equie MB completed and | signed by an enrolled actuary, as well | I declare that I have as the electronic ve | examined this return/report, | ort, including, if and to the best | applicable, a Schedule of my knowledge and | | |
| SIGN | Kul | Caro | 4-77-19 | KENNETH D. CAR | PENTER | | | |
| IERE_ | Signature of plan artn | ninistrator | Date | | | n administrator | | |
| ign | / | | Data | Enter name of morylous | n aigning as pla | ii auministrator | | |
| | Signature of employe | r/plan sponsor | Date | Enter name of individua | al signing as see | player or play approx | | |
| Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and streat, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CARPENTER, MCGUIRE & DEWULF P.S. P.O. BOX 249 DAVENPORT WA 99122 S41110 3a Plan administrator's name and address Same as Plan Sponsor. CARPENTER, MCGUIRE & DEWULF P.S. P.O. BOX 249 DAVENPORT WA 99122 S44110 3b Administrator's EIN 91-1691742 3c Administrator's telephone number 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 5a 16 b Total number of participants at the beginning of the plan year c Number of participants with account belances as of the end of the plan year (only defined contribution plans complete this item). d(1) Total number of active participants at the beginning of the plan year Number of participants with account belances as of the end of the plan year with accrued benefits that were less that were less on the participants with the end of the plan year with accrued benefits that were less | | | | | | | | |

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|---------|---|---------------------------------------|-------------------------------|------------|-------|-------------|---------------------------|---------------------------------|
| 6a b | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility | an independ and condition | dent qualified publi ons.) | c account | ant (| IQPA) | | Yes [|
| C | If you answered "No" to either line 5a or line 6b, the plan can: If the plan is a defined benefit plan, is it covered under the PBGC i If "Yes" is checked, enter the My PAA confirmation number from the | nsurance pro | gram (see ERISA | section 40 | 021) | ? 🛮 Y | es 🗌 No 📋 | Not determin See instruction |
| Pa | rt III Financial Information | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginnin | g of Year | | 77 | (b) End of | Year |
| а | Total plan assets | . 7a | | 3,047,9 | | | | 1,535, |
| b | Total plan liabilities. | 7b | | | | | | |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | 3 | 3,047,5 | 518 | | | 1,535, |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoi | unt | | (b) Total | | |
| a | Contributions received or receivable from: [1] Employers | 8a(1) | | 38,0 | 54 | | | |
| | (2) Participants | 8a(2) | | 89,6 | 522 | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | |
| b | Other income (loss) | 86 | | -184,9 | 18 | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | -57,2 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 1 | ,454,5 | 97 | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | |
| f | Administrative service providers (salanes, fees, commissions) | Bf | | | 75 | | | |
| g | Olher expenses | 8g | | | | | | -/ |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | ************************* | 1,454,6 |
| i | Net income (loss) (subtract line 8h from line 8c) | Bi | | | | | | -1,511,9 |
| j | Transfers to (from) the plan (see instructions) | 8) | | | | | | |
| Par | t IV Plan Characteristics | × × × × × × × × × × × × × × × × × × × | | | | = | | |
| 9a | If the plan provides pension benefits, enter the applicable pension $2E\ 2F\ 2G\ 2J\ 2K\ 2T\ 3D$ | feature code | s from the List of F | Plan Chara | cleri | stic Codes | in the instructi | ons: |
| þ | If the plan provides welfare benefits, enter the applicable welfare fe | ature codes | from the List of Pla | an Charac | teris | lic Codes i | n the instructio | ns: |
| Part | V Compliance Questions | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amo | unt |
| а | Was there a fallure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Von Program) | oluntary Fidu | ciary Correction | . 10a | | x | | |
| b | Were there any nonexempt transactions with any party-In-interest? | | | | | v | | |

reported on line 10a.)

C Was the plan covered by a fidelity bond?

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

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.).

f Has the plan failed to provide any benefit when due under the plan?

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

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

2520.101-3.)

by fraud or dishonesty?

10b

10d

10e

10f

10g

10h

101

10c X

Х

Х

X

Х

Х

305,000