For	m 5500-SF	Short Form Annua		turn/Report enefit Plan	of Small Empl	oyee	OM	B Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be filed			065 of the Employee R	etirement	2	018
	epartment of Labor enefits Security Administration	Income Security Act of 1974			m is Open to			
Pension Be	enefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	accorda	nce with the instru	uctions to the Form 5	500-SF.	Public	Inspection
Part I		dentification Information						
For calenda	ar plan year 2018 or fis	cal plan year beginning 01/01/2				2/31/2018		
A This ret	urn/report is for:	X a single-employer plan	list	of participating emp	n (not multiemployer) ( ployer information in ac		-	
		a one-participant plan	ato	preign plan				
D I NIS retu	urn/report is	the first return/report	the	final return/report				
		an amended return/report	a sh	ort plan year return	/report (less than 12 m	onths)		
C Check b	box if filing under:	Form 5558	aut	omatic extension		DFVC p	orogram	
		special extension (enter descri	ription)					
Part II	Basic Plan Infor	mation—enter all requested info	formatior	า				
1a Name	•					1b Thre	0	
HAMES, AN	DERSON, WHITLOW &	& O'LEARY, P.S. 401(K) PROFIT	SHARIN	IG PLAN		(PN)	number	001
						,	ctive date of p	lan
		(an if fan a ainele, anneles an elen)					01/01/1	
		rer, if for a single-employer plan) n, apt., suite no. and street, or P.O	). Box)			ZD Emp (EIN)	loyer Identifica	
	town, state or province DERSON, WHITLOW &	e, country, and ZIP or foreign posta & O'LEARY, P.S.	al code (	if foreign, see instru	uctions)	. ,	nsor's telepho 509-586-7	
						2d Busir		e instructions)
601 W KENN KENNEWICH							541110	
KEININEWIG	(, VVA 99330							
3a Plan a	dministrator's name an	d address 🛛 Same as Plan Spon	nsor.			3b Adm	inistrator's Ell	N
						3c Adm	inistrator's tele	ephone number
<b>4</b> If the r	ame and/or FIN of the	plan sponsor or the plan name ha	as chang	ince the last re	turn/report filed for	4b EIN		
this pl	an, enter the plan spon	sor's name, EIN, the plan name a						
a Spons C Plan N	or's name					<b>4d</b> PN		
	lame							
5a Total r	number of participants a	at the beginning of the plan year				5a		8
<b>b</b> Total r	number of participants a	at the end of the plan year				5b		7
		ccount balances as of the end of t	•		•	5c		7
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the pla	an year.			5d(1)		7
<b>d(2)</b> Tota	al number of active par	ticipants at the end of the plan yea	ar			5d(2)		7
		terminated employment during the				5e		0
Caution: A	penalty for the late of	r incomplete filing of this return	n/report	will be assessed u	unless reasonable ca	use is esta	blished.	
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a						
SIGN		alid electronic signature.	(	04/02/2019	WILLIAM HAMES			
HERE	Signature of plan ac	Ŭ		Date	Enter name of individ	ual signing	as plan admir	nistrator
SIGN				- 410		See Signing		
HERE	Signature of employ	ver/plan sponsor		Date	Enter name of individ	ual signing	as employer (	or plan sponsor
L		enplan sponsol		Dato		aa sigiiiiy		m 5500 SE (2019)

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

Form 5500-SF (2018) v.171027

6a b	Were all of the plan's assets during the plan year invested in eligib 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 If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public accountant (IQPA) tions.)	X Yes No			
С	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						
_	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions						
Ра	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year (b) End	of Year			
а	Total plan assets	7a	1652753	1580132			
b	Total plan liabilities	7b	0	0			

. 7b	0	0
. 7c	1652753	1580132
	(a) Amount	(b) Total
. 8a(1)	40035	
. 8a(2)	10518	
. 8a(3)	0	
. 8b	-83958	
. 8c		-33405
. 8d	32158	
. 8e	0	
. 8f	7058	
. 8g	0	
. 8h		39216
. 8i		-72621
. 8i	0	
<u> </u>	·	
	7c         8a(1)         8a(2)         8a(3)         8b         8c         8c         8d         8c         8d         8c         8d         8d         8d         8d         8d         8d         8d         8d         8d         8e         8f         8g         8h         8i	7c       1652753         (a) Amount       (a) Amount         8a(1)       40035         8a(2)       10518         8a(3)       0         8b       -83958         8c       0         8d       32158         8e       0         8f       7058         8g       0         8h       -

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2E 2J 2K

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions			
10	During the plan year:	Yes	No	Amount
а	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>10a</b>		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		х	
С	Was the plan covered by a fidelity bond? 10c	X		300000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		х	
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.)		x	
f	Has the plan failed to provide any benefit when due under the plan? 10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		х	
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		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	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 ative 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

## Filing Authorization for the 2018 Form 5500-SF

Name of Plan: Hames, Anderson, Whitlow & O'Leary, P.S. 401(k) Profit Sharing Plan

EIN / PN: 91-1265257/001

Plan Year Ending: December 31, 2018

## Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors (PPA) to electronically sign and file the abovenamed return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator:

4/2/15 Date:

Form 5500-SF	Short Form Annual	Return/Repor	t of Small Empl		OMB Nos. 1210-0110
Department of the Treasury		Benefit Plan		oyee	1210-0089
Department of Labor	This form is required to be filed ur Income Security Act of 1974 (EF	nder sections 104 and	4065 of the Employee Re	etirement	2018
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Re	evenue Code (the Cod	e).		This Form is Open to Public Inspection
Part I Annual Report	Complete all entries in according to the second secon	ordance with the inst	ructions to the Form 55	500-SF.	
For calendar plan year 2018 or fis		/01/2018	and ending	12/3	1/2018
					ing this box must attach a
A This return/report is for:	a one-participant plan		mployer information in ac		
B This return/report is	the first return/report	the final return/report			
		the final return/report a short plan year retur	rn/report (less than 12 m	onths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC pr	ogram
	special extension (enter description				
Part II Basic Plan Info	rmation—enter all requested inform	ation			
1a Name of plan				1b Three	e-digit
	WHITLOW & O'LEARY, P.S.	. 401(K) PROFI	IT SHARING		number
					ive date of plan 01/1991
2a Plan sponsor's name (employ Mailing address (include roon	n, apt., suite no. and street, or P.O. Bo	)X)			oyer Identification Number 91-1265257
City or town, state or province HAMES, ANDERSON, 1	e, country, and ZIP or foreign postal co WHITLOW & O'LEARY, P.S.	ode (if foreign, see inst •	ructions)	2c Spon	sor's telephone number - 586 - 7797
601 W KENNEWICK A	VE		-		ess code (see instructions)
KENNEWICK	WA 99336			5411	110
3a Plan administrator's name and	d address X Same as Plan Sponsor.				histrator's EIN
				3c Admir	nistrator's telephone number
	plan sponsor or the plan name has ch			4b EIN	
a Sponsor's name	isor's name, EIN, the plan name and the	ne plan number from t	ne last return/report.	4d PN	
c Plan Name					
5a Total number of participants a	at the beginning of the plan year			5a	٤
b Total number of participants a	at the end of the plan year			5b	5
C Number of participants with a complete this item)	ccount balances as of the end of the p	olan year (only defined	contribution plans	5c	-
	icipants at the beginning of the plan ye			5d(1)	
	ticipants at the end of the plan year			5d(2)	
e Number of participants who t	erminated employment during the plan	n year with accrued be	enefits that were less	5e	
Caution: A penalty for the late of	r incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	se is estab	lished.
SB or Schedule MB completed and belief, it is true, correct, and completed and	er penalties set forth in the instructions d signed by an enrolled actuary, as we ete	s, I declare that I have ell as the electronic ver	examined this return/rep rsion of this return/report,	oort, includin , and to the	g, if applicable, a Schedule best of my knowledge and
SIGN	EA	4/2/15	WILLIAM HAMES		
HERE Signature of plan ad	ministrator	Date	Enter name of individu	ial signing a	s plan administrator
SIGN					
HERE Signature of employ	er/plan sponsor , see the Instructions for Form 5500-SF.	Date	Enter name of individu	ial signing a	s employer or plan sponsor
Apprinting Neuronan Act Notice,	see the matriculous for Form 5500-SF.				Form 5500-SF (2018) v.171027

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
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.)	X Yes 🗌 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.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🗌 Yes 🗌 No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
Pa	rt III Financial Information	

P'è	art III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) E	nd of Yea	ır
<u>a</u>	Total plan assets	7a	1,	652,	753		******		1,580,132
b	Total plan liabilities	7b			0				(
C	Net plan assets (subtract line 7b from line 7a)	7c	1,	652,	753				1,580,132
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b	) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		40,	035				
	(2) Participants	8a(2)		10,	518				
	(3) Others (including rollovers)	8a(3)			0				
<u>b</u>	Other income (loss)	8b		-83,	958				
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-33,409
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		32,	158		•		
e	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f		7,	058				
g	Other expenses	8g		****************	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							39,216
	Net income (loss) (subtract line 8h from line 8c)								-72,623
i	wet income (loss) (subtract line of inorning oc)					*********			
j	Transfers to (from) the plan (see instructions)				0				
i j Pa	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics	8j	odes from the List of PI	an Cha		stic Coc	des in the i	nstruction	
i j 9a b	Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         3D       2E       2J       2K         If the plan provides welfare benefits, enter the applicable welfare feet	8j feature co			racteri				
i j 9a b Par	Transfers to (from) the plan (see instructions)         rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         3D       2E       2J       2K         If the plan provides welfare benefits, enter the applicable welfare feature         t V       Compliance Questions	8j feature co			racteri	ic Code		structions	:
i j 9a b Par 10	Transfers to (from) the plan (see instructions)         rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         3D       2E       2J       2K         If the plan provides welfare benefits, enter the applicable welfare fe         t V       Compliance Questions         During the plan year:	8j feature co	les from the List of Pla		racteri				:
i j 9a b Par 10	Transfers to (from) the plan (see instructions)         rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         3D       2E       2J       2K         If the plan provides welfare benefits, enter the applicable welfare feature         t V       Compliance Questions	8j feature cod eature cod	les from the List of Pla n the time period		racteri	ic Code		structions	:
i j 9a b Par 10	Transfers to (from) the plan (see instructions)         rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension 3D 2E 2J 2K         If the plan provides welfare benefits, enter the applicable welfare feet         t V       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	8j feature cod eature cod ions within oluntary F ? (Do not	les from the List of Pla n the time period iduciary Correction include transactions	n Chara	racteri	ic Code		structions	:
i j 9a b Par 10 a	Transfers to (from) the plan (see instructions)	8j feature cod eature cod ions within oluntary F ? (Do not i	les from the List of Pla n the time period iduciary Correction include transactions	n Chara	racteri	No X		structions	: 
i j 9a b Par 10 a	Transfers to (from) the plan (see instructions)	8j feature cod eature cod ions within oluntary F ? (Do not i	les from the List of Pla n the time period fiduciary Correction include transactions	n Chara 10a 10b	racteris acteris	No X		structions	: 
i j Par 9a b Par 10 a b c c d	Transfers to (from) the plan (see instructions)	8j feature cod eature cod ions within oluntary F ? (Do not i fidelity bor er persons e or all of	les from the List of Pla n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	n Chara 10a 10b 10c	racteris acteris	No X X		structions	: 
i j Par 9a b Par 10 a b c d e	Transfers to (from) the plan (see instructions)         rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         3D       2E       2J       2K         If the plan provides welfare benefits, enter the applicable welfare fe         t V       Compliance Questions         During the plan year:       Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)         Were there any nonexempt transactions with any party-in-interest' reported on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's to y fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or othere	8j feature cod eature cod ions within oluntary F ? (Do not i fidelity bon er persons e or all of	les from the List of Pla n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	n Chara 10a 10b 10c 10d	racteris acteris	No X X X X		structions	: 
i j Par 9a b Par 10 a b c d e	Transfers to (from) the plan (see instructions)	8j feature cod eature cod ions within oluntary F ? (Do not i fidelity bon er persons e or all of	les from the List of Pla n the time period fiduciary Correction include transactions nd, that was caused s by an insurance the benefits under	n Chara 10a 10b 10c 10d	racteris acteris	No X X X X X		structions	: 
i j Par 9a b Par 10 a b c d d e f g	Transfers to (from) the plan (see instructions)	8j feature cod eature cod ions within oluntary F ? (Do not i fidelity bon er persons e or all of a? See Instru	les from the List of Pla n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under end.)	n Chara 10a 10b 10c 10d 10e 10f	racteris acteris	No X X X X X X X		structions	:

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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 a (Form 5500) and line 11a below)	nd complete Sch	nedule S	SB		] Yes 🗌 N
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4					
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of th ERISA?	e Code or sectio	in 302 c	of 	C	Yes X N
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.	Month	d enter Da		e of the le Yea	-
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li	ne 13.				
b 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 sign to t negative amount).	he left of a	12d			
e 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?			[] Ye	s X	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 be control of the PBGC?	rought under the			Yes	X No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred.		) to			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13	c <b>(3)</b> PN(s)
	]I			<u> </u>	