## 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		Identification Information				
For calend	dar plan year 2018 or fi	scal plan year beginning 01/01/2	2018	and ending 1	2/31/2018	
A This re	eturn/report is for:	X a single-employer plan		olan (not multiemployer) ( mployer information in ad		
		a one-participant plan	a foreign plan			
<b>B</b> This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)	
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			
1a Name RLA ENGIN	of plan IEERING RETIREMEN	NT 401(K) PLAN			1b Three-dig plan numl (PN) ▶	
					1c Effective	date of plan 01/01/2013
		oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number
	`	m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	,	tructions)	(EIN)	27-3709463
•	EERING, LLC	oc, country, and En or loroigh poor	aar oodo (ii foroigri, ooo iilo	ardonorio)		s telephone number 60-326-8915
					2d Business	code (see instructions)
5900 NE 15	2ND AVE ER, WA 98682					812990
VANCOUVE	IN, WA 90002					
3a Plan a	administrator's name a	nd address X Same as Plan Spo	nsor.		<b>3b</b> Administra	ator's EIN
		_			30 Administr	otor's talanhana number
					3C Administra	ator's telephone number
		e plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN	
	sor's name	misor s name, Env, the plan name t	and the plan number nom	the last return/report.	4d PN	
C Plan I	Name					
		at the beginning of the plan year.			. 5a	91
		at the end of the plan year			. 5b	92
		account balances as of the end of		· ·	. 5c	80
<b>d(1)</b> To	tal number of active pa	articipants at the beginning of the p	lan year		5d(1)	82
		articipants at the end of the plan ye			5d(2)	70
		terminated employment during the			5e	9
Caution:	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	d unless reasonable ca		
SB or Sch		ther penalties set forth in the instru nd signed by an enrolled actuary, a plete.				
SIGN		l/valid electronic signature.	05/10/2019	RAYMOND BURNEY	JR.	
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as pl	an administrator
SIGN						
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	lual signing as er	mplover or plan sponsor

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	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility)	an indepei	ndent qualified public a	account	ant (IQ	PA)		X Yes No
	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 th	ot use Fo	rm 5500-SF and mus rogram (see ERISA se	t instea ection 4	ad use 021)?	Form	<b>5500.</b> Yes No	Not determined (See instructions.)
Pa	t III Financial Information	1						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year
<u>a</u>	Total plan assets	7a	138	89611				1675557
<u>b</u>	Total plan liabilities	7b						
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	138	89611				1675557
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) To	otal
a	Contributions received or receivable from: (1) Employers	8a(1)	14	41569				
	(2) Participants	8a(2)	40	01505				
	(3) Others (including rollovers)	8a(3)		7439				
b	Other income (loss)	8b	-10	00282				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						450231
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1;	37198				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	2	27087				
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						164285
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						285946
	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2S 2T 3D 3H	feature co	des from the List of Plant	an Chai	racteris	stic Co	des in the instr	uctions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the instru	ctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Α	mount
a	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.)	? (Do not	include transactions	10a		X		
	·			10D	X			100000
d		fidelity bo	nd, that was caused	10d		X		100000
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.)	ner person ne or all of	s by an insurance the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g	Χ			6329
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 (Form 5500) and line 11a below)			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 412 of the Code or se ERISA?		of	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, granting the waiver	and enter Da		e of the letter ruling Year
lf y	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 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?		Ye	s 🔀 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 control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> 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.

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection** 

Part I	Annual Repo	rt Identification Information			, 1000 or 1	
For caler	ndar plan year 2018 or	r fiscal plan year beginning	01/01/2018	and ending	12/31/	2018
A This	return/report is for:	a single-employer plan		olan (not multiemployer) mployer information in	) (Filers checking th	is box must attach a
D		a one-participant plan	a foreign plan			
B This re	eturn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12	months)	
C Check	k box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC program	1
Part II	Racio Plan Inf	formation—enter all requested inf				
1a Nam	e of plan	ormation—enter all requested inf	ormation		415	
		tirement 401(k) Plan			1b Three-digit plan number	ar .
TILLY D.	ing incorring the	criement 401(k) Flan			(PN)	001
					1c Effective da 01/01/2	
Maili	ng address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.O	. Box)		2b Employer Id (EIN)27-3	lentification Number
RLA Ei	ngineering, L	nce, country, and ZIP or foreign posta ${ m LC}$	al code (if foreign, see inst	ructions)		elephone number
5900 N	NE 152nd Ave				2d Business co	de (see instructions)
VANCOU	JVER		TAT 7\	98682		
		and address 🛛 Same as Plan Spon		98682	812990 <b>3b</b> Administrato	
					3c Administrato	or's telephone number
4 If the this p	name and/or EIN of tholan, enter the plan spe	ne plan sponsor or the plan name has onsor's name, EIN, the plan name ar	s changed since the last rend the plan number from t	eturn/report filed for	4b EIN	
a Spons	sor's name				4d PN	
<b>5a</b> Total	number of participants	s at the beginning of the plan year			. 5a	91
<b>b</b> Total	number of participants	s at the end of the plan year			5b	92
C Numb	per of participants with	account balances as of the end of th	he plan year (only defined	contribution plans	5c	80
d(1) To	tal number of active pa	articipants at the beginning of the pla	n year		5d(1)	82
d(2) To	tal number of active pa	articipants at the end of the plan year	r		5d(2)	70
e Num than	ber of participants who 100% vested	terminated employment during the	plan year with accrued be	nefits that were less	5e	9
Under pen SB or Scho	A penalty for the late alties of perjury and or edule MB completed a true, correct, and com	or incomplete filing of this return/ ther penalties set forth in the instruction and signed by an enrolled actuary, as ablete.	report will be assessed ions, I declare that I have well as the electronic versions.	unless reasonable ca	eport, including, if ap rt, and to the best of	plicable a Schodule
	Signature of plan a	administrator	Date / J	Enter name of individ	ual signing as plan	administrator
SIGN HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual signing as arrel	over explor
		Manifest aboutest	Daic	Enter name of individ	uai siuriirid as empl	over or plan sponsor 1

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6a b	Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independ and condition	lent qualified public	accou	ntant (I	QPA)	∑ Yes ☐ No
	If you answered "No" to either line 6a or line 6b, the plan can	not use Fori	n 5500-SF and mu	st inst	ead us	e Form 55	00.
C	If the plan is a defined benefit plan, is it covered under the PBGC i	insurance pro	gram (see ERISA :	section	4021)	? [] Ye	es No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	he PBGC pre	emium filing for this	plan ye	ar		. (See instructions.)
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ır		(b) End of Year
a	Total plan assets	. 7a		,389	_		1,675,55
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	1	,389,	611		1,675,55
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou				(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amou	141,	569		(b) Total
	(2) Participants			401,			
	(3) Others (including rollovers)				439		
b	Other income (loss)			-100,			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					450,23
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		137,	198		130, 23.
е	Certain deemed and/or corrective distributions (see instructions)	8e				2	
f	Administrative service providers (salaries, fees, commissions)	8f		27,	087		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					164,285
i	Net income (loss) (subtract line 8h from line 8c)	8i					285,946
j	Transfers to (from) the plan (see instructions)	8j					
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2S 2T 3D 3H	feature code	s from the List of P	lan Cha	racteri	stic Codes	in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Pla	n Char	acteris	tic Codes in	n the instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	A
a	Was there a fallure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V				163	NO	Amount
	Program)			10a		X	
d	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	ude transactions	10b		Х	
C	Was the plan covered by a fidelity bond?			10c	Х		100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond,	that was caused	10d		Х	200,000
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.)	er persons b	y an insurance benefits under	10e		Х	
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				v	27	
h		See instruction	ons and 29 CFR	10g 10h	Х	X	6,329
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			1011		Λ	

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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 Sch (Form 5500) and line 11a below)	edule (	SB	Yes 🛚
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		4
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		of	Yes 🛛
	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 Da		of the letter ruling Year
lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			a a a
	Enter the minimum required contribution for this plan year	12b		
	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 \	/II Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes	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 brought under the control of the PBGC?		E	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		
	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)