	n 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089				
	ent of the Treasury Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and	I 4065 of the Employee Re	etirement	2018		
	rtment of Labor fits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		Internal	This Form is Open to		
Pension Bene	fit Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 55	00-SF.	Public Inspection		
		Identification Information						
For calendar	plan year 2018 or fi	iscal plan year beginning 02/01/2			/31/2019	de la dede la construction de la co		
A This retur	n/report is for:	X a single-employer plan	list of participating e	plan (not multiemployer) (Femployer information in ac		king this box must attach a tith the form instructions.)		
B This return	/report is	a one-participant plan	a foreign plan					
		the first return/report						
_		an amended return/report	a short plan year retu	urn/report (less than 12 mo	onths)			
C Check bo	x if filing under:	Form 5558	automatic extension	· [DFVC p	rogram		
		special extension (enter descr						
		ormation—enter all requested inf	formation					
1a Name of		ASHINGTON CORPORATION 40			1b Three plan	e-digit number		
	ID COMPANY, A W	ASHINGTON CORPORATION 40			(PN)			
					1c Effect	tive date of plan 02/01/2002		
Mailing a	ddress (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Empl (EIN)	oyer Identification Number 91-1128576		
City or to LEIBSOHN & (· ·	ce, country, and ZIP or foreign post	al code (if foreign, see ins	structions)	2c Spor	nsor's telephone number 425-455-1777		
					2d Busir	ness code (see instructions)		
40 LAKE BELL BELLEVUE, W	EVUE DRIVE, SUI A 98005	ΓE 270				531210		
3a Plan adn	ninistrator's name a	nd address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN		
					3c Admi	nistrator's telephone number		
		e plan sponsor or the plan name ha	5		4b EIN			
a Sponsor	's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN			
C Plan Nar	ne							
5a Total nu	mber of participants	s at the beginning of the plan year			5a	4		
		s at the end of the plan year		E	5b	4		
		account balances as of the end of			5c	2		
d(1) Total	number of active pa	articipants at the beginning of the pl	an year		5d(1)	3		
• •		articipants at the end of the plan yea			5d(2)	3		
		o terminated employment during the			5e	0		
Caution: A p	enalty for the late	or incomplete filing of this return ther penalties set forth in the instruct	n/report will be assesse	d unless reasonable cau				
	ule MB completed a e, correct, and com	ind signed by an enrolled actuary, a plete.	as well as the electronic v	ersion of this return/report	, and to the	best of my knowledge and		
		l/valid electronic signature.	05/20/2019	THOMAS WALLIN				
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual signing :	as plan administrator		
•••••	iled with authorized	d/valid electronic signature.	05/20/2019	THOMAS WALLIN				
	.	oyer/plan sponsor ce, see the Instructions for Form 5500	Date	Enter name of individu	ual signing	as employer or plan sponsor Form 5500-SF (2018)		

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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 a							X Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann		,						NU
C	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determin	ned
Ū	If "Yes" is checked, enter the My PAA confirmation number from th							. (See instruction	
		le i bee p		an yea					110.)
Pa	rt III Financial Information	•							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
a	Total plan assets	7a	1	98773				211942	
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	19	98773				211942	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) T	otal	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		10200					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b		5160					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						15360	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			_				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g		2191					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2191	
i	Net income (loss) (subtract line 8h from line 8c)	8i						13169	
j	Transfers to (from) the plan (see instructions)	8j							
Ра	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2F$ 2G 2J 2T 3D	feature co	odes from the List of Pla	an Char	acteris	stic Co	des in the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	cterist	ic Cod	es in the instru	uctions:	
Pa	t V Compliance Questions								
10	During the plan year:				Yes	No	I	Amount	
a	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)	•		10a	х			2975	
k	Were there any nonexempt transactions with any party-in-interest								
	reported on line 10a.)	· · · · · · · · · · · · · · · · · · ·		10b		X			
C				10c	Х			200000	
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x			
e	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.)			10e	x			676	
f						Х		010	
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year-e	ena.)	10a		X			

Х

10h

10i

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i

2520.101-3.)

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	X 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 o	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				
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	
	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	X 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)		13	:(3) PN	۱(s)

Form 5500-SF	Short Form Annu	hort Form Annual Return/Report of Small Employee Benefit Plan		
Department of the Treasury Internal Revenue Service		be filed under sections 104 and 4065 of the Employed		2018
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	. the	v Act of 1974 (ERISA), and section 6057(b) and 6058 Internal Revenue Code (the Code). accordance with the instructions to the Form 5500		This Form is Open to Public Inspection
Part I Annual Report lo	dentification Informatio			
For calendar plan year 2018 or fisca	al plan year beginning	02/01/2018 and ending	01/3:	1/2019
A This return/report is for:	x a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-employer plan (not multiemployer) (a list of participating employer information in a a foreign plan the final return/report a short plan year return/report (less than 12 m	ccordance	
C Check box if filing under:	Form 5558 special extension (enter des	automatic extension cription)	D	DFVC program
Part II Basic Plan Infor	mation enter all requeste	d information		
1a Name of plan Leibsohn and Company	r, a Washington Corpo	oration 401(k) Plan	(PN 1c Effe	number
 2a Plan sponsor's name (employe Mailing Address (include room City or town, state or province, LEIBSOHN & CO. 40 Lake Bellevue Dri US Bellevue WA 98005 3a Plan administrator's name and 	, apt., suite no. and street, or F country, and ZIP or foreign po .ve, Suite 270	.O. Box) stal code (if foreign, see instructions)	(EIN 2c Spo (42 2d Bus 531 3b Adm	ployer Identification Number 9 91-1128576 insor's telephone number 25) 455-1777 iness code (see instructions) 1210 ninistrator's EIN ninistrator's telephone number
		has changed since the last return/report filed for and the plan number from the last return/report.	4b EIN	
 a Sponsor's name c Plan Name 			4d PN	
			5a	4
c Number of participants with ac	count balances as of the end of	f the plan year (only defined contribution plans	5b 5c	4
d(1) Total number of active partic			5d(1)	3
d(2) Total number of active partic	cipants at the end of the plan ye	ear	5d(2)	3
Number of participants who te	rminated employment during th	e plan year with accrued benefits that were	5e	0
Caution: A penalty for the late o	r incomplete filing of this ret	urn/report will be assessed unless reasonable cau	use is esta	blished.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. 1

SIGN XIU		Ronald Leibson Thomas Wally
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN AND		Thomas WALLY
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
For Paperwork Reduction Act Notice, see the instructions for Form	Form 5500-SF (2018)	

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

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X Yes No 6a 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) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year (See instructions.) Part III Financial Information (b) End of Year Plan Assets and Liabilities (a) Beginning of Year 7 7a 198,773 211,942 а Total plan assets ... b Total plan liabilities 7b 198,773 211,942 7c Net plan assets (subtract line 7b from line 7a) С (a) Amount (b) Total 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 8a(1) 0 (1) Employers 10,200 8a(2) (2) Participants ... (3) Others (including rollovers) 8a(3) b Other income (loss) 5,160 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 15,360 C 8c Benefits paid (including direct rollovers and insurance premiums d 8d to provide benefits) Certain deemed and/or corrective distributions (see instructions) 8e е f Administrative service providers (salaries, fees, commissions) 8f 2,191 g Other expenses 8g 2,191 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 13,169 i. 8i Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) 8j 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: 2F 2G 2J 2T 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 V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
a	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)	10a	x			2,975
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
C	Was the plan covered by a fidelity bond?	10c	x			200,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x		
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.)	10e	x			676
f	Has the plan failed to provide any benefit when due under the plan?	10f		x	8 2	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	101				

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Parl	:VI	Pension Funding Compliance						
11		defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 500 and line 11a below)				י ם	′es 🕱] No
11a	Enter th	e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	*******	11a				
12	ERISA'	a defined contribution plan subject to the minimum funding requirements of section 412 of the (′es 🕱] No
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		4		1 Mar 1 -	44 m m at 12	
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see in the waiver						ng
lif y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				_	
b	Enter th	e minimum required contribution for this plan year.		12b				
с	Enter th	e amount contributed by the employer to the plan for the plan year	*****	12c				
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the e amount)		12d				
е	.Will the	minimum funding amount reported on line 12d be met by the funding deadline?	******		Yes] No	N/	A
Part		Plan Terminations and Transfers of Assets						
13a	Has a r	esolution to terminate the plan been adopted in any plan year?	******	[Yes	X	No	
2	lf "Yes,	enter the amount of any plan assets that reverted to the employer this year	******	13a				
b		I the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?				Yes	No	
C		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider ssets or liabilities were transferred. (See instructions.)	tify the plan(s	s) to				
1:	Bc(1) Na	me of plan(s):	13c(2) E	IN(s)		13c	(3) PN(s)