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 calenda	ar plan year 2018 or fis	scal plan year beginning 01/01/2	2018		and ending 12	2/31/2	018				
A This ret	urn/report is for:	a single-employer plan			an (not multiemployer) (ployer information in ac		_				
		a one-participant plan		oreign plan	n						
B This retu	ırn/report is	X the first return/report	the	final return/report							
		an amended return/report	a sh	hort plan year return	n/report (less than 12 m	onths)				
C Check b	oox if filing under:	Form 5558	aut	tomatic extension		DI	VC program				
		special extension (enter desc	cription)								
Part II	Basic Plan Info	rmation—enter all requested in	nformatio	n							
1a Name						1b	Three-digit				
	URES, LLC 401(K) PL	LAN					plan number (PN)	001			
						1c	Effective date of				
								1/2018			
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.0	O Boy)			2b	Employer Identi				
		e, country, and ZIP or foreign post		(if foreign, see instru	uctions)	-	(/	043500			
NC STRUCT	URES, LLC					2C	Sponsor's telep				
						2d	Business code (see instructions)			
	NBY COURT IARD, WA 98367-7414	4					2382	210			
	,										
3a Plan ad	dministrator's name an	nd address X Same as Plan Spo	onsor.			3b	Administrator's	EIN			
		_				2-	<u> </u>				
						30	Administrator's	telephone number			
		e plan sponsor or the plan name h nsor's name, EIN, the plan name a				4b	EIN				
a Spons		, , , , , , , , , , , , , , , , , , , ,				4d	PN				
C Plan N	ame										
Fo. Tatal						5	а	2			
_		at the beginning of the plan year.					b	2			
		at the end of the plan year account balances as of the end of					C	2			
compl	ete this item)										
	•	rticipants at the beginning of the p	-				(1)	2			
		rticipants at the end of the plan ye				5d	` '	2			
than '	100% vested	terminated employment during th				l .	е	0			
		or incomplete filing of this retur									
SB or Sche		her penalties set forth in the instrund signed by an enrolled actuary, a plete.									
SIGN		/valid electronic signature.		04/28/2019	TAMMY NAKAMURA						
HERE	Signature of plan a	dministrator		Date	Enter name of individ	ual si	gning as plan adr	ministrator			
SIGN											
HERE	Signature of emplo	yer/plan sponsor		Date	Enter name of individ	ual si	gning as employe	er or plan sponsor			

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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannus the plan is a defined benefit plan in it is expected under the PRCC in	an indeper and condit ot use Fo	ndent qualified public actions.)	account t instea	ant (IC	PA) Form	5500.	. X Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the					_	. —	_
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year
а	Total plan assets	7a	(") "3 3	0			<u> </u>	69676
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		0				69676
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
а	Contributions received or receivable from: (1) Employers	8a(1)		23750				
	(2) Participants	8a(2)	4	49000	_			
	(3) Others (including rollovers)	8a(3)			_			
<u>b</u>	Other income (loss)	8b		-3074				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						69676
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						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
i_	Net income (loss) (subtract line 8h from line 8c)	8i						69676
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 2J 2K 2F 2G 2R 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des 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 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.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
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.)	ne or all of	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-	end.)	10g		X		
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)		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	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 t Day		of the lette Year _	r ruling
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 Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 Reg	oort Identification Information	Sociation with the mis	ductions to the Form	5500-SF.			
For calendar plan year 2018	or fiscal plan year beginning	01/01/2018	and ending	12/31/2	01.0		
A This return/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer) mployer information in a	(Filers checking th	is box must attach a		
B This return/report is	a one-participant plan	a foreign plan			is in the determination of the second of the		
,	x the first return/report	the final return/report					
C Check box if filing under:	an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)			
Check box it filling under:	Form 5558 special extension (enter descri	automatic extension		DFVC program	1		
Part II Basic Plan	Information—enter all requested info						
1a Name of plan	LLC 401(k) Plan	omator		1b Three-digit plan number (PN) ▶	001		
0				1c Effective da 01/01/2	ite of plan 1018		
Mailing address (include	mployer, if for a single-employer plan) e room, apt., suite no. and street, or P.O. ovince, country, and ZIP or foreign posta	. Box)	tructions)	2b Employer Id (EIN) 91-2	dentification Number		
NC Structures,	LLC	ii oodo (ii loreign, see ins	u delions)	2c Sponsor's t 360-801	elephone number 0947		
7085 SW Tenby	Court			2d Business co	ode (see instructions)		
Port Orchard	WA 98367-7			238210			
3a Plan administrator's nam	ne and address 🛭 Same as Plan Spon	sor		3b Administrator's EIN			
				3c Administrate	or's telephone number		
this plan, enter the plan	of the plan sponsor or the plan name has sponsor's name, EIN, the plan name ar	s changed since the last nd the plan number from	return/report filed for the last return/report.	4b EIN			
a Sponsor's namec Plan Name				4d PN			
5a Total number of participa	ants at the beginning of the plan year			Fo.	_		
b Total number of participation	ante at the and of the plant year	***************************************	***************************************		2		
 C Number of participants v 	ants at the end of the plan year with account balances as of the end of th	he plan vear (only defined	1 contribution plans	5b 5c	2		
d(1) Total number of active	e participants at the beginning of the pla	ın year		5d(1)	2		
d(2) Total number of active	e participants at the end of the plan year	r	***************************************	5d(2)	2		
e Number of participants than 100% vested	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						
Caudon. A penalty for the I	ate or incomplete tiling of this return	report will be assessed	unless reasonable es	use is established			
SB or Schedule MB complete belief, it is true, correct, and of	d other penalties set forth in the instruct ed and signed by an enrolled actuary, as complete.	well as the electronic ve	e examined this return/re ersion of this return/repor	eport, including, if a rt, and to the best o	pplicable, a Schedule f my knowledge and		
SIGN Jamm	ufffulauma	4/28/19	Tammy Nakamur				
To the state of th	administrator	Date	Enter name of individ	lual signing as plan	administrator		
SIGN HERE Signature of en	nployer/plan sponsor	Date	Parada				
	lotice see the Instructions for Form FEGG	Date	Enter name of individ	lual signing as emp	loyer or plan sponsor		

D	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 If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan.	an independ and condition not use Form nsurance pro	dent qualified public a ons.) m 5500-SF and mus ogram (see ERISA se	t inste	tant (IC ad use	QPA) Form	5500. Yes ∏No	X	Yes No Yes No
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pre	emium filing for this p	lan yea	r			(See ir	nstructions.)
	t III Financial Information								
	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	l of Year	
	Total plan assets	7a			0				69,676
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c			0				69,676
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
	Contributions received or receivable from: (1) Employers	0-(4)		23,	750			N .	
	(2) Participants	8a(1)		_			Hard Street	Name of the	
		8a(2)		49,	000	2			
	(3) Others (including rollovers)	8a(3)			0.5.4		- 4	تسيلت	
	Other income (loss)	8b		-3,	074	-			
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d						1	69,676
е	Certain deemed and/or corrective distributions (see instructions)	8e				10.3			11112
f	Administrative service providers (salaries, fees, commissions)	8f							171
	Other expenses	8g						1000	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
	Net income (loss) (subtract line 8h from line 8c)	8i						_	69,676
	Transfers to (from) the plan (see instructions)	8j				7	grady serv	757.5	05/070
	t IV Plan Characteristics	0							
	If the plan provides pension benefits, enter the applicable pension $2A\ 2E\ 2J\ 2K\ 2F\ 2G\ 2R\ 3D$								
	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Chara	acteris	tic Code	es in the instr	uctions:	
Parl									
10	During the plan year:				Yes	No		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)	oluntary Fig	uciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		х			
C	Was the plan covered by a fidelity bond?		•><•••••	10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	I, that was caused	10d		х			
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 persons ne or all of th	by an insurance be 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 a					х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruc	tions and 29 CFR	10g 10h		х	- 1	11.5	
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	ne required i	notice or one of the	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 (Form 5500) and line 11a below)	complete Sch	edule S	В	Yes No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ode or section	202 0	f	Yes X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.	√lonth	l enter		of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.			700
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 the negative amount)	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				tend .
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 broug	ght under the			Yes X No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi- which assets or liabilities were transferred.	ify the plan(s)	to		
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)
		_	-	