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 Report	Identification Information				
For calend	lar plan year 2018 or fi	scal plan year beginning 01/01/2	018	and ending 12	2/31/2018	
A This re	turn/report is for:	a single-employer plan		lan (not multiemployer) (
		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	ım
		special extension (enter descr	· /			
Part II	Basic Plan Info	rmation—enter all requested inf	ormation			
1a Name STAY ALFR	of plan ED, INC. 401(K) PRO	FIT SHARING PLAN			1b Three-dig plan numl (PN) ▶	
					1c Effective	date of plan 01/01/2013
		oyer, if for a single-employer plan)	. P)			Identification Number
		m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post:		tructions)	(EIN)	45-2635038
STAY ALFR				,		s telephone number 09-280-5869
					2d Business	code (see instructions)
123 E SPRA SPOKANE, ¹	GUE AVENUE WA 99202					812990
0. 0.0 (2,						
3a Plan a	administrator's name a	nd address 🛛 Same as Plan Spor	nsor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
					JC Administra	ator s telephone number
A Kata			and a second about the last of	and the second Classification	4h Fini	
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN	
•	sor's name				4d PN	
C Plan N	Name					
5a Total	number of participants	at the beginning of the plan year			5a	59
b Total	number of participants	at the end of the plan year			5b	112
		account balances as of the end of		•	5c	82
d(1) Tot	al number of active pa	rticipants at the beginning of the plant	an year		5d(1)	53
		articipants at the end of the plan year			5d(2)	98
		terminated employment during the			5e	23
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	l unless reasonable car		
SB or Sche		her penalties set forth in the instruction and signed by an enrolled actuary, a plete.				
SIGN		/valid electronic signature.	06/06/2019	JORDAN ALLEN		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pla	an administrator
SIGN						
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spon						

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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 indeper and condit	ndent qualified public a	account	ant (IC	(PA)			
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 th	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes N		
Pa	rt III Financial Information	T							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Year	
<u>a</u>	Total plan assets	7a	3	23889				584607	
b	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	33	23889				584607	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(k) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)	1:	34131					
	(2) Participants	8a(2)	2:	22538					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	-3	29881					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						326788	_
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		64340					
е	Certain deemed and/or corrective distributions (see instructions) \dots	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		1730					
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						66070	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				260718			
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0					
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the i	nstructions:	
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 in	structions:	
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.)	? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			180000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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		Х			
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			5268	
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	X				

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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	o
	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)

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Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

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The second secon	ort Identification Information	n				
For calendar plan year 2018 of	or fiscal plan year beginning	01/01/2018	and ending	12/31/20	018	
A This return/report is for:	x a single-employer plan	a multiple-employer plan (r	not multiemployer) (File ver information in accord	rs checking this	s hox must attach a	
B This return/report is	a one-participant plan	a foreign plan				
	the first return/report	the final return/report				
C 01	an amended return/report	a short plan year return/rep	oort (less than 12 month	ns)		
C Check box if filing under:	Form 5558 special extension (enter desc	automatic extension cription)		OFVC program		
Part II Basic Plan In	formation—enter all requested in	nformation				
1a Name of plan	C. 401(K) PROFIT SHARI	THE RESERVE OF THE PERSON OF T	1k	Three-digit plan number (PN)	001	
20.00			10	Effective dat 01/01/2	e of plan	
Mailing address (include r	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.c ince, country, and ZIP or foreign pos	O. Box)	2b		entification Number	
STAY ALFRED, IN	С.	() Joseph God Histiague	20	2c Sponsor's telephone number 509-280-5869		
123 E SPRAGUE A	VENUE		2d	Business coo	de (see instructions)	
SPOKANE	WA 992			812990		
3a Plan administrator's name	and address V Came as Dian Care			012990		
	and address A Same as Plan Spo	nsor.		Administrator		
4 If the name and/or EIN of the name and/or EIN or EIN of the name and/or EIN or EI	the plan sponsor or the plan name by	as changed since the last return la	3c	Administrator Administrator	r's EIN r's telephone number	
4 If the name and/or EIN of the name and/or EIN or EIN of the name and/or EIN or	the plan sponsor or the plan name has ponsor's name, EIN, the plan name a	as changed since the last return la	report filed for t return/report.	Administrator Administrator		
4 If the name and/or EIN of this plan, enter the plan spansor's name	the plan sponsor or the plan name by	as changed since the last return/ and the plan number from the las	report filed for t return/report.	Administrator Administrator		
4 If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name ALFRED 5a Total number of participan	the plan sponsor or the plan name had bonsor's name, EIN, the plan name and SAWAY LLC 401 (K) PROSESTED TO BE AWAY LLC AWAY	as changed since the last return/ and the plan number from the las FIT SHARING PLAN	report filed for t return/report. 4b 4d	Administrator Administrator	r's telephone number	
 4 If the name and/or EIN of this plan, enter the plan spansor's name c Plan Name ALFRED 5a Total number of participan b Total number of participan 	the plan sponsor or the plan name had bonsor's name, EIN, the plan name and SAWAY LLC 401 (K) PROsets at the beginning of the plan yearts at the end of the plan year	as changed since the last return/ and the plan number from the las FIT SHARING PLAN	report filed for t return/report. 4b 4d	Administrator Administrator EIN PN		
 4 If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name ALFRED 5a Total number of participan b Total number of participan c Number of participants with complete this item) 	the plan sponsor or the plan name had bonsor's name, EIN, the plan name and SAWAY LLC 401 (K) PROsts at the beginning of the plan year ts at the end of the plan year the account balances as of the end of the plan year and the plan year the account balances as of the end of the plan year the account th	as changed since the last return/ and the plan number from the las FIT SHARING PLAN the plan year (only defined contr	report filed for t return/report. 4b 4d 55 5bution plans 5	Administrator Administrator EIN PN	s's telephone number	
 4 If the name and/or EIN of this plan, enter the plan spansor's name c Plan Name ALFRED 5a Total number of participan b Total number of participan c Number of participants with complete this item) d(1) Total number of active p 	the plan sponsor or the plan name had bonsor's name, EIN, the plan name and SAWAY LLC 401 (K) PROsts at the beginning of the plan yearts at the end of the plan year second balances as of the end of the plan that count balances as of the plan year searcicipants at the beginning of the plan year	as changed since the last return/ and the plan number from the las FIT SHARING PLAN the plan year (only defined contr	report filed for t return/report. 4d 4d 55 5button plans 5d	Administrator Administrator EIN PN 6a	s's telephone number 5 11:	
 4 If the name and/or EIN of this plan, enter the plan spansor's name c Plan Name ALFRED 5a Total number of participan b Total number of participant c Number of participants with complete this item)	the plan sponsor or the plan name had bonsor's name, EIN, the plan name and SAWAY LLC 401 (K) PROsts at the beginning of the plan year	as changed since the last return/ and the plan number from the las FIT SHARING PLAN the plan year (only defined contri	report filed for t return/report. 4d 55 5bution plans 5d 5d	Administrator Administrator EIN PN 6a 6b	5 11:	
 4 If the name and/or EIN of this plan, enter the plan spaa Sponsor's name C Plan Name ALFRED 5a Total number of participan b Total number of participants with complete this item) d(1) Total number of active participants with an 100% vested 	the plan sponsor or the plan name had bonsor's name, EIN, the plan name at the plan plan plan plan plan plan plan plan	as changed since the last return/ and the plan number from the las FIT SHARING PLAN the plan year (only defined contr an year	report filed for t return/report. 4d 4d 55 5bution plans 5d 5d that were less	Administrator Administrator EIN PN Sa Sb Sc (1) (2)	s's telephone number	
4 If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name ALFRED 5a Total number of participant b Total number of participants with complete this item)	the plan sponsor or the plan name had bonsor's name, EIN, the plan name at the plan plan plan plan plan plan plan plan	as changed since the last return/ and the plan number from the las FIT SHARING PLAN the plan year (only defined contr an year plan year with accrued benefits	report filed for t return/report. 4d 55 55 bution plans 5d 5d that were less 5 reasonable cause is	Administrator Administrator EIN PN Sa Sb Sc (1) (2) se sestablished.	5 11:	
4 If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name ALFRED 5a Total number of participant b Total number of participants with complete this item)	the plan sponsor or the plan name had bonsor's name, EIN, the plan name at the plan plan plan plan plan plan plan plan	as changed since the last return/ and the plan number from the las FIT SHARING PLAN the plan year (only defined control an year plan year with accrued benefits are plan year with accrued benefits are plan year that I have exam s well as the electronic version of	report filed for t return/report. 4d 55 5bution plans 5d 5d that were less 5 reasonable cause is ined this return/report, and	Administrator Administrator EIN PN Sa Sb Sc (1) (2) se sestablished.	's telephone number 5 11 8: 5: 9:	
4 If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name ALFRED 5a Total number of participan b Total number of participans with complete this item)	the plan sponsor or the plan name had bonsor's name, EIN, the plan name at the plan plan plan plan plan plan plan plan	as changed since the last return/ and the plan number from the last FIT SHARING PLAN the plan year (only defined control an year plan year with accrued benefits freport will be assessed unless tions, I declare that I have exam s well as the electronic version of	report filed for t return/report. 4d 4d 55 5bution plans 5d 5d that were less 5 reasonable cause is ined this return/report, and DAN ALLEN	Administrator Administrator EIN PN Ga Gb GC (1) (2) Ge Gestablished. Including, if app to the best of t	5 11: 83 5: 98 2: blicable, a Schedule my knowledge and	
4 If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name ALFRED 5a Total number of participants b Total number of participants with complete this item)	the plan sponsor or the plan name had bonsor's name, EIN, the plan name at the plan plan plan plan plan plan plan plan	as changed since the last return/ and the plan number from the last FIT SHARING PLAN the plan year (only defined control an year ar ar aplan year with accrued benefits fireport will be assessed unless tions, I declare that I have exam s well as the electronic version of 6/6//9 Date Ente	report filed for t return/report. 4d 55 5bution plans 5d 5d that were less 5 reasonable cause is ined this return/report, and	Administrator Administrator EIN PN Ga Gb GC (1) (2) Ge Gestablished. Including, if app to the best of t	5 11: 83 5: 98 2: blicable, a Schedule my knowledge and	

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	Were all of the plan's assets during the plan year invested in eligible. 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 be plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition ot use Fori	lent qualified public ns.) n 5500-SF and mu	accour	ntant (I	QPA)		X Yes No
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pre	emium filing for this	section plan ye	4021)? ar	······ [] '	2000	Not determined See instructions.)
Pa	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Vos	r		(b) End of	V
a	Total plan assets	7a	(L) Logilling	323			(b) End of	584,60
b		7b			0			364,60
С	Net plan assets (subtract line 7b from line 7a)	7c		323,	889			584,60
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou				/b) T-4	
а	Contributions received or receivable from:		(4) / 111104	0.00-0.000			(b) Tot	aı
	(1) Employers	8a(1)		134,				
	(2) Participants	8a(2)		222,	538			
h	(3) Others (including rollovers)	8a(3)			0			
	Other income (loss)	8b		-29,	881			
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						326,788
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		61	340			
е	Certain deemed and/or corrective distributions (see instructions)	-		04,	340			
f	Administrative service providers (salaries, fees, commissions)	8e		1	720			
g	Other expenses	8f		Ι,	730			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g		The same and	U			
i	Net income (loss) (subtract line 8h from line 8c)	8h			-			66,070
j	Transfers to (from) the plan (see instructions)	8i						260,718
Pa	rt IV Plan Characteristics	8j			0			
	If the plan provides pension benefits, enter the applicable pension f	eature code	s from the List of P	lan Cha	ractori	etic Code	o in the least	Mariana.
_								
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Pla	n Chara	acterist	tic Codes	in the instruction	ons:
Par	t V Compliance Questions							
10	During the plan year:				Yes	Na		
a	Was there a failure to transmit to the plan any participant contributi	ons within th	ne time period		res	No	Amo	ount
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fide	ciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not inc	ude transactions	10a		х		
С				10c	Х			180,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	delity hand	that was caused	10d		х		200,000
е		er persons b	y an insurance			х		
f	Has the plan failed to provide any benefit when due under the plan	?		10e		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as			10f 10g	Х	44		E 260
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	see instruction	ons and 20 CEP	10g	Х			5,268
				THE P				