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**

A This return/report is or: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a namended return/report the first return/report a her first return/report a her first return/report a short plan year return/report (less than 12 months) This return/report a short plan year return/report (less than 12 months)			dentification information									
A This return/report is for: a one-participant plan a foreign plan a foreign plan a foreign plan a foreign plan B This return/report the first return/report the first return/report the first return/report an amended return/report as short plan year return/report (less than 12 months)	For calendar p	olan year 2018 or fisc	cal plan year beginning 01/01/2	2018		and ending 12	2/31/2	.018				
B This return/report is	M a single omployer plan											
In the Institution of Part (Part III) The Institution of Part III Basic Plan Information Institution Ins			a one-participant plan			, ,,,			,			
C Check box if filing under:	B This return/	report is	the first return/report	the	e final return/report							
Special extension (enter description) Special extension (enter description)			an amended return/report	as	short plan year return	n/report (less than 12 m	onths)				
Part II Basic Plan Information—enter all requested information 1a Name of plan 1a Name of plan 1	C Check box	if filing under:	Form 5558	au	tomatic extension	nsion DFVC program						
Tas Name of plan TIMS SERVICE CORPORATION 401(K) PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TIMS SERVICE CORPORATION 2b Employer Identification Number (EIN) 91-1113576 2c Sponsor's telephone number 360-781-7847 2d Business code (see instructions) 2a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 360-781-7647 2d Business code (see instructions) 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 5 a Sponsor's name 6 Plan Name 5 a 11 b Total number of participants at the beginning of the plan year. 5 b 11 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 6 (1) Total number of active participants at the beginning of the plan year. 5 c 10 6 Number of participants with account balances as of the end of the plan year. 5 c 10 6 Number of participants at the end of the plan year. 5 c 10 6 Number of participants with account balances as of the end of the plan year. 5 c 10 6 Number of participants at the end of the plan year. 5 c 10 6 Number of participants at the end of the plan year. 6 c Number of active participants at the end of the plan year. 6 c Number of active participants at the end of the plan year. 6 c Number of active participants at the end of the plan year. 6 c Number of active participants at the end of the plan year. 6 c Number of active participants at the end			special extension (enter desc	ription)								
Tas Name of plan TIMS SERVICE CORPORATION 401(K) PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TIMS SERVICE CORPORATION 2b Employer Identification Number (EIN) 91-1113576 2c Sponsor's telephone number 360-781-7847 2d Business code (see instructions) 2a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 360-781-7647 2d Business code (see instructions) 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 5 a Sponsor's name 6 Plan Name 5 a 11 b Total number of participants at the beginning of the plan year. 5 b 11 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 6 (1) Total number of active participants at the beginning of the plan year. 5 c 10 6 Number of participants with account balances as of the end of the plan year. 5 c 10 6 Number of participants at the end of the plan year. 5 c 10 6 Number of participants with account balances as of the end of the plan year. 5 c 10 6 Number of participants at the end of the plan year. 5 c 10 6 Number of participants at the end of the plan year. 6 c Number of active participants at the end of the plan year. 6 c Number of active participants at the end of the plan year. 6 c Number of active participants at the end of the plan year. 6 c Number of active participants at the end of the plan year. 6 c Number of active participants at the end	Part II E	Basic Plan Infor	mation—enter all requested in	formation	on							
Plan number (PN)			·				1b	Three-digit				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TMS SERVICE CORPORATION 2a South SERVICE CORPORATION 2a Business code (see instructions) 2b Employer Identification Number (EIN) 91-113576 2c Sponsor's telephone number 380-761-7547 2d Business code (see instructions) 424990 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 424990 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 3 Sponsor's name c Plan Name 5a Administrator's telephone number 4d PN 4d PN 5a Total number of participants at the beginning of the plan year 5b 11 b Total number of participants at the beginning of the plan year 5b 11 c Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 10 complete this item). 5d(1) Total number of active participants at the beginning of the plan year	·						plan number	001				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no. and street, or P.O. Box) TMS SERVICE CORPORATION 2b Employer Identification Number (EIN) 91-1113576 2c Sponsor's Lelephone number 380-761-7547 2d Business code (see instructions) 22d SULTH 3RD ST. BUCKLEY, WA 98321 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's EIN 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year c Plan Name 5a Total number of participants at the end of the plan year c Number of participants with account belances as of the end of the plan year c Number of participants with account belances as of the end of the plan year d(2) Total number of active participants at the beginning of the plan year f(2) Total number of active participants at the beginning of the plan year han 100% vested. 2a Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 2b Limpton of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 2c Limpton of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 2c Limpton of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 2c Limpton of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 2c Limpton of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 2c Limpton of participants who terminated employment during the plan year with accrued benefits that were l							1c	(/				
Mailing address (include room, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TMS SERVICE CORPORATION 2c Sponsor's telephone number 360-761-7547 2d Business code (see instructions) 424990 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number this plan, enter the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year 5b 111 b Total number of participants at the end of the plan year 5b 111 c Number of participants with account balances as of the end of the plan year 5d(2) 6 e Number of participants at the beginning of the plan year 5d(2) 6 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 50 complete this item). Gladion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and telled, it is true, correct, and complete. Signature of plan administrator Date Enter name of individual signing as plan administrator												
City of town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TMS SERVICE CORPORATION 2C Sponsor's telephone number 360-761-7547 2d Business code (see instructions) 424990 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 360-761-7547 2d Business code (see instructions) 424990 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 3 Sponsor's telephone number 360-761-7547 2d Business code (see instructions) 4d EIN 4d PN 4d PN 5a Total number of participants at the beginning of the plan year. 5 Total number of participants at the beginning of the plan year (only defined contribution plans complete this item). 4d PN 5d(1) Total number of active participants at the beginning of the plan year (only defined contribution plans complete this item). 4d(2) Total number of active participants at the beginning of the plan year with accrued benefits that were less than 100% wested. 5 Pumber of participants who terminated employment during the plan year with accrued benefits that were less than 100% wested. 5 Possor's telephone number account seems for the plan name and t				O. Box)			2b					
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year c Plan Name 5a Total number of participants at the beginning of the plan year c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 4d(P) Total number of active participants at the beginning of the plan year 5c 10 4d(P) Total number of active participants at the beginning of the plan year with accrued benefits that were less than 10% wested. 5c 0 1d(P) Total number of active participants at the end of the plan year with accrued benefits that were less than 10% wested. 5c 0 1d(P) Total number of active participants at the end of the plan year with accrued benefits that were less than 10% wested. 6caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 6caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 6caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 6caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 6caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 6caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 6caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl					0-	,						
3a Plan administrator's name and address ☑ Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	TMS SERVICE	CORPORATION					2C					
3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 Sponsor's name 5 Plan Name 5 Total number of participants at the beginning of the plan year							2d	Business code (see instructions)			
3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	262 SOUTH 3RI BUCKI FY, WA	D ST. 98321						4249	90			
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	20011211, 1111											
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	3a Plan admi	inistrator's name and	d address X Same as Plan Spo	nsor.			3b Administrator's EIN					
4b EIN 4d PN Total number of participants with account balances as of the end of the plan year complete this item) 4d(1) Total number of participants at the beginning of the plan year with accrued benefits that were less than 100% vested 5a(2) Total number of participants at the beginning of the plan year with accrued benefits that were less than 100% repealed by perilipants with accrued the plan year with accrued benefits that were less than 100% repealed by perilipants who terminated employment during the plan year with accrued benefits that were less than 100% repealed by perilipants who terminated employment during the plan year will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Sign Filed with authorized/valid electronic signature. Signature of plan administrator Date Enter name of individual signing as plan administrator												
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year							3c Administrator's telephone number					
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year												
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year												
a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year							4b EIN					
Total number of participants at the beginning of the plan year			sor o name, znv, me plan name v	ana ino	plan nambor nom an	io last rotalii/roport.	4d PN					
b Total number of participants at the end of the plan year	•											
b Total number of participants at the end of the plan year												
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). d(1) Total number of active participants at the beginning of the plan year	5a Total num	nber of participants a	at the beginning of the plan year.									
d(1) Total number of active participants at the beginning of the plan year							5	D	11			
d(2) Total number of active participants at the end of the plan year							5	С	10			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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. SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator Date	d(1) Total n	umber of active part	ticipants at the beginning of the p	lan yea	r			• •	7			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	d(2) Total n	umber of active part	ticipants at the end of the plan ye	ear			5d	(2)	6			
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. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator							0					
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. SIGN Filed with authorized/valid electronic signature. Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERF												
SIGN HERE Filed with authorized/valid electronic signature. O5/28/2019 KEITH LEE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE	SB or Schedul	le MB completed and	d signed by an enrolled actuary,									
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERF	SIGN Fi				05/28/2019	KEITH LEE						
HERE	HERE	ignature of plan ad	Iministrator		Date	Enter name of individ	ual si	gning as plan adr	ninistrator			
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor												
	HERE	ignature of employ	/er/plan sponsor		Date	Enter name of individ	ual si	gning as employe	er or plan sponsor			

Form 5500-SF (2018) Page **2**

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								No 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	nsurance p	rogram (see ERISA se	ection 4	021)?	[Yes No	Not dete		
Pa	rt III Financial Information	-								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year		
а	Total plan assets	7a	24	45357				221728		
b	Total plan liabilities						0			
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	24	45357				221728		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) T	otal		
a	Contributions received or receivable from: (1) Employers	8a(1)	;	32500						
	(2) Participants	8a(2)		19419						
	(3) Others (including rollovers)	8a(3)		0						
<u>b</u>	Other income (loss)	8b	-	14053						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					37866			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	!	57681						
е	Certain deemed and/or corrective distributions (see instructions)	8e	0							
f	Administrative service providers (salaries, fees, commissions)	8f	3814							
g	Other expenses	8g	0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					61495			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-23629		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A	feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the inst	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in the instru	uctions:		
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			800	00	
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 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	Х			18	49	
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ				
g			·	10g		Χ				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	· ·····		10h		Χ				
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						

Form 5500-SF (2018)	Page 3- 1

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below)			В		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 Cod ERISA?	e or section	n 302 of		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 instrugranting the waiver		d enter t Day		of the letter Year	ruling
lf :	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 negative amount)	of a	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?			X Yes	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 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 which assets or liabilities were transferred. (See instructions.)	the plan(s)	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		t Identification Information							
For calenda	r plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/2	018			
A This retu	ırn/report is for:	X a single-employer plan	a multiple-employer pla list of participating em						
		a one-participant plan	a foreign plan						
B This retu	rn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	/report (less than 12 r	nonths)				
C Check b	ox if filing under:	Form 5558	automatic extension		DFVC program	n			
		special extension (enter desc	cription)						
Part II	Basic Plan Inf	ormation—enter all requested in	nformation						
1a Name o		oration 401(k) Plan			1b Three-digit plan numb (PN) ▶				
					1c Effective d 01/01/				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)						dentification Number			
City or		nce, country, and ZIP or foreign pos		uctions)	2c Sponsor's telephone number 360-761-7547				
	South 3rd St					code (see instructions)			
			201						
Buckley WA 98321					424990				
3a Plan administrator's name and address X Same as Plan Sponsor.						3b Administrator's EIN			
4 If the n	ame and/or FIN of	the plan sponsor or the plan name	has changed since the last r	eturn/report filed for	4b EIN				
		consor's name, EIN, the plan name							
a Sponso					4d PN				
C Plan N	ame								
5a Total n	number of participer	nts at the beginning of the plan year			5a	1			
		nts at the end of the plan year			Els.	1			
C Numbe	er of participants wi	th account balances as of the end o	of the plan year (only defined		5c	1			
		participants at the beginning of the			5d(1)				
d(2) Tota	al number of active	participants at the end of the plan y	/ear		5d(2)				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e					
Caution: A	penalty for the la	te or incomplete filing of this retu	rn/report will be assessed	unless reasonable of	cause is establish	ed.			
SB or Sche	alties of perjury and dule MB completed rue, correct, and co	other penalties set forth in the instr I and signed by an enrolled actuary emplete.	ructions, I declare that I have , as well as the electronic ve	examined this return/ rsion of this return/rep	report, including, if ort, and to the bes	applicable, a Schedule t of my knowledge and			
SIGN	K_	la Tu	5/28/19	KEITH LEE					
HERE	Signature of plan	n administrator	Date	Enter name of indiv	vidual signing as pl	an administrator			
SIGN	100								
HERE	Signature of em	ployer/plan sponsor	Date	Enter name of indiv	vidual signing as er	nployer or plan sponsor			

Page	2
------	---

Form	5500	-SE	<i>(</i> 201	ואו

 6a Were all of the plan's assets during the plan year invested in eliging b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility 	f an independ and condition	dent qualified public ad ons.)	counta	nt (IQI	PA)	X	Yes No
If you answered "No" to either line 6a or line 6b, the plan can					_		
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pro	ogram (see ERISA see	ction 40	21)? .	🗌 Ye	es 🗌 No 📗 No	ot determined
If "Yes" is checked, enter the My PAA confirmation number from t	the PBGC pre	emium filing for this pla	an year			(See	instructions.)
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Ye	ar
a Total plan assets	7a		245,3	57		A. J	221,728
b Total plan liabilities				\neg			0
C Net plan assets (subtract line 7b from line 7a)	1		245,3	357			221,728
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		\neg		(b) Total	
a Contributions received or receivable from:		(4) / 4114 411			- T 1	107	
(1) Employers	8a(1)	32,500					
(2) Participants	8a(2)	19,419					
(3) Others (including rollovers)	8a(3)	0				23	
b Other income (loss)	8b		-14,0)53			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						37,866
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	57,681					
e Certain deemed and/or corrective distributions (see instructions).		0					
f Administrative service providers (salaries, fees, commissions)	8f	3,814			THE STATE OF		
g Other expenses		0		0			1 75 0 0
h Total expenses (add lines 8d, 8e, 8f, and 8g)							61,495
i Net income (loss) (subtract line 8h from line 8c)							-23,629
j Transfers to (from) the plan (see instructions)				\neg	Sail	U, II =W [1]	V - V - V - V
Part IV Plan Characteristics	1 01						
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A b If the plan provides welfare benefits, enter the applicable welfare							
Part V Compliance Questions							
10 During the plan year:				Yes	No	Amou	ınt
Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		х		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	est? (Do not i	nclude transactions	10b		Х		
C Was the plan covered by a fidelity bond?			10c	Х			80,000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		Х		
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so	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.)			х			1,849
f Has the plan failed to provide any benefit when due under the p	olan?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amoun	t as of year-e	end.)	10g		Х		
h If this is an individual account plan, was there a blackout period 2520.101-3.)			10h		Х	100 3 3 10 3	
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.			10i				

	Form 5500-SF (2018) Page 3-						
Part	VI Pension Funding Compliance						_
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and o (Form 5500) and line 11a below)					res N	0
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	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	1 302 of			∕es X N	0
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.		l enter t Day		the lette	r ruling	
If	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 negative amount)		12d				
ее	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?			X Yes		lo	
	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 broughout of the PBGC?				Yes 2	.No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident 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)	