Form 5500-SF		Short Form Annua	al Return/Repor Benefit Plan	eport of Small Employee OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	This form is required to be filed		4065 of the Employee Re	tirement	2018			
	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the I		This Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	tructions to the Form 55	00-SF.	Public Inspection			
Part I		Identification Information scal plan year beginning 01/01/2	019	and onding 12	/31/2018				
FUI Calenta	ai pian year 2016 01 li	$\overline{\mathbf{X}}$ a single-employer plan	_			ting this box must attach a			
A This ret	turn/report is for:		list of participating e	mployer information in acc		-			
_		a one-participant plan	a foreign plan						
B This retu	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 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension	Г	DFVC p	rogram			
		special extension (enter descr	iption)	L		-			
Part II	Basic Plan Info	prmation—enter all requested inf	ormation						
1a Name	•				1b Three	e-digit number			
SMITHTOW	/ING COMPANY PRO	FIT SHARING PLAN			(PN)				
					1c Effec	tive date of plan 01/01/1987			
	NG COMPANY			2b Empl (EIN)	oyer Identification Number 91-1645467				
-	y or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OWING COMPANY					sor's telephone number 360-427-9067			
					2d Busin	ness code (see instructions)			
P.O. BOX 17 SHELTON, V). BOX 1760 ELTON, WA 98584				488990				
o, .									
3a Plan a	dministrator's name ar	nd address 🗙 Same as Plan Spor	nsor.		3b Administrator's EIN				
					3c Admi	nistrator's telephone number			
4 If the r	name and/or EIN of the	e plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN				
this pl	lan, enter the plan spo	nsor's name, EIN, the plan name a		the last return/report.	4d PN				
a Spons C Plan N	or's name Jame				40 PN				
					r				
		at the beginning of the plan year			5a	3			
		at the end of the plan year account balances as of the end of t			5b	3			
		account balances as of the end of t		·					
d(1) Tot	al number of active pa	rticipants at the beginning of the pla	an year						
• •		articipants at the end of the plan yea			5d(2)	3			
		terminated employment during the			5e				
Caution: A	A penalty for the late	or incomplete filing of this return	report will be assessed	d unless reasonable cau					
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.							
SIGN	Filed with authorized	/valid electronic signature.	06/25/2019	RANDY SMITH					
HERE	Signature of plan a	administrator	Date	Enter name of individu	al signing a	as plan administrator			
SIGN	Filed with authorized	/valid electronic signature.	06/25/2019	RANDY SMITH					
HERE	Signature of emplo		Date	Enter name of individu	al signing a	as employer or plan sponsor			
For Paperw	ork Reduction Act Notic		Form 5500-SF (2018) v 171027						

v.171027

 6a Were all of the plan's assets during the plan year invested in eligibility a value of the annual examination and report of a 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 cannot be a statement of the s	an independ and conditio	lent qualified public accountains.)	ant (IQ	PA)	X Yes 🗌 N
C 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 Dert III Circumstic Information					
Part III Financial Information 7 Plan Assets and Liabilities		(a) Paginging of Vac			(b) End of Yoor
a Total plan assets	7a	(a) Beginning of Year 2404085			(b) End of Year 2175419
b Total plan liabilities	7a 7b	2404003			2173413
 C Net plan assets (subtract line 7b from line 7a) 	75 7c	2404085			2175419
8 Income, Expenses, and Transfers for this Plan Year	10	(a) Amount			(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	(d) Anodin 0			
(2) Participants	8a(2)				
(3) Others (including rollovers)	8a(3)				
b Other income (loss)	8b	-192492			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-192492
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	36174	_		
e 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				36174
Net income (loss) (subtract line 8h from line 8c)	8i				-228666
j Transfers to (from) the plan (see instructions)	8j				
Part IV Plan Characteristics					
9a If the plan provides pension benefits, enter the applicable pension 2E 3D	feature cod	es from the List of Plan Char	racteris	stic Co	odes in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Chara	acterist	ic Cod	les in the instructions:
Part V Compliance Questions					
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					

	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
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 fidelity bond, that was caused by fraud or dishonesty?	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		×	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		6843
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
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	10i			

Page **3-** 1

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				
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 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):	EIN(s) 13c(3) PN(s)					

Form 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Em	ployee	OMB Nos. 1210-011 1210-008				
Internal Revenue Service Department of Labor Employee Benefits Security Administration	Retirement Income Security	be filed under sections 104 Act of 1974 (ERISA), and Internal Revenue Code (th	section 6057(b) ar	mployee id 6058(a) of	2018 This Form is Open to Public				
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance with the inst	uctions to the For	rm 5500-SF.	Inspection				
Part I Annual Report Ic For calendar plan year 2018 or fisca	dentification Information								
		01/01/2018	and ending		1/2018				
A This return/report is for:	a one-participant plan								
Ĺ	an amended return/report	a short plan year rei		n 12 months)					
C Check box if filing under:	Form 5558 special extension (enter desc	automatic extension			DFVC program				
Part II Basic Plan Inform	mation enter all requested	Linformation							
1a Name of plan Smith Towing Company				(PN 1c Effe	n number				
Mailing Address (include room.	Mailing Address (include room, apt, suite no and street or P.O. Box)								
Smith Towing Company	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Smith Towing Company								
P.O. BOX 1760					iness code (see instructions) 3990				
3a Plan administrator's name and	address 🕱 Same as Plan Sp	onsor		3b Adm	ninistrator's EIN				
				3c Adm	ninistrator's telephone number				
4 If the name and/or EIN of the plan, enter the plan sponso	an sponsor or the plan name h or's name, EIN, the plan name a	as changed since the last and the plan number from	return/report filed fo	or 4b EIN					
a Sponsor's namec Pian Name				4d PN					
5a Total number of participants at 1	the beginning of the plan year			5a	3				
 b Total number of participants at t c Number of participants with acc 	the end of the plan year			5b	3				
complete this item)	**********************************	*********	contribution plans	5c	3				
d(1) Total number of active particip		n. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		5d(1)	3				
d(2) Total number of active particip				5d(2)	3				
	***************************************		*****	5e	0				
Caution: A penalty for the late or i	incomplete filing of this retur	n/report will be assessed	l unless reasonab	le cause is esta	blished.				
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and comple	r penalties set forth in the instru signed by an enrolled actuary, a	ctions. I declare that I hav	examined this ret	urn/report_includ	ing if applicable a Schedule				
SIGN flort from		6-25-19	Randy Smith						
HERE Signature of plan adminis	strator	Date	and the second		plan administrator				
Il and Vi	1	1 2- 1CA	2	and argining de					

SIGN (CAMP) chint	16-25-14	Kandy Smith
HERE Signature of mployer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
For Paperwork Reduction Act Notice see the instructions for Form		

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

Г

Page 2

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) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)

X Yes No

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.)

XYes No

P	Part III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar	1		(b) End of Year
a	Total plan assets	7a		04,0				2,175,419
b	Total plan liabilities	7b				-		2,173,419
С	Net plan assets (subtract line 7b from line 7a)	7c	2.4	04,0	085			2,175,419
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun					(b) Total
а	Contributions received or receivable from: (1) Employers							
	(2) Participants	8a(1)			0	-	-	
_	(3) Others (including rollovers)	8a(2)				-		
b	Other income (loss)	8a(3) 8b	(10	0.44		_		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	(19	2,49	92)			
d	Benefits paid (including direct rollovers and insurance premiums	00				_		(192,492)
_	to provide benefits)	8d		36,1	174			
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						36,174
i	Net income (loss) (subtract line 8h from line 8c)	8i						(228,666)
i	Transfers to (from) the plan (see instructions)	8j				i en e		
Pa	art IV Plan Characteristics							
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Ch	naract	eristic	: Code	es in the	e instructions:
Pa	art V Compliance Questions				-	-		
0	During the plan year:				Yes	No	N/A	Amount
a	Was there a failure to transmit to the plan any participant contributi	ions within	the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol		•	l.,				
h	Program)			10a	_	x		
	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not in	clude transactions	10b		x		
С	Was the plan covered by a fidelity bond?			100		x		
d		idelity bon	d, that was caused	10d		x		
e		er persons	by an insurance	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?			10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	nd.)	10g	x			6,843
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See instruc	tions and 29 CFR	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 2520.101-	e required		101				

Form 5500-SF 2018

Page 3 -

Par	t VI	Pension Funding Compliance						
11	ls this (Form	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500 and line 11a below)	d complete S	chedul	e SB		res X	No
11:	a Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	Is this ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the 	Code or see	line 000	2 of	□ Y	′es 🗴	No
а	lf a wa grantir	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in the waiver	lonth		er the date			ng
If	ou con	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13		ay	Year		-
b	Enter t	the minimum required contribution for this plan year		12b				-
С		he amount contributed by the employer to the plan for the plan year		12c				_
d	Subtra	ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)	e left of a	12d				
е	Will the	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🗌	No [N/A	
Par	VII	Plan Terminations and Transfers of Assets	AP Production of PDV of					
13a	Has a	resolution to terminate the plan been adopted in any plan year?		Г	Yes	x	No	-
		," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were a control	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	ught under th	e	ΠY	es 🗴	No	
С	lf, durir which a	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden assets or liabilities were transferred. (See instructions.)	itify the plan(s) to				
1:		ime of plan(s):	13c(2) El	N(s)		13c(3) PN(s)	