	rm 5500-SF	Short Form Annu	yee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury rnal Revenue Service	This form is required to be file	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee R						
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		nternal	This Form is Open to Public Inspection			
Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I		Identification Information			10.1.10.0.10				
For calend	ar plan year 2018 or f	iscal plan year beginning 01/01/2			<u>/31/2018</u>	ing this hav must attach a			
A This ret	turn/report is for:	olan (not multiemployer) (F mployer information in acc		-					
B This ret	urn/report is	a one-participant plan	a foreign plan						
		the first return/report							
		an amended return/report	a short plan year retu	Irn/report (less than 12 mo	nths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter desc	ription)						
Part II	Basic Plan Info	prmation—enter all requested in	formation						
1a Name	•	A (17)			1b Three	e-digit number			
RUHNER	ECHANICAL, INC. 40	11(K)			(PN)				
					1c Effect	tive date of plan			
22 Dian a	noncorio nomo (omni	aver if for a single employer plan)			2h	01/01/2015			
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.0	D. Box)		(EIN)	oyer Identification Number 91-1973893			
	town, state or province ECHANICAL, INC.	ce, country, and ZIP or foreign pos	tal code (if foreign, see ins	structions)	2c Sponsor's telephone number 360-885-7641				
				F	2d Busir	ness code (see instructions)			
PO BOX 822	2049 R, WA 98682					332900			
	, W (00002								
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN			
					3c Administrator's telephone number				
		e plan sponsor or the plan name h onsor's name, EIN, the plan name a			4b EIN				
•	or's name	insor's name, Lin, the plan name of			4d PN				
C Plan N	lame								
					5 -				
		s at the beginning of the plan year.			5a	25			
C Numb	er of participants with	at the end of the plan year account balances as of the end of	the plan year (only define	d contribution plans	5b 5c				
					5d(1)	47			
		articipants at the beginning of the p	•	-	5d(1)	17			
• •		articipants at the end of the plan ye terminated employment during th			. ,	25			
than	100% vested				5e	0			
Under pen SB or Sche	alties of perjury and of edule MB completed a	or incomplete filing of this return ther penalties set forth in the instru- ind signed by an enrolled actuary,	ctions, I declare that I hav	e examined this return/rep	ort, includi	ng, if applicable, a Schedule			
	true, correct, and com		07/04/0040						
SIGN HERE		I/valid electronic signature.	07/01/2019	JONI MOORE					
	Signature of plan a		Date	Enter name of individua	al signing a	as plan administrator			
SIGN HERE		I/valid electronic signature.	07/01/2019	JONI MOORE					
	Signature of emplo	oyer/plan sponsor ce, see the Instructions for Form 550	Date	Enter name of individua	al signing a	as employer or plan sponsor Form 5500-SF (2018)			

v.171027

6a b c	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a 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 the	an indeper and condit ot use Fo surance p	ndent qualified public accountant (IQ tions.) rm 5500-SF and must instead use program (see ERISA section 4021)? .	PA) Form 5500.	Yes No Yes No Not determined No See instructions.) No
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year
а	Total plan assets	7a	327544		420861
b	Total plan liabilities	7b			

					otal plan habilities	N
420861	42	327544			let plan assets (subtract line 7b from line 7a)	С
otal	(b) Total	a) Amount			ncome, Expenses, and Transfers for this Plan Year	3
		33303		8	Contributions received or receivable from: 1) Employers	а
		81701		8:	2) Participants	
				8	3) Others (including rollovers)	
		-18587			Other income (loss)	b
96417	9				otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
					Benefits paid (including direct rollovers and insurance premiums provide benefits)	
					Certain deemed and/or corrective distributions (see instructions)	е
					dministrative service providers (salaries, fees, commissions)	f
		3100			Other expenses	g
3100					otal expenses (add lines 8d, 8e, 8f, and 8g)	h
93317	f				let income (loss) (subtract line 8h from line 8c)	i
					ransfers to (from) the plan (see instructions)	j
			1		IV Plan Characteristics	Par
uc	Codes in the instruc	List of Plan Characteristic Co	odes from t			

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:	Y	es	No	Amount
а	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)	0a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	0b		x	
С	Was the plan covered by a fidelity bond? 1	0c	(60000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	0d		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.)	0e		X	
f	Has the plan failed to provide any benefit when due under the plan? 1	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 1	0g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	0h		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	10i			

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Part	VI	Pension Funding Compliance							
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11a	Ent	er 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 302 of ERISA?									
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th control of the PBGC?						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)		13	:(3) PN	۱(s)		

Form 5500-SF	Benefit Plan										
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	and 4065 of the Employee section 6057(b) and 6058(a) Code).										
Pension Benefit Guaranty Corporation	Complete all entries in		ictions to the Form 5500-SI								
	Identification Informatio										
For calendar plan year 2018 or fis		01/01/2018	and ending	12/31/2018							
A This return/report is for:B This return/report is:	x a single-employer plan a one-participant plan the first return/report		blan (not multiemployer) (File employer information in acco								
	an amended return/report	a short plan year ret	irn/report (less than 12 monti	ns)							
C Check box if filing under:	☐ Form 5558 ☐ special extension (enter des	automatic extension		DFVC pro	ogram						
Part II Basic Plan Info	rmation enter all requeste	d information									
1a Name of plan Rohner Mechanical,				b Three-digit plan number (PN) ►	001						
		<u>نور من المراجع المراجع</u>		C Effective dat 01/01/20							
2a Plan sponsor's name (emplo Mailing Address (include roo City or town, state or province	yer, if for a single-employer plan m, apt., suite no. and street, or F æ, country, and ZIP or foreign po	.O. Box)		b Employer Id (EIN) 91-	entification Number 4973893						
Rohner Mechanical,	-		2	(360) 88							
PO Box 822049		en e	2	d Business co 332900	de (see instructions)						
US Vancouver WA 98682 3a Plan administrator's name ar	nd address 🕱 Same as Plan S	bobsor		b Administrate							
Ja Fian auministrator 5 name a		puriso:									
			3	c Administrato	or's telephone number						
	e plan sponsor or the plan name nsor's name, EIN, the plan name			b EIN							
a Sponsor's namec Plan Name	-			d PN							
5a Total number of participants	at the beginning of the plan year	· · · · · · · · · · · · · · · · · · ·		5a	. 25						
b Total number of participants	at the end of the plan year			5b	32						
c Number of participants with a	account balances as of the end c	of the plan year (only defined	contribution plans	5c	18						
d(1) Total number of active par				id(1)	17						
d(2) Total number of active par	ticipants at the end of the plan ve	9ar		id(2)	25						
Number of participants who	terminated employment during th	e plan year with accrued be	nefits that were	5e	0						
Caution: A penalty for the late	or incomplete filing of this ret	urn/report will be assesse	d unless reasonable cause	is established.							
Under penalties of perjury and of SB or Schedule MB completed a belief, it is true, correct, and com	ther penalties set forth in the inst and signed by an enrolled actuary	ructions, I declare that I hav	e examined this return/report	, including, if ap	plicable, a Schedule						
KALV IV	Joere		JONI MOORE								
SIGN WILL'			JONI MOORE								

	Signat	ure of plan adminis	strator	Date: 07/01/19	Enter name of individual signing as plan administrator
SIGN/		Ricky	oere		JONI MOORE
SIGN	Signat	ire of employer/pla	an sponsor	Date: 07/01/19	Enter name of individual signing as employer or plan sponsor

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

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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

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XYes No

b	 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 									s 🗍 No
~								—		
С	If the plan is a defined benefit plan, is it covered under the PBGC ins				•			s [_]		
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pro	emium filing for this year						(See inst	ructions.)
P	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Yea	r			(b) En	d of Year	
a	Total plan assets	7a		27,5		1			4	0.961
<u></u>	Total plan liabilities	7a 7b	<u>_</u>	21,2					42	0,861
<u>~</u>	Net plan assets (subtract line 7b from line 7a)	7c		07 5		-				
8	Income, Expenses, and Transfers for this Plan Year		2	27,5	944	+		//-		0,861
a	Contributions received or receivable from;		(a) Amount			19-280	ir Sanatsini	Q)) Total	a and an
	(1) Employers	8a(1)		33,3	803			14		Sec. Sec.
	(2) Participants	8a(2)		81,7	01		essenski jak Naderlandes			1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -
	(3) Others (including rollovers)	8a(3)				100	e series	. <i>de 1</i> 99		http://
b	Other income (loss)	8b	(1)	8,58	7)		ny 1842	11-12 M		74 24 2
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1.25	and the second s	eletingeseteri el	M. A. C. Barres	0	6,417
d	Benefits paid (including direct rollovers and insurance premiums			Site Station	0.000		2.6.1	andra Alfred State	99 1993 - 1995	<u>, 41 /</u>
	to provide benefits)	8d	·						ilitere	S CH
e	Certain deemed and/or corrective distributions (see instructions)	8e								
<u></u>	Administrative service providers (salaries, fees, commissions)	8f					n intern			
g	Other expenses	8g		3,1	00		is our eres and a set of the			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				教会				3,100
i	Net income (loss) (subtract line 8h from line 8c)	8i			e y tra	93,317			3,317	
j	Transfers to (from) the plan (see instructions)	8j			200100 - 1 jan 19	100				
P	art IV Plan Characteristics					Teactions			ACTION OF A CONTRACT OF A C	NUMBER OF STREET
Looperson.	If the plan provides pension benefits, enter the applicable pension fe	ature code	as from the List of Plan Cl	arac	torietic	Cod	oe in th	o inetru	otiona	
	2A 2E 2F 2G 2J 2K 2T 3D			arao	Conolic	000	00 117 111	c mouu		
b		A		· .		<u> </u>				
U	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	aracte	eristic	Code	s in the	instruct	ions:	
P	Int V Compliance Questions	<u>,</u>	<u> </u>							
10	During the plan year:				Yes	No	N/A		A	
a		ions within	the time period	T i	Tes		SIN/A		Amount	
_	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol									
	Program)		-	10a		x				
k									<i>n</i>	
	reported on line 10a.)			10b		x	3.40 K.			
C	Was the plan covered by a fidelity bond?	*****		10c	x					60,000
C	Did the plan have a loss, whether or not reimbursed by the plan's f	idelity bon	d, that was caused				1223			
	by fraud or dishonesty?	************		10d		х	F.S.			
e	server and a server a	er persons	by an insurance				at is a			
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e		x				
f	Has the plan failed to provide any benefit when due under the plan			10e		x	2028) 5			
g			· · · · · · · · · · · · · · · · · · ·	10g		x				v
h	If this is an individual account plan, was there a blackout period? (S	See instrue	ctions and 29 CFR							۹.
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h		x	1999. 1999 Maria		nia della por Antonio della d	
	exceptions to providing the notice applied under 29 CFR 2520.101			10i				R acion	eref sat	

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Par	VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)									
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 C ERISA?	Code or sectio	n 302 d	of 	🗌 Yes 🗽	No			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	structions, an	d enter	the date	of the letter rul	ing			
	granting the waiver M	onth	_ Da	у	Year				
if y	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						
C Enter the amount contributed by the employer to the plan for the plan year									
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						
е	Will the 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								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ľ	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 brou control of the PBGC?	•			Yes 🕱 No)			
C	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):	N(s)		13c(3) PN((s)				
	4								