	m 5500-SF	Short Form Annua		urn/Report nefit Plan	of Small Emplo	oyee	OMB Nos. 1210- 1210-	-0110 -0089			
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Retirement 2018										
	epartment of Labor enefits Security Administration	ministration Revenue Code (the Code). This Form is Open to									
Pension Be	Pension Benefit Guaranty Corporation Public Inspection Public Inspection Public Inspection										
Part I		Identification Information									
For calenda	ar plan year 2018 or fis	scal plan year beginning 01/01/2				2/31/2018					
A This ret	urn/report is for:	X a single-employer plan	list of	participating emp			king this box must attach with the form instructions.				
D This set		a one-participant plan	a fore	eign plan							
	urn/report is	the first return/report	the fin	al return/report							
		an amended return/report	a shor	t plan year return	/report (less than 12 m	onths)					
C Check b	C Check box if filing under:										
		special extension (enter descri	ription)								
Part II	Basic Plan Info	rmation—enter all requested inf	formation								
1a Name	•					1b Thre	5				
CARDINAL A	ASSOCIATES, INC. 40	01(K) PROFIT SHARING PLAN AN	ND IRUSI			(PN)	number 001				
						, ,	tive date of plan				
							01/01/2005				
	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)						2b Employer Identification Number (EIN) 91-1398804				
	town, state or province ASSOCIATES, INC.	e, country, and ZIP or foreign posta	tal code (if f	foreign, see instru	uctions)	2c Sponsor's telephone number 360-693-1883					
						2d Busir	ness code (see instruction	ns)			
	8TH STREET						424210	,			
VANCOUVE	R, WA 98660										
3a Plan a	dministrator's name an	nd address 🛛 Same as Plan Spon	nsor.			3b Admi	nistrator's EIN				
						3c Admi	nistrator's telephone nun	mber			
								liber			
1 If the r	amo and/or EIN of the	e plan sponsor or the plan name ha	as changed	d since the last re	turn/roport filed for	4b EIN					
		nsor's name, EIN, the plan name a									
•	a Sponsor's name 4d PN										
C Plan N	lame										
5a Total r	5a Total number of participants at the beginning of the plan year						26				
		at the end of the plan year				5b		24			
C Numb						5c		24			
•	,	rticipants at the beginning of the pla				5d(1)		22			
		rticipants at the end of the plan yea				5d(2)		21			
		terminated employment during the				5e		0			
Caution: A	penalty for the late of	or incomplete filing of this return	n/report w	ill be assessed ι	unless reasonable cau	use is estal	olished.				
Under pena SB or Sche	alties of perjury and oth edule MB completed ar	ner penalties set forth in the instruc nd signed by an enrolled actuary, a	ctions, I de	clare that I have e	examined this return/re	port, includi	ng, if applicable, a Scheo				
sign	true, correct, and comp	blete. /valid electronic signature.	07	/08/2019	PAM LINK						
HERE		J. J				ual signing	as plan administrator				
SIGN	Signature of plan a			ate	Enter name of individ	uai siyriirig	as plan auministrator				
SIGN HERE	Signature of omale	vor/nlan spansor		oto	Enter name of individu						
For Domorrow	Signature of emplo	yer/plan sponsor		ate	Enter name of individ	uai signing	as employer or plan spor				

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Form 5500-SF (2018) v.171027

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No					
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.						
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Vot determined						
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)					
De	Financial Information						
Pa	rt III Financial Information						

			() – (–)						
1	Plan Assets and Liabilities		(a) Beginning of Y				(b) End of Year		
-	Total plan assets	7a		99472			2886415		
b	Total plan liabilities	7b		20958		22701			
C	Net plan assets (subtract line 7b from line 7a)	7c	277	78514			2863714		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	_		(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)	10	04838					
	(2) Participants	8a(2)	18	86024					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	-18	82423					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						108439		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		10460					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		12779					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				23239			
i	Net income (loss) (subtract line 8h from line 8c)					85200			
j	Transfers to (from) the plan (see instructions)								
Pa	rt IV Plan Characteristics	-1							
9a b Pa	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for rt V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
ê	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	Anount		
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х		279947		
C	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					х			
e	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 plan?					х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		~			
ç	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10f 10g	Х	~	9291		
ç		is of year- (See instru	end.) uctions and 29 CFR	-	X	×	9291		

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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	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 d	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	× 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):	13c(2)	EIN(s)		130	:(3) PN	l(s)

	rm 5500-SF	Short Form Annual	Return/Repor Benefit Plan	t of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089
	artment of the Treasury smal Revenue Service	This form is required to be filed un	der sections 104 and	4065 of the Employee Retir	rement	2018
	Department of Labor Benefits Security Administration	Income Security Act of 1974 (ER	ISA), and sections 60 venue Code (the Cod	57(b) and 6058(a) of the Ini	temal	This Form is Open to
	lenefit Guaranty Corporation					Public Inspection
Part I	Annual Report I	► Complete all entries in acco dentification Information	rdance with the insi	ructions to the Form 5500	<u>I-SF.</u>	
	lar plan year 2018 or fisc		/01/2018	and ending	10/21	/2018
				lan (not multiemployer) (File		
A This re	otum/report is for:	a one-participant plan	list of participating er a foreign plan	nployer information in acco	rdance with	the form instructions.)
B This ref	turn/report is	the first return/report	the final return/report			
				m/report (less than 12 mon	hs)	
C Check	box if filing under:	□ Form 5558	automatic extension	_	ŗ	
		special extension (enter descriptio		Ļ	DFVC prog	gram
Part II	Basic Plan Infor	mation-enter all requested information				
1a Name		mation-onter all requested month		[1	b Three	diata
		s, Inc. 401(k) Profit	Sharing Plan	and Trust	b Three-o plan nu	-
			j		(PN) 🖡	
				1	C Effectiv	e date of plan
2a Plan s	nonsor's name (employe	er, if for a single-employer plan)				1/2005
		, apt., suite no. and street, or P.O. Bo	()	2		er Identification Number
City o	r town, state or province,	country, and ZIP or foreign postal co	de (if foreign, see inst	ructions)		1-1398804
Card	linal Associate	s, Inc.		2	C Sponso 360-0	or's telephone number 593–1883
1000) West 8th Stre	25 E		2	_	ss code (see instructions)
1000	west oth stre	et				
Vano	couver	WA 98660			42421	0
3a Plan a	dministrator's name and	address X Same as Plan Sponsor.	·	3		strator's EIN
		_				
				3	c Adminis	strator's telephone number
4 If the	name and/or FIN of the r	plan sponsor or the plan name has ch	anned since the last -	atum/monart filed for	b EIN	
this p	an, enter the plan spons	or's name, EIN, the plan name and th	e plan number from t	he last return/report.	DEIN	
	or's name				d PN	
C Plan N	lame					
5a Total		t the beginning of the plan year			5a	26
		t the end of the plan year			5b	
		count balances as of the end of the p				24
comp	lete this item)	count balances as of the end of the p			5c	24
d(1) Tot	al number of active partic	cipants at the beginning of the plan ye	ar		id(1)	22
d(2) Tot	al number of active partie	cipants at the end of the plan year	****		id(2)	21
e Numt	per of participants who te	minated employment during the plar	year with accrued be	enefits that were less	5e	
than Caution: A	100% vested	incomplete filing of this return/rep	ort will be appageed			0
Under pena	alties of perjury and othe	r penalties set forth in the instructions	. I declare that I have	examined this return/report	including	if applicable a Schedule
SB or Sche	dule MB completed and true, correct and comple	signed by an enrolled actuary, as we	as the electronic ve	rsion of this return/report, a	nd to the be	est of my knowledge and
SIGN		al- 6	7/0/19	Pam Link		
HERE	CUTY I	(Junally)				
	Signature of plan adm	ninistrator	Date	Enter name of individual	signing as	plan administrator
SIGN HERE				·		
14	Signature of employe		Date	Enter name of individual	signing as	employer or plan sponsor
For Paperw	ora Reduction Act Notice.	see the instructions for Form 5500-SF.				Form 5500-SE (2018)

v.171027

Form 5500-SF (2018)

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b	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 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 canne 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 independ and condition ot use For surance pr	dent qualified public accountant (IQF ons.) m 5500-SF and must instead use I ogram (see ERISA section 4021)?	PA) X Yes No Form 5500. Yes No Not determined
Pa	rt III Financial Information		.15# 	
7	Plan Assets and Liabilities	HE REPORT	(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	2,799,472	2,886,415
b	Total plan liabilities	7b	20,958	22,701
	Net plan assets (subtract line 7b from line 7a)	7c	2,778,514	2,863,714
8	Income, Expenses, and Transfers for this Plan Year	Life Gard	(a) Amount	(b) Total

ncome, Expenses, and Transfers for this Plan Year	March States	(a) Amount	(b) Total
Contributions received or receivable from: 1) Employers	8a(1)	104,838	
2) Participants	8a(2)	186,024	a consistent and the second
3) Others (including rollovers)	8a(3)	0	
Other income (loss)	8b	-182,423	
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	A NUMBER OF STREET	108,439
Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	10,460	
Certain deemed and/or corrective distributions (see instructions)	80	0	
Administrative service providers (salaries, fees, commissions)	8f	12,779	a second and a second secon
Dther expenses	8g	0	
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	- 461 P = 2 = 420. TH	23,239
Net income (loss) (subtract line 8h from line 8c)	8i	and the second s	85,200
Fransfers to (from) the plan (see instructions)	8j	0	
	contributions received or receivable from: 1) Employers 2) Participants 3) Others (including rollovers) other income (loss) otal income (add lines 8a(1), 8a(2), 8a(3), and 8b) otal income (add lines 8a(1), 8a(2), 8a(3), and 8b) cenefits paid (including direct rollovers and insurance premiums of provide benefits) certain deemed and/or corrective distributions (see instructions) certain deemed and/or corrective distributions (see instructions) other expenses otal expenses (add lines 8d, 8e, 8f, and 8g) det income (loss) (subtract line 8h from line 8c)	contributions received or receivable from: 8a(1) 1) Employers 8a(2) 2) Participants 8a(2) 3) Others (including rollovers) 8a(3) otal income (loss) 8b otal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c enefits paid (including direct rollovers and insurance premiums of provide benefits) 8d certain deemed and/or corrective distributions (see instructions) 8e certain deemed and/or corrective distributions (see instructions) 8f otal expenses 8g otal expenses (add lines 8d, 8e, 8f, and 8g) 8h	iontributions received or receivable from: 104,838 i) Employers 8a(1) 104,838 ii) Employers 8a(2) 186,024 iii) Others (including rollovers) 8a(3) 0 iii) Others (including rollovers) 8a(3) 0 iii) Others (including rollovers) 8a(3) 0 iiii otal income (loss) 8b -182,423 iotal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 iotal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 iotal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 iotal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 iotal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 iotal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 iotal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 10, 460 certain deemed and/or corrective distributions (see instructions) 8e 0 idministrative service providers (salaries, fees, commissions) 8f 12,779 otal expenses (add lines 8d, 8e, 8f, and 8g) 8h 0 iotal expenses (add lines 8d, 8e, 8f, and 8g) 8i

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D

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:		Yes	No	Amount
a	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)	10a		x	
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		279,947
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10 <u>d</u>		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.)	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
9	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	х		9,291
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	-92	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			

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Part VI Pension Funding Compliance	
11 Is this a defined benefit plan subject to minimum funding requirements? (If (Form 5500) and line 11a below)	
11a Enter the unpaid minimum required contributions for all years from Schedu	ule SB (Form 5500) line 40 11a
12 Is this a defined contribution plan subject to the minimum funding requirer ERISA?	Yes X N
a If a waiver of the minimum funding standard for a prior year is being amort granting the waiver.	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fe	orm 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 this plan year	
d Subtract the amount in line 12c from the amount in line 12b. Enter the resunegative amount)	
e Will the minimum funding amount reported on line 12d be met by the fundi	ing deadline? 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?	
If "Yes," enter the amount of any plan assets that reverted to the employer	r this year 13a
b Were all the plan assets distributed to participants or beneficiaries, transfe control of the PBGC?	rred to another plan, or brought under the
C If, during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred.	
13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) PN(s)