-	m 5500-SF	Short Form Annual R	eturn/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be filed under	er sections 104 and 4			2018
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERIS Reve	A), and sections 605 enue Code (the Code)		Internal	This Form is Open to
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	lance with the instru	uctions to the Form 55	00-SF.	Public Inspection
Part I		dentification Information				
For calenda	ar plan year 2018 or fisc				/31/2018	
A This ret	turn/report is for:		st of participating em			king this box must attach a /ith the form instructions.)
B This rot	urn/report is	a one-participant plan	foreign plan			
			e final return/report			
		an amended return/report	short plan year returr	n/report (less than 12 mo	onths)	
C Check	box if filing under:		utomatic extension	[DFVC p	rogram
	-	special extension (enter description)				
Part II		mation—enter all requested information	on			
1a Name	of plan ERECTORS 401(K) PL				1b Thre	e-digit number
SEACOMIN	ERECTORS 401(K) PL	AIN			(PN)	
					1c Effect	tive date of plan 01/01/2002
		er, if for a single-employer plan) , apt., suite no. and street, or P.O. Box)			2b Emp	oyer Identification Number
City or		, country, and ZIP or foreign postal code		uctions)	. ,	asor's telephone number 360-793-6564
				-	2d Busir	ness code (see instructions)
PO BOX 174	0 A 98094-1740					237100
SULTAN, W	4 90094-1740					
	dministrator's name and				3b Admi	nistrator's EIN 91-1688555
SEACOMM E	ERECTORS, INC	PO BOX 1740 SULTAN, WA 98	3094-1740	-	3c Admi	nistrator's telephone number
						360-793-6564
		plan sponsor or the plan name has cha			4b EIN	
•	an, enter the plan spons or's name	sor's name, EIN, the plan name and the	e plan number from th	he last return/report.	4d PN	
C Plan N						
5a Total	number of participants a	t the beginning of the plan year			5a	3
b Total r	number of participants a	t the end of the plan year			5b	3
		ccount balances as of the end of the pla	• • •		5c	3
d(1) Tota	al number of active part	cipants at the beginning of the plan yea	ar		5d(1)	3
		icipants at the end of the plan year			5d(2)	3
than	100% vested	erminated employment during the plan			5e	0
Caution: A	A penalty for the late of	r incomplete filing of this return/repo	rt will be assessed	unless reasonable cau		
SB or Sche	atties of perjury and othe edule MB completed and true, correct, and compl	er penalties set forth in the instructions, d signed by an enrolled actuary, as well ete.	as the electronic vers	examined this return/report	, and to the	ng, if applicable, a Schedule best of my knowledge and
SIGN		alid electronic signature.	07/12/2019	JOHN BRECKENRIDO	θE	
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing	as plan administrator
SIGN						
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor

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

Form 5500-SF (2018) v.171027

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)	X Yes No
b	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 cann			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 4021)	? Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this plan year	(See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	2062844	1033593
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	2062844	1033593
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	53795	
	(2) Participants	8a(2)	23540	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	24842	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		102177
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1131428	
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		1131428
i	Net income (loss) (subtract line 8h from line 8c)	8i		-1029251
j	Transfers to (from) the plan (see instructions)	8j		

Par	t IV	Pla	n Chara	icter	isti	cs			
-								 	

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

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
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) 10	a	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	X	
С	Was the plan covered by a fidelity bond?	c X		210000
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	d	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.)	e	x	
f	Has the plan failed to provide any benefit when due under the plan? 10	f	Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	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	i		

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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)

Forr	m 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	oyee		OMB Nos, 1210-0110 1210-0089
	ment of the Treasury al Revenue Service	This form is required to be file		065 of the Employee Re	etirement		2018
	partment of Labor nefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code	7(b) and 6058(a) of the	Internal		Form is Open to lic Inspection
Pension Ben	nefit Guaranty Corporation	➤ Complete all entries in a		uctions to the Form 55	00-SF.	Fub	inc inspection
Part I		Identification Information				01/001/	
For calenda	r plan year 2018 or f	iscal plan year beginning	01/01/2018	and ending		31/2018	
A This retu	ırn/report is for:	X a single-employer plan		an (not multiemployer) (l ployer information in ac			
B This retur	m/roport in	a one-participant plan	☐ a foreign plan —				
	mileport is	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)		
C Check b	ox if filing under:	Form 5558	automatic extension		DFVC	program	
		special extension (enter desci	· · ·				
Part II	Basic Plan Info	ormation-enter all requested in	formation				1
1a Name o	•				1b Thr	ee-digit 1 number	
SEACC	OMM ERECTORS	401(K) PLAN) 🕨	001
						ective date o /01/200	
Mailing	address (include roc	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)			oloyer Ident ≬91-168	ification Number 38555
	OMM ERECTORS	ce, country, and ZIP or foreign post , INC	al code (il toreign, see instr	uctions)	•	onsor's teler 0-793-6	bhone number 564
PO BO	DX 1740				2d Bus	iness code	(see instructions)
SULTA	AN	WA 98094-	1740		23'	7100	
3a Plan ad	Iministrator's name a	nd address Same as Plan Spo	nsor.		3b Adn	ninistrator's 168855	
SEACO	OMM ERECTORS	, INC					telephone number
PO BO	OX 1740						
SULTA	AN	WA 98094-174	ŧO		36	0-793-6	564
4 If the na	ame and/or EIN of th	e plan sponsor or the plan name h	as changed since the last re	eturn/report filed for	4b EIN		
this pla	in, enter the plan spo	onsor's name, EIN, the plan name a	and the plan number from th	ne last return/report.	4d PN		
 a Sponso c Plan Na 					HU FN		
e nanna							
5a Total n	umber of participants	s at the beginning of the plan year .			5a		3
		s at the end of the plan year			5b		3
C Numbe comple	er of participants with ete this item)	account balances as of the end of	the plan year (only defined	contribution plans	5c		3
d(1) Tota	I number of active pa	articipants at the beginning of the pl	an year		5d(1)		3
		articipants at the end of the plan ye			5d(2)		3
		b terminated employment during the			5e		0
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cau	ise is esta	ablished.	
SB or Scheo	Ities of perjury and o dule MB completed a ue, correct <u>-and com</u>	ther penalties set forth in the instruction of the set	ctions, I declare that I have as well as the electronic ver	examined this return/report sion of this return/report	port, incluc t, and to th	ling, if appli ie best of m	cable, a Schedule y knowledge and
SIGN	Non	hus	7.12.19	JOHN BRECKENRI	LDGE		
HERE	Signature of plan	1 / /	Date	Enter name of Individu	ual signing	as plan ad	ministrator
SIGN		anna ann an an ann an ann an ann an ann an a					
HERE	Signature of emplo		Date	Enter name of individu	ual signing		
For Paperwo	rk Reduction Act Noti	ce, see the Instructions for Form 5500	0-SF.				Form 5500-SF (2018) v.171027

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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	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)

10	rt III Financial Information	Y							
7	Plan Assets and Liabilities		(a) Beginning c	of Year			(b) End c	of Year	
а	Total plan assets	7a	2,	062,8	844			1,03	3,593
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	2,	062,	844			1,03	3,593
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)		53,	795				
	(2) Participants	8a(2)		23,	540				
B	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		24,	842				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						10	2,177
d		8d	1,	131,4	428				
e	Certain deemed and/or corrective distributions (see instructions)	8e					1		
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
······································	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1,13	1,428
	Net income (loss) (subtract line 8h from line 8c)	81		1.				-1,02	9,251
i		81							
	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics	8j	the form the List of Di	Char			doe in the instru	utional	
9a b	Transfers to (from) the plan (see instructions)	feature co							
9a b	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 2F 2G 2T	feature co							
9a b	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 2F 2G 2T If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year:	feature co	les from the List of Plar				es in the instru		
9a b Pa 10	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 2F 2G 2T If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: 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 Program)	feature co eature coo itions withi /oluntary F	les from the List of Plar n the time period Fiduciary Correction		octeris	ic Code	es in the instru	otions:	
9a b Pa 10	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 2F 2G 2T If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: 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	feature co eature coo itions withi /oluntary F	les from the List of Plan n the time period Fiduciary Correction include transactions	n Chara	octeris	No	es in the instru	otions:	
9a b Pa 10	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 2F 2G 2T If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's N Program) • Were there any nonexempt transactions with any party-in-interes	feature coo eature coo utions withi /oluntary F	les from the List of Plar n the time period Fiduciary Correction	n Chara	octeris	No X	es in the instru	ntions: mount	0,000
9a b Pa 10	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 2F 2G 2T If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: 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 Program) Owere there any nonexempt transactions with any party-in-interes reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	feature co eature coo itions withi /oluntary F (Do not fidelity bo	les from the List of Plar n the time period Fiduciary Correction include transactions nd, that was caused	n Chara 10a 10b	Yes	No X	es in the instru	ntions: mount	0,000
9a b Pa 10 2 t	Transfers to (from) the plan (see instructions)	feature co eature coo itions withi /oluntary F fidelity bo ner person ne or all of	les from the List of Plar n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c	Yes	No X X	es in the instru	ntions: mount	0,000
9a b Pa 10 2 t	Transfers to (from) the plan (see instructions)	feature co eature coo itions withi /oluntary F i? (Do not fidelity bo ner person ne or all of	les from the List of Plar n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d	Yes	No X X X X	es in the instru	ntions: mount	0,000
9a 	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 2F 2G 2T If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: 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 Program) Owere there any nonexempt transactions with any party-in-interes reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a participant loans? (If "Yes," enter amount a participant loans?	feature co eature coo itions withi /oluntary F fidelity bo ner person ne or all of ne or all of in?	les from the List of Plar n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d	Yes	No X X X X X X	es in the instru	ntions: mount	0,000
9a 9a 10 2 10 2 10 2 10 2 10 2 10 2 10 2 10 2 10 2 10 2 10 2 10 10 2 10 10 10 10 10 10 10 10 10 10	Transfers to (from) the plan (see instructions)	feature co eature coo attions withi /oluntary F fidelity bo ner person ne or all of ner or all of (See instru-	les from the List of Plar n the time period Fiduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X	es in the instru	ntions: mount	0,000