Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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**

Parti	Annual Repor	t identification information								
For calend	lar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	/31/2018					
A This re	turn/report is for:	x a single-employer plan		lan (not multiemployer) (Finployer information in acc	_					
		a one-participant plan	a foreign plan							
B This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)					
C Check	box if filing under:	Form 5558	automatic extension	[DFVC progra	m				
		special extension (enter desc	ription)							
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name	of plan	·			1b Three-digi	t				
	M AEROSPACE RET	TREMENT PLAN			plan numb	per				
					(PN) •	001				
					1c Effective of	late of plan				
						01/01/2008				
		loyer, if for a single-employer plan)			2b Employer	Identification Number				
		om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign posi		ructions)	(EIN)	26-0198809				
-	M AEROSPACE COR		iai code (ii ioreign, see insi	ructions)	2c Sponsor's	telephone number				
171011101111	WINEROOF NOE OOF			_		25-284-7300				
. .					2d Business	code (see instructions)				
11321 N.E. KIRKLAND,						541330				
3a Plan a	administrator's name	and address X Same as Plan Spo	neor		3b Administra					
Ju Flaire	idililiotrator o ridilio t	and address M came as rian ope	11001.		ob / tarrimotic	NOT O ETT				
					3c Administra	tor's telephone number				
4 If the	name and/or EIN of th	he plan sponsor or the plan name h	as changed since the last r	eturn/report filed for	4b EIN					
this p	lan, enter the plan sp	onsor's name, EIN, the plan name a								
•	sor's name				4d PN					
C Plan N	Name									
5a Total	number of participant	s at the beginning of the plan year.			5a	6				
		ts at the end of the plan year		F	5b	5				
		n account balances as of the end of			Fo	5				
comp	lete this item)				5c					
` '	·	articipants at the beginning of the p	•	F	5d(1)	5				
		participants at the end of the plan ye			5d(2)	4				
		o terminated employment during the			5e	0				
Caution: /	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau						
SB or Sch		other penalties set forth in the instru and signed by an enrolled actuary, a nplete.								
SIGN	Filed with authorize	d/valid electronic signature.	07/15/2019	JILL MCCALLUM						
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	an administrator				
SIGN										
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individu	dividual signing as employer or plan sponsor					

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_	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 							
b	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 cann							_
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	e PBGC p	remium filing for this p	lan yea	r			(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year
а	Total plan assets	7a	8	18224				551061
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	8	18224				551061
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
а	Contributions received or receivable from:	82/1)		5826				
	(1) Employers	8a(1)		10490	_			
	(2) Participants	8a(2)		10430				
	(3) Others (including rollovers)	8a(3)	_	33525				
	Other income (loss)	8b		00020				-17209
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-17209
	to provide benefits)	8d	2	49575				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		379				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						249954
i	Net income (loss) (subtract line 8h from line 8c)	8i						-267163
j	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 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Coc	des in the ins	tructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V							
	Program)			10a		X		
	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			819000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
е	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		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g		s of year-	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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 2520.10			10i				

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Part	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								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
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 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 of a negative 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?		Yes	× N	0			
	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 under the 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 the plan(s) which assets or liabilities were transferred. (See instructions.)	to						
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)			

Filing Authorization for the 2018 Form 5500-SF

Name of Plan: Pacific Rim Aerospace Retirement Plan

EIN / PN: 26-0198809/001

Plan Year Ending: December 31, 2018

Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors (PPA) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Date: 7/15/2019

Plan Administrator:

Craig R. McCallum

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.

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Report	t Identification Informatior	n				
For calend	ar plan year 2018 or t	fiscal plan year beginning	01/01	/2018	and ending	12/3	1/2018
A This ret	urn/report is for:	X a single-employer plan					ng this box must attach a the the form instructions.)
		a one-participant plan	a for	eign plan			
B This retu	urn/report is	the first return/report	the fi	nal return/report			
		an amended return/report	a sho	ort plan year returr	n/report (less than 12 r	nonths)	
C Check	box if filing under:	Form 5558	□ auto	matic extension		☐ DFVC pro	naram
	Ü	special extension (enter desc		matic extension		Прилори	ogram
Part II	Basic Plan Info	ormation—enter all requested in					
1a Name		Printed on the district of the state of the	mommanom			1b Three	-digit
	•	SPACE RETIREMENT PLAN	N				umber
						(PN)	
							ive date of plan 01/2008
		oyer, if for a single-employer plan)				2b Emplo	yer Identification Number
		om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos		Fforeian see instr	ructions)	(EIN)	26-0198809
		SPACE CORPORATION	0101 0000 (1	, 10,10,1g1,1, 000 1,104	401101		sor's telephone number -284-7300
							ess code (see instructions)
1132	1 N.E. 120TH	ST.				Zu Dusine	ess code (see mandenons)
KIRK	LAND	WA 980	034			5413	330
3a Plan a	dministrator's name a	and address X Same as Plan Spo	onsor.				nistrator's EIN
						3c Admin	istrator's telephone number
4 If the r	name and/or EIN of th	ne plan sponsor or the plan name h	has change	ed since the last re	eturn/report filed for	4b EIN	
this pl	an, enter the plan sp	onsor's name, EIN, the plan name					
a Spons C Plan N	or's name					4d PN	
Crianis	iairie						
5a Total	number of participant	s at the beginning of the plan year	r			. 5a	6
b Total	number of participant	s at the end of the plan year				. 5b	5
		account balances as of the end o				5c	F
		articipants at the beginning of the p				5d(1)	
		articipants at the beginning of the plan ye				5d(1)	
		o terminated employment during the					
than	100% vested				***************************************	. 5e	0
		or incomplete filing of this return other penalties set forth in the instru					
SB or Sche	edule MB completed a	and signed by an enrolled actuary,					
	tade, correct, and can	Da C C			Jill McCallum	n	
SIGN HERE	TICLE	Malle		7/1/10			
	Signature of plan	administrator		Date //5/19	Enter name of indivi	day signing a	s plan administrator
SIGN HERE					July 1	alle	
	Signature of empl	loyer/plan sponsor	1	Date	Enter name of indivi	dual signing a	s employer or plan sponsor

_				-
μ	а	a	A	-

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of		•					_	_	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X ,	es	No
_	If you answered "No" to either line 6a or line 6b, the plan cann						_	Пъ		
C	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th						_		determin	
	The sis checked, enter the My PAA confirmation humber from the	e PBGC pre	ermum ming for this p	iari yea				(See in	Struction	18.)
Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year		
a	Total plan assets	7a		818,	224		.,,,,,,		551,	061
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		818,	224				551,	061
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total		
а	Contributions received or receivable from:		***************************************	_	026	20-1			1 1/8	
	(1) Employers	8a(1)			826			A Company	-23	X
	(2) Participants	8a(2)		10,	490	J. S.	100		181	VIII.
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-33,	525					<u>ab</u>
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1113					-17,	209
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		249,	575					
	Certain deemed and/or corrective distributions (see instructions)	8e						1107.0	3 7 1	
	Administrative service providers (salaries, fees, commissions)	8f	379							
g	production production (commenced production)									
	Other expenses (add lines 8d, 8e, 9f, and 8e)	8g							249,	95/
		otal expenses (add lines 8d, 8e, 8f, and 8g)							-267,	
÷	Net income (loss) (subtract line 8h from line 8c)	8i			-	1231			201,	100
		8j						-Alba-Li	0.010.93	
9a	t IV Plan Characteristics	f-nt	lan from the List of DI	Ch-		-ti- C	d !_ 4b_ !	.4At		
Ja	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	reature cou	les from the List of Pi	an Cha	racten	Stic Cot	des in the ins	structions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Chara	cteris	tic Code	es in the inst	ructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	, and the same of the same part of the s	tions within	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fig	duciary Correction	10a		x				
b	Program)	oluntary Fig	duciary Correction	10a						_
b		oluntary Fig? (Do not in	duciary Correction	10a		х				
b	Program)	oluntary Fig ? (Do not in	duciary Correction	10b	Х				819,	000
c	Program)	oluntary Fig. 27 (Do not in fidelity bonding)	duciary Correction clude transactions d, that was caused		X				819,	000
c	Program) Were there any nonexempt transactions with any party-in-interest 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? Were any fees or commissions paid to any brokers, agents, or oft carrier, insurance service, or other organization that provides some	? (Do not in	duciary Correction clude transactions d, that was caused by an insurance he benefits under	10b 10c 10d	Х	Х			819,	000
c	Program) Were there any nonexempt transactions with any party-in-interest 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? 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.)	? (Do not in	duciary Correction clude transactions d, that was caused by an insurance he benefits under	10b 10c 10d	Х	X X X			819,	000
d e	Program) Were there any nonexempt transactions with any party-in-interest 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? Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan.	(Oo not in fidelity bonder persons the or all of the notation)	duciary Correction clude transactions d, that was caused by an insurance he benefits under	10b 10c 10d 10e 10f	Х	X X X			819,	000
e f	Program) Were there any nonexempt transactions with any party-in-interest 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? Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides som 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	(Oo not in fidelity bonder persons ne or all of the sof year-er	duciary Correction clude transactions d, that was caused by an insurance he benefits under	10b 10c 10d	X	X X X			819,	000
d e	Program) Were there any nonexempt transactions with any party-in-interest 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? Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides som 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 lf this is an individual account plan, was there a blackout period?	fidelity bonder persons ne or all of the soft year-er (See instruction)	duciary Correction clude transactions d, that was caused by an insurance he benefits under dd.)	10b 10c 10d 10e 10f	X	X X X			819,	000
d e	Program) Were there any nonexempt transactions with any party-in-interest 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? Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides som 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	fidelity bone or all of the or sof year-er (See instruction)	duciary Correction clude transactions d, that was caused by an insurance he benefits under nd.)	10b 10c 10d 10e 10f 10g	x	x x x x			819,	0000

	Fo	rm 5500-SF (2018)	Page 3- [
Part	VI Pe	ension Funding Compliance	· ·						
11	Is this a (Form 5	defined benefit plan subject to minimum funding requirements? (If "Yes 500) and line 11a below)	," see instructio	ons an	d complete Sch	nedule S	B		Yes No
11a		e unpaid minimum required contributions for all years from Schedule St							
12	Is this a ERISA?	a defined contribution plan subject to the minimum funding requirements b. complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable	of section 412				f		Yes X No
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. Month Day Year								
lf)	you com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5	5500), and skip	to lin	e 13.				
b	Enter the	minimum required contribution for this plan year				12b			
		amount contributed by the employer to the plan for this plan year				12c			
d		t the amount in line 12c from the amount in line 12b. Enter the result (er				12d			
е	Will the	minimum funding amount reported on line 12d be met by the funding de	eadline?				Yes	No	N/A
Part '	VII PI	an Terminations and Transfers of Assets							
13a	Has a re	solution to terminate the plan been adopted in any plan year?					Yes	X	No
		enter the amount of any plan assets that reverted to the employer this				13a			
b	Were al	I the plan assets distributed to participants or beneficiaries, transferred to the PBGC?	to another plan,	, or bro	ought under the			Yes	X No
С	If, during	g this plan year, any assets or liabilities were transferred from this plan t ssets or liabilities were transferred.) to			
1	13c(1) Na	me of plan(s):			13c(2)	EIN(s)		13	c(3) PN(s)