## 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	Allilual 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) (F mployer information in acc	_					
D. Tri		a one-participant plan	a foreign plan							
<b>B</b> This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	eturn/report (less than 12 months)						
C Check	box if filing under:	Form 5558	automatic extension	tension DFVC program						
		special extension (enter desc	ription)							
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name	of plan	·			1b Three-digit					
	•	CO., INC. PROFIT SHARING PLAN	I AND TRUST		plan numbe					
					(PN) ▶	002				
			1c Effective da	ate of plan						
						01/01/1993				
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	) Royl			dentification Number				
		om, apt., suite no. and street, or F.c nce, country, and ZIP or foreign pos		tructions)	, ,	91-0133280				
-	C WILBERT VAULT		3, 111	,	•	telephone number 3-531-2656				
					2d Business c	ode (see instructions)				
P.O. BOX 45517						327300				
TACOMA, W	VA 98448									
30 Diam					<b>3b</b> Administrat					
<b>Ja</b> Pian a	administrator's name	and address X Same as Plan Spo	nsor.		3D Administrat	OI S EIIN				
					<b>3c</b> Administrator's telephone number					
		he plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN					
•	sor's name	onsor's name, Lin, the plan name of	and the plan number nom	ine last return/report.	4d PN					
C Plan N										
<b>5a</b> Total	number of participan	ts at the beginning of the plan year.			5a	14				
		ts at the end of the plan year			5b	14				
		n account balances as of the end of		-	5c	14				
<b>d(1)</b> Tot	al number of active p	articipants at the beginning of the p	lan year	<u> </u>	5d(1)	12				
<b>d(2)</b> Tot	tal number of active p	articipants at the end of the plan ye	ar		5d(2)	11				
		o terminated employment during th			5e	1				
Caution: /	A penalty for the late	e or incomplete filing of this retur	n/report will be assessed	l unless reasonable cau						
SB or Scho		other penalties set forth in the instru and signed by an enrolled actuary, nplete.								
SIGN	Filed with authorize	d/valid electronic signature.	07/16/2019	JOHN C. COLBERT						
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	n administrator				
SIGN										
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ual signing as em	ployer or plan sponsor				

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	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> </ul>								s No No
С	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	nsurance p	rogram (see ERISA se	ection 4	021)?	[	Yes N		termined ructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) E	nd of Year	
а	Total plan assets	7a	134	45615				1307266	
b	Total plan liabilities	7b		0				C	
С	Net plan assets (subtract line 7b from line 7a)	7с	134	45615				1307266	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b	) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	-	74363			Ì		
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	-10	00689					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-26326	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5598					
e	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		6425					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1202			1
i	Net income (loss) (subtract line 8h from line 8c)	8i				-38			
j	Transfers to (from) the plan (see instructions)	8j		0					
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in the i	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan	n Chara	cterist	ic Coc	des in the in	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	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			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			200	0000
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 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 pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	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 Sche (Form 5500) and line 11a below)		В	Y	es No
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 Code or section ERISA?		:	Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling
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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

## Form 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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▶ 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

		t Identification Information				
For calendar p	lan year 2018 or l	fiscal plan year beginning	01/01/2018	and ending	12/31/2	018
A This return	/report is for:	a single-employer plan		olan (not multiemployer) imployer information in a		
		a one-participant plan	a foreign plan			
B This return/	report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 r	nonths)	
C Check box	if filing under:	☐ Form 5558	automatic extension		DFVC program	'n
		special extension (enter desc	cription)		-	
Part II B	asic Plan Info	ormation—enter all requested in	nformation	***************************************		
1a Name of p	lan	T VAULT CO., INC. PRO		N AND TRUST	1b Three-digit plan numb	ł .
					1c Effective d 01/01/	ate of plan
Mailing ad	dress (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.		and the second section of the second	2b Employer	dentification Number 0133280
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AUTOMATIC WILBERT VAULT CO., INC.					telephone number 1 - 2 6 5 6
P.O. B	OX 45517				2d Business o	ode (see instructions)
TACOMA		WA 984	48		327300	
3a Plan admir	istrator's name a	nd address X Same as Plan Spo	onser.		3b Administra	tor's EIN
4 If the name	and/or EIN of the	e plan sponsor or the plan name h	ias chanced since the last	return/report filed for	4b EIN	tor's telephone number
	inter the plan spo name	nsor's name, EIN, the plan name			4d PN	
5a Total numb	er of participants	at the beginning of the plan year.	**************************************	******************************	5a	14
		at the end of the plan year			#1.	14
C Number of	participants with	account balances as of the end of	the plan year (only define	d contribution plans	5c	14
		ticipants at the beginning of the p			. 5d(1)	2.2
		rticipants at the end of the plan ye	•		5d(2)	1. 2
e Number of	participants who	terminated employment during th	e plan year with accrued t	enefits that were less	5e	1
Caution: A pen Under penalties SB or Schedule belief, it is true,	alty for the late of perjury and off	or incomplete filing of this returner penalties set forth in the instruit dispend by an enrolled actuary, plete.	n/report will be assesse ctions. I declare that I hav	d unless reasonable co e examined this return/r ersion of this return/repo	ause is established eport, including, if ort, and to the best	applicable, a Schedule
SIGN (/	\$ ha. (	Colly	1-162-17	JOHN C. COLBI		an odministrator
	nature of plan a	dministrator (	Date	Enter name of indivi	oual signing as pla	en agministrator
SIGN HERE SIG	nature of emplo	yer/plan sponsor	Date	Enter name of indivi	dual signing as en	oployer or plan sponsor
		e, see the Instructions for Form 550				Form 5500-SF (2018) v.171027

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	Were all of the plan's assets during the plan year invested in eligib							<u>x</u> \	∕es ∐ No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condi	ndent qualified public a	account	ant (IC	(PA)		X X	∕es ∏ No
	If you answered "No" to either line 6a or line 6b, the plan cann								О .
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not	letermined
	If "Yes" is checked, enter the My PAA confirmation number from th					•	l		structions.)
Pe	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
a	Total plan assets	7a	·	345,					,307,266
		7b			0				(
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	345,	615			1	,307,266
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total	•
а	Contributions received or receivable from:		,		262		•		
	(1) Employers	8a(1)		74,	$\rightarrow$				
	(2) Participants	8a(2)			0				·
	(3) Others (including rollovers)	8a(3)			0				
	Other income (loss)	8b		100,	689				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					·····		-26,326
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5.	598				
	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f		6.	425				
	Other expenses				0		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h			<del>-</del>				12,023
	Net income (loss) (subtract line 8h from line 8c)				$\dashv$		·		·····
									- 38 349
- <u>-</u> -	· · · · · · · · · · · · · · · · · · ·	8i						- · · · · · · · · · · · · · · · · · · ·	-38,349
<u></u>	Transfers to (from) the plan (see instructions)	8i 8j			0			· · · · · · · · · · · · · · · · · · ·	-38,349
	Transfers to (from) the plan (see instructions)  rt IV Plan Characteristics	8j	adag from the Light of Di	on Cha		otio Code	os in the in	etrustione:	-38,349
	Transfers to (from) the plan (see instructions)	8j	odes from the List of Pl	an Cha		stic Code	es in the in	structions:	-38,345
	Transfers to (from) the plan (see instructions)  If IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension	<b>8</b> j feature co			racteri			,,	-38,349
9a b	Transfers to (from) the plan (see instructions)  If IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension 2E 3D  If the plan provides welfare benefits, enter the applicable welfare for	<b>8</b> j feature co			racteri			,,	-38,349
9a b Par	Transfers to (from) the plan (see instructions)	<b>8</b> j feature co			racteris	ic Codes		tructions:	-38,349
9a b Par 10	Transfers to (from) the plan (see instructions)	8j feature co	des from the List of Pla		racteri			,,	-38,349
9a b Par 10	Transfers to (from) the plan (see instructions)	8j feature coceature coceature coceature coceature coceature coceature coceature coceature for the coc	des from the List of Pla  In the time period  Fiduciary Correction		racteris	ic Codes		tructions:	-38,349
9a b Par 10 a	Transfers to (from) the plan (see instructions)	feature constitute con	des from the List of Pla In the time period Fiduciary Correction Include transactions	n Chara	racteris	No No		tructions:	-38,349
9a b Par 10 a	Transfers to (from) the plan (see instructions).  If IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension 2E 3D  If the plan provides welfare benefits, enter the applicable welfare feet V Compliance Questions  During the plan year:  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).  Were there any nonexempt transactions with any party-in-interest reported on line 10a.).	8j feature code tions withing the column of	n the time period Fiduciary Correction include transactions	n Chara	racteris	No X		tructions:	200,000
9a b Par 10 a	Transfers to (from) the plan (see instructions)	feature contains within the seature contains within the se	des from the List of Pla in the time period fiduciary Correction include transactions and, that was caused	n Chara	racteris	No X		tructions:	
9a b Par 10 a b c d	Transfers to (from) the plan (see instructions).  If IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension 2E 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the	feature contains within the soluntary Formularly Formul	on the time period Fiduciary Correction include transactions and, that was caused to be a first sunder	10a 10b	racteris	No X		tructions:	
9a b Par 10 a b c d	Transfers to (from) the plan (see instructions).  If IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension 2E 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan provides and policity.  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).  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	feature constant seature constant seatur	In the time period Fiduciary Correction include transactions and, that was caused as by an insurance the benefits under	10a 10b 10c	racteris	No X X X		tructions:	
b Par 10 a b c d	Transfers to (from) the plan (see instructions)  If IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension 2E 3D  If the plan provides welfare benefits, enter the applicable welfare fellows to a plan provide welfare benefits, enter the applicable welfare fellows.  The plan provides welfare benefits, enter the applicable welfare fellows.  The plan provides welfare benefits, enter the applicable welfare fellows.  The plan provides welfare benefits, enter the applicable welfare fellows.  The plan provides welfare benefits, enter the applicable pension of the plan provides welfare fellows.  The plan provides pension benefits, enter the applicable pension of the plan applicable welfare fellows.  The plan provides pension benefits, enter the applicable pension of pension of the plan applicable	feature contains within the seature contains within the se	on the time period Fiduciary Correction include transactions and, that was caused the benefits under	10a 10b 10c 10d	racteris	No X X X X		tructions:	
b Par 10 a b c d f	Transfers to (from) the plan (see instructions).  If IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension 2E 3D  If the plan provides welfare benefits, enter the applicable welfare feature to plan provides welfare benefits, enter the applicable welfare feature to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram).  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.).	feature constitute con	In the time period Fiduciary Correction include transactions and, that was caused the benefits under the benefits under end.)	10a 10b 10c 10d	racteris	No X X X X		tructions:	

	Form 5500-SF (2018)	Page	3-					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum fundi (Form 5500) and line 11a below)							Yes 🗌 No
11a	Enter the unpaid minimum required contributions for a		•					
12	Is this a defined contribution plan subject to the minim ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, an				n 302 ol	f		Yes X No
a	If a waiver of the minimum funding standard for a prior granting the waiver.	year is being amortized in this plan			enter t Day		of the lette Year	er ruling
<u> </u>	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 ye	ear			12b			
<u>C</u>	Enter the amount contributed by the employer to the pla	an for this plan year		>>>>	12c			
d	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)							
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 A	Assets						
13a	Has a resolution to terminate the plan been adopted in an	y plan year?				Yes	s X N	lo
	If "Yes," enter the amount of any plan assets that reve	rted to the employer this year			13a			
b	Were all the plan assets distributed to participants or becontrol of the PBGC?						Yes X	No
С	If, during this plan year, any assets or liabilities were to which assets or liabilities were transferred.	ransferred from this plan to another	plan(s), iden	tify the plan(s)	) to			
1					EIN(s)		13c(3	3) PN(s)