_	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	turn/Report of Small Employee OMB Nos. 1210-011 1210-008						
Inter D	artment of the Treasury rnal Revenue Service repartment of Labor	This form is required to be file Income Security Act of 1974	d under sections 104 and (ERISA), and sections 60	057(b) and 6058(a) of the Inte		2018 This Form is Open to				
	Benefits Security Administration enefit Guaranty Corporation	-	Revenue Code (the Cod	,	SE	Public Inspection)			
Part I		Identification Information	accordance with the ins	tructions to the Form 5500	-3г.					
		scal plan year beginning 01/01/2	018	and ending 12/31	1/2018					
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) (File mployer information in accor		-	ı			
B This ret	urn/report is	the first return/report	the final return/report							
-		an amended return/report	a short plan year retu	urn/report (less than 12 montl	hs)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram				
Deat	Desis Dise la fe	special extension (enter descr								
Part II		rmation—enter all requested inf	ormation			-1111				
1a Name RAINIER W	of plan OOD RECYCLERS, IN	IC. 401(K) PLAN		1	•	umber				
		1	(PN) C Effecti	▶ 001 ive date of plan						
2a Dian a	popeorie namo (omplo	yer, if for a single-employer plan)		2	b Emplo	01/01/2005				
Mailin	g address (include roo	m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		structions)	(EIN)	/				
•	OOD RECYCLERS, IN			20	c Spons	Sponsor's telephone number 425-222-0008				
22175 224	TH PL. SE., STE. #E			2	2d Business code (see instructions)					
	LEY, WA 98038-8230					321900				
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spor	nsor.	3	b Admin	istrator's EIN				
				3	C Admin	istrator's telephone numb	ber			
		e plan sponsor or the plan name ha			4b EIN					
•	lan, enter the plan spo sor's name	nsor's name, EIN, the plan name a	nd the plan number from		d PN					
C Plan N	Name									
5a Total	number of participants	at the beginning of the plan year			5a	2	29			
		at the end of the plan year			5b	2	22			
		account balances as of the end of		•	5c	c 16				
d(1) Tot	tal number of active pa	rticipants at the beginning of the pla	an year		5d(1)	21				
• •		rticipants at the end of the plan yea			5d(2)	20				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					. 5e 0					
		or incomplete filing of this return her penalties set forth in the instruc					ulo			
SB or Sche		nd signed by an enrolled actuary, a								
SIGN HERE	Filed with authorized	/valid electronic signature.	07/10/2019	EDWARD STRAUSER						
HERE	Signature of plan a	dministrator	Date	Enter name of individual	signing a	s plan administrator				
SIGN										
HERE	Signature of emplo		Date	Enter name of individual	signing a					
For Paperw	ork Reduction Act Notic	e, see the Instructions for Form 5500	I-SF.			Form 5500-SF (20 v.171				

6a b								
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Kee ERISA section 4021)? Yes Kee ERISA section 4021)?								
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of	Year			
2	Total plan appata	70	1133705	1	005356			

		(a) beginning e						
a Total plan assets	. 7a	113	33795			1095356		
b Total plan liabilities	. 7b		0			0		
C Net plan assets (subtract line 7b from line 7a)	. 7c	113	33795			1095356		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total		
a Contributions received or receivable from:								
(1) Employers	. 8a(1)		0635	-				
(2) Participants	. 8a(2)	5	55551	-				
(3) Others (including rollovers)	. 8a(3)		0					
b Other income (loss)		-/	78621	_				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					-12435		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	2	25848					
e Certain deemed and/or corrective distributions (see instructions)	. 8e	(
f Administrative service providers (salaries, fees, commissions)	. 8f		156	_				
g Other expenses	. 8g		0	_				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					26004		
i Net income (loss) (subtract line 8h from line 8c)	. 8i					-38439		
j Transfers to (from) the plan (see instructions)	. 8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	n feature co	odes from the List of Pla	an Cha	racteri	stic Code	es in the instructions:		
b If the plan provides welfare benefits, enter the applicable welfare	feature coo	des from the List of Plar	n Chara	acteris	tic 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 contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	-iduciary Correction	10a		×			
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		x			
C Was the plan covered by a fidelity bond?			10c	Х		113380		
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		×			
e Were any fees or commissions paid to any brokers, agents, or or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e	х		5159		
f Has the plan failed to provide any benefit when due under the plan	an?		10f		X			
g Did the plan have any participant loans? (If "Yes," enter amount	as of year-	end.)	10g	Х		4261		

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the i exceptions to providing the notice applied under 29 CFR 2520.101-3 10i

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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				
 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.) 								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)

For	m 5500-SF	Short Form Annual	-	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed ur				2018			
Employee Be	partment of Labor mefits Security AdmInistration	Income Security Act of 1974 (EF	RISA), and sections 605 evenue Code (the Code		e Internal This Form is Open t Public Inspection				
Pension Be	nefit Guaranty Corporation	Complete all entries in acc	ordance with the Instru	uctions to the Form 55	500-SF.				
Part I		dentification Information							
For calenda	ar plan year 2018 or fise	Internet Account of the second s	/01/2018	and ending		31/2018			
A This ret	urn/report is for:	X a single-employer plan				ing this box must attach a ith the form instructions.)			
B This retu	ırn/report is								
		the first return/report	the final return/report						
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths)				
C Check b	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter description	on)						
Part II	Basic Plan Infor	mation—enter all requested inform	nation						
1a Name					1b Three	9			
RAIN	IER WOOD RECY	CLERS, INC. 401(K) PLA	Ν		(PN)	number 001			
					1c Effect	tive date of plan 01/2005			
		er, if for a single-employer plan)	<u>`</u>			loyer Identification Number			
		n, apt., suite no. and street, or P.O. B e, country, and ZIP or foreign postal c		uctions)		N) 91-1551712			
RAIN	IER WOOD RECY	CLERS, INC.				Sponsor's telephone number 125-222-0008			
2317	5 - 224th Pl.	SE Ste #E			2d Business code (see instructions)				
2017									
Mapl	e Valley	WA 98038-82	30		321	900			
3a Plan ad	dministrator's name and	d address 🛛 Same as Plan Sponso	r _e		3b Adm	inistrator's EIN			
					3c Adm	inistrator's telephone number			
		plan sponsor or the plan name has o			4b EIN				
	an, enter the plan spon or's name	sor's name, EIN, the plan name and	the plan number from t	he last return/report.	4d PN				
c Plan N									
5a Total r	number of participants	at the beginning of the plan year			5a	29			
b Total r	number of participants	at the end of the plan year			5b	22			
c Numb	er of participants with a	account balances as of the end of the	plan year (only defined	contribution plans	5c	10			
d(1) Tota	al number of active par	ticipants at the beginning of the plan	year		5d(1)	23			
d(2) Tot	al number of active par	ticipants at the end of the plan year .			5d(2)	20			
		terminated employment during the pl	•		5e				
Caution: A	penalty for the late of	or incomplete filing of this return/re	eport will be assessed	unless reasonable ca	use is esta	blished.			
Under pena SB or Sche	alties of perjury and oth	ner penalties set forth in the instruction and signed by an enrolled actuary, as w	ons, I declare that I have	examined this return/re	eport, includ	ing, if applicable, a Schedule			
SIGN	Shink-	Stran		EDWARD STRAUS	ER				
HERE	Signature of plan a	dministrator	Date 7/10/19	Enter name of individ	dual signing	as plan administrator			
SIGN	Signature of plaif a				aar orgining	prove continence of the			
HERE	Signature of emplo	ver/nlan sponsor	Date	Enter name of individ	tual signing	as employer or plan sponsor			
Ear Banany		yer/plan sponsor			addi argining	Eorm 5500-SE (2018)			

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

Form 5500

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Form 5500-SF (2018)

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

		r r							
_7	Plan Assets and Liabilities	1.181	(a) Beginning	of Yea	r		(b) End of Year		
	Total plan assets	7a	1,	133,	795		1,095,3	356	
	Total plan liabilities				0			0	
C	Net plan assets (subtract line 7b from line 7a)	7c	1,	133,	795		1,095,3	356	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total		
a 	Contributions received or receivable from: (1) Employers	8a(1)		10,	635				
-	(2) Participants	8a(2)		55,	551	1.000	and hand the date in	12	
	(3) Others (including rollovers)	8a(3)			0		and the second section of the		
b	Other income (loss)			-78,	621			-	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	151 N 17 1845		10.11		-12,4	435	
d				25,	848	1.2			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f		156					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	ATTE CONTRACTOR				26,0	004	
I	Net income (loss) (subtract line 8h from line 8c)	8i	A surface of the					439	
j	Transfers to (from) the plan (see instructions)	81				23.5	Contractor Contractor	UU	
Pa	rt IV Plan Characteristics					0.0			
9a b	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$								
	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	is from the List of Pla	n Chara	acteris	tic Code	s in the instructions:		
Par									
10	During the plan year:				Yes	No	Amount		
	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)	oluntary Fio	duciary Correction	10a		x			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		x			
С	Was the plan covered by a fidelity bond?			10c	x		113,3	380	
d		fidelity bond	d, that was caused	10d		x			
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.).	er persons e or all of th	by an insurance the benefits under	10e	x		5,1	 L59	
f				10f		x			
g				_	x		1 5	161	
	If this is an individual account plan, was there a blackout period? (10g	-		4,2	701	

 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.
 10h
 X

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1.

Part	/I Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sch	edule S	В	Ye:	s 🗌 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 ERISA?	Code or sectio	n 302 of	f	Ye	s 🛛 No
	(in res, complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ir granting the waiver.	Month	d enter t Day		of the letter r Year	uling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.				
b 1	Enter the minimum required contribution for this plan year		12b			
C	nter 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 negative amount)	e left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part \	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			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 broucontrol of the PBGC?	ught under the			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred.	ntify the plan(s)) to			
1:	Bc(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
		•	_			