Foi	rm 5500-SF	Short Form Annua	al Return/Report Benefit Plan	t of Small Employ	/ee	ON	IB Nos. 1210-0110 1210-0089
	rtment of the Treasury rnal Revenue Service	This form is required to be filed	4065 of the Employee Retir	ement	2	2018	
	epartment of Labor Benefits Security Administration		This form is required to be filed under sections 104 and 4065 of the Employee Reti Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the In Revenue Code (the Code).				
Pension B	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 5500	)-SF.	Public	Inspection
Part I		Identification Information scal plan year beginning 01/01/2	018	and ending 12/3	1/2018		
	ar plan year 2010 of his	X     a single-employer plan	—	lan (not multiemployer) (File		ing this box	must attach a
A This re	turn/report is for:		list of participating er	mployer information in accor		-	
	This return/report is						
B This ret	urn/report is						
		an amended return/report	a short plan year retu	rn/report (less than 12 mont	ths)		
C Check	box if filing under:	Form 5558	automatic extension	П	DFVC pr	rogram	
		special extension (enter descr	iption)			-	
Part II	Basic Plan Infor	rmation—enter all requested inf	ormation				
1a Name	•			1	<b>b</b> Three	e-digit number	
NICHOLS I		401(K) PROFIT SHARING PLAN			(PN)		001
				1	· · /	tive date of p	blan
22 Dian a	papaaria nama (ampla)	ver, if for a single-employer plan)		2		09/01/	
Mailin	g address (include room	n, apt., suite no. and street, or P.O			Emplo (EIN)	•	ation Number
-	r town, state or province RUCKING COMPANY	e, country, and ZIP or foreign posta	al code (if foreign, see insi	tructions) 2	c Spon	sor's telepho 253-272-8	
				2	d Busin		e instructions)
424 EAST 1						484110	,
TACOMA, W	VA 90421						
3a Plan a	administrator's name and	d address 🗙 Same as Plan Spor	isor.	3	<b>b</b> Admir	nistrator's El	N
				3	C Admir	nistrator's tel	ephone number
4 If the	name and/or EIN of the	plan sponsor or the plan name ha	s changed since the last	return/report filed for 4	<b>b</b> EIN		
this p	lan, enter the plan spon	nsor's name, EIN, the plan name a		the last return/report.			
a Spons C Plan N	sor's name Name			4	<b>d</b> PN		
-							
5a Total	number of participants	at the beginning of the plan year			5a		64
		at the end of the plan year			5b		60
		account balances as of the end of t		-	5c		59
•	,	ticipants at the beginning of the pla			5d(1)		48
d(2) Tot	tal number of active par	ticipants at the end of the plan yea	ar		5d(2)		42
		terminated employment during the			5e		0
Caution: A	A penalty for the late o	or incomplete filing of this return	/report will be assessed	l unless reasonable cause			
SB or Sche		ner penalties set forth in the instructed signed by an enrolled actuary, a solution					
SIGN		valid electronic signature.	07/18/2019	DIANE STACK			
HERE	Signature of plan ac	dministrator	Date	Enter name of individual	signing a	as plan admi	nistrator
SIGN		valid electronic signature.	07/18/2019	DIANE STACK			
HERE	Signature of employ		Date	Enter name of individual	signing a	as employer	or plan sponsor
For Paperw	ork Reduction Act Notice	e, see the Instructions for Form 5500	-SF			For	rm 5500-SF (2018) v.171027

6a					X Yes 🗌 No				
b	<b>b</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.)								
	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	<b>C</b> 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.)								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year				

7 Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End of Year
a Total plan assets	7a	427	74288			3094326
<b>b</b> Total plan liabilities	7b		0			0
<b>C</b> Net plan assets (subtract line 7b from line 7a)		42	74288			3094326
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
a Contributions received or receivable from:			10010			
(1) Employers			46313	_		
(2) Participants		5	96385			
(3) Others (including rollovers)			4130	_		
<b>b</b> Other income (loss)		-10	66560			
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					80268
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		124	46185			
e Certain deemed and/or corrective distributions (see instructions)			0			
f Administrative service providers (salaries, fees, commissions)			0			
g Other expenses			4045			
h Total expenses (add lines 8d, 8e, 8f, and 8g)						1260230
i Net income (loss) (subtract line 8h from line 8c)	-					-1179962
i Transfers to (from) the plan (see instructions)			0			
Part IV Plan Characteristics	0j		0			
9a       If the plan provides pension benefits, enter the applicable pension         2E       2F       2G       2J       2K       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare						
Part V Compliance Questions						
<b>10</b> During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary I	Fiduciary Correction	10a		x	
<b>b</b> Were there any nonexempt transactions with any party-in-interereported on line 10a.)			10b		х	
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х		370000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?		-	10d		x	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e	Х		1061
${f f}$ Has the plan failed to provide any benefit when due under the p	lan?		10f		Х	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount	as of year-	end.)	10g		Х	
<b>h</b> If this is an individual account plan, was there a blackout period 2520.101-3.)			10h		x	

 2520.101-3.)
 10h
 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
 10i
 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	X 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		ling
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				
e	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)		13	<b>:(3)</b> PI	N(s)

-										
Form 5500-SF		Short Form Annual Return/Report of Small Employee Benefit Plan						OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service	This form is required to b	_		nd 4065 of the Employ	ee	2	2018		
Department of Labor Employee Benefits Security Administration Employee Benefits Security Administration Employee Benefits Security Administration								s Open to Public spection		
	Pension Benefit Guaranty Corporation	Complete all entries in a		dance with the instruc	tions to the Form 55	00-SF.				
_	Part I Annual Report Ic r calendar plan year 2018 or fisca	dentification Information	n	01/01/0010	and an altern	10	101 /0010			
10	_		<b></b>	01/01/2018	and ending		/31/2018			
	This return/report is for:	x a single-employer plan		a multiple-employer pla a list of participating er a foreign plan						
в	This return/report is:	the first return/report an amended return/report	L	the final return/report a short plan year return	a/report (less than 12	months)				
С	Check box if filing under:	Form 5558 special extension (enter des	criptic	automatic extension			DFVC progra	m		
F	Part II Basic Plan Inform	mation enter all requested	· ·	,						
	Nichols Trucking Com					p	hree-digit lan number PN) ►	001		
							ffective date o 9/01/1996	f plan		
2a	Plan sponsor's name (employe Mailing Address (include room City or town, state or province,	i, apt., suite no. and street, or F	9.O. E	lox) ade (if foreign, see instr	uctions)	2b E	Employer Identification Number (EIN) 91-0585370			
	Nichols Trucking Com					2c Sponsor's telephone number (253) 272-8495				
	424 East 19th US Tacoma WA 98421						usiness code ( 84110	(see instructions)		
3a	Plan administrator's name and	address 🗴 Same as Plan S	ponso	or		3b A	dministrator's	EIN		
						<b>3c</b> A	dministrator's	telephone number		
4	If the name and/or EIN of the p this plan, enter the plan sponse	blan sponsor or the plan name	has c	hanged since the last re	turn/report filed for	4b E	IN			
	<ul><li>Bonsor's name</li><li>Plan Name</li></ul>	o o nanio, cirv, tre plan name	anu i		astretumineport.	<b>4d</b> P	Ν			
52	Total number of participants at	the beginning of the plan war				5a		64		
b							_	60		
c	Number of participants with ac	count balances as of the end o	f the	plan year (only defined (	contribution plans	50				
d	<ul><li>complete this item)</li><li>(1) Total number of active particility</li></ul>							59 48		
	(2) Total number of active partic							42		
e	Number of participants who ter		e plai	n year with accrued ben	efits that were	5e		0		
C	aution: A penalty for the late or					ause is e	stablished.			
U	nder penalties of perjury and othe 3 or Schedule MB completed and elief, it is true, correct, and compl	er penalties set forth in the instr d signed by an enrolled actuary	ructio	ns, I declare that I have	examined this return/	report, inc	luding, if appli	cable, a Schedule y knowledge and		
	Him h	Atack		Ducia	DianaM		k			

SIGN	Brane M. Prack	7-18-19	Diane M. Stack
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Diane m. Stack	7-18-19	Diane M. Stack
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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X Yes No

6a	Were all of the plan's assets duri	ng the plan	year invested in eligible assets?	(See instructions.)	

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.)	XYes 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)? Ye	es 🗌 N	o 🔲 Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year		(See instructions.)

P	art III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	4,274,288	3,094,326
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	4,274,288	3,094,326
8	Income, Expenses, and Transfers for this Plan Year	- 534 j	(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	146,313	
	(2) Participants	8a(2)	96,385	
	(3) Others (including rollovers)	8a(3)	4,130	and the second second second
b	Other income (loss)	8b	(166,560)	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		80,268
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,246,185	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	14,045	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1,260,230
i	Net income (loss) (subtract line 8h from line 8c)	8i		(1,179,962)
j	Transfers to (from) the plan (see instructions)	8j	0	

## 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

ZE ZF ZG ZO ZK ZI 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	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period				1.37	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction				1.11	
	Program)	10a		х	1 c. 1	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
С	Was the plan covered by a fidelity bond?	10c	х			370,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	) = A	1
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			1,061
f	Has the plan failed to provide any benefit when due under the plan?	10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x	Con 1	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i				Parameter

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			_
Page	3	-	

1000 1	1102/201				
Par	: VI	Pension Funding Compliance			
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complet 5500 and line 11a below)			
11a	Enter t	ne 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 302 of ERISA?				
<ul> <li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>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 d</li> </ul>				er the date of the lotter ruling	
a	granting the waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and effect in date of the retter ruling granting the waiver Day Year				
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b		ne minimum required contribution for this plan year	. 12b		
c	Enter the amount contributed by the employer to the plan for the plan year				
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 Assets					
13a	3a 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 brought under control of the PBGC?			Yes 🗴 No	
С	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)				
13c(1) Name of plan(s):         13c(2) E			) EIN(s)	<b>13c(3)</b> PN(s)	