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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

For celedar plan year 2018 or fiscal plan year teginning 0.01/2018 an untiple-employer plan fort multiemployery (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a non-participant plan a toreign plan an amended return/report a short plan year return/report (less than 12 months)			dentification Information											
A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C Check box if filling under: Form \$558 a unumatic extension DFVC program DFVC prog	For calendar plan	year 2018 or fisc	al plan year beginning 01/01/2	2018		and ending 12	2/31/2	2018						
B This return/report is	A This return/rep	ort is for:	x a single-employer plan					_						
me tinst return/report me tinst return/report (less than 12 months)			a one-participant plan			, ,,			,					
C Check box if filing under:	B This return/repo	ort is	the first return/report	the	e final return/report									
Special extension (enter description)			an amended return/report	a s	short plan year return	year return/report (less than 12 months)								
Part II Basic Plan Information—enter all requested information 1a Name of plan HOYT LEWIS & ASSOCIATES, LLC EMPLOYEE SAVINGS PLAN 16 Effective date of plan 1 (PN) 001 17 Effective date of plan 1 (PN) 001 18 Effective date of plan 1 (PN) 001 19 Effective date of plan 1 (PN) 26-0575500 20 Employer Identification Number (EIN) 26 Employer Identification Numb	C Check box if fil	ing under:	X Form 5558	au	utomatic extension		DI	FVC program						
18 Name of plan HOYT LEWIS & ASSOCIATES, LLC EMPLOYEE SAVINGS PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HOYT LEWIS & ASSOCIATES, LLC 2b Employer Identification Number (EIN) 2 Exposor's telephone number 509-931-1199 2d Business code (see instructions) 2c Sponsor's telephone number 509-931-1199 2d Business code (see instructions) 509-931-1199 2d Business code (see instructions) 523120 3a Plan administrator's name and address Some as Plan Sponsor. 3b Administrator's telephone number finish plan, enter the plan sponsor's name, EIN, the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 5 Total number of participants at the beginning of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total number of active participants at the beginning of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of active participants at the end of the			special extension (enter desc	ription)										
18 Name of plan HOYT LEWIS & ASSOCIATES, LLC EMPLOYEE SAVINGS PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HOYT LEWIS & ASSOCIATES, LLC 2b Employer Identification Number (EIN) 2 Exposor's telephone number 509-931-1199 2d Business code (see instructions) 2c Sponsor's telephone number 509-931-1199 2d Business code (see instructions) 509-931-1199 2d Business code (see instructions) 523120 3a Plan administrator's name and address Some as Plan Sponsor. 3b Administrator's telephone number finish plan, enter the plan sponsor's name, EIN, the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 5 Total number of participants at the beginning of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total number of active participants at the beginning of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of active participants at the end of the	Part II Bas	ic Plan Inforr	mation—enter all requested in	nformatio	on									
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d(1) Total number of active participants at the beginning of the plan year							. 5	b	5					
d(2) Total number of active participants at the end of the plan year							. 5	ic	5					
Provided the second straight of the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator	d(1) Total numb	per of active partic	cipants at the beginning of the p	lan yea	r			` '	6					
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SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. O7/23/2019 DALE STEVENS Signature of plan administrator Date Enter name of individual signing as plan administrator														
SIGN HERE Filed with authorized/valid electronic signature. 07/23/2019 DALE STEVENS Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE HERE	SB or Schedule M	B completed and	d signed by an enrolled actuary, a											
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERF					07/23/2019	DALE STEVENS								
HERE	HERE Signa	ature of plan adr	ministrator		Date	Enter name of individ	lual si	gning as plan adr	ministrator					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor														
	HERE Signa	ature of employe	er/plan sponsor		Date	Enter name of individ	lual si	gning as employe	er or plan sponsor					

Form 5500-SF (2018) Page **2**

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No
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.)								П No
	If you answered "No" to either line 6a or line 6b, the plan cann							X Yes	Ш
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instru	ctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	l of Year	
а	Total plan assets	7a	` '	42652			` '	412492	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	34	42652				412492	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		19554					
	(2) Participants	8a(2)		46570					
	(3) Others (including rollovers)	8a(3)		10010					
	Other income (loss)	8b		24052					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		00-				90176	
d	Benefits paid (including direct rollovers and insurance premiums	8d		19614				33.13	
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e		10014					
f	Administrative service providers (salaries, fees, commissions)	8f		722					
g	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						20336	
ī	Net income (loss) (subtract line 8h from line 8c)	8i					69840		
j	Transfers to (from) the plan (see instructions)	8i							
Pa	rt IV Plan Characteristics	9,							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2R 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the insti	ructions:	
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	itions withi	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		X			
b				IVa		^			
	reported on line 10a.)	,		10b		X			
				10c	X			450	00
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.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g			•	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					
	•								

Form 5500-SF (2018)	Page 3 - 1
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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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Annual Report Identification Information

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.

0040

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

For calendar plan year 2018 or f	fiscal plan year beginning	01/01	L/2018	and ending		12/31/2018	3		
A This return/report is for	🗓 a single-employer plan			n (not multiemployer) (loyer information in ac	•	-			
_	a one-participant plan	a fo	reign plan						
B This return/report is	the first return/report	the i	final return/report						
	an amended return/report	a sh	ort plan year return/	report (less than 12 m	onths)				
C Check box if filing under	Form 5558	aute	omatic extension		DF	VC program			
	special extension (enter desc	cription)			_				
Part II Basic Plan Info	ormation—enter all requested in	nformation	1						
1a Name of plan	ociates, LLC Employee					Three-digit plan number (PN)	001		
						Effective date of 01/01/200			
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no and street, or P (Employer Ident (EIN) 26 - 05	tification Number		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Hoyt Lewis & Associates, LLC					2c Sponsor's telephone number 509-931-1199				
123 E 2nd Ave					2d	Business code	(see instructions)		
Spokane	WA 992	02				523120			
3a Plan administrator's name a	and address 🏻 Same as Plan Spo	onsor			3b	Administrator's	EIN		
					3c	Administrator's	telephone number		
4 If the name and/or EIN of the	he plan sponsor or the plan name h	nas chang	ed since the last ret	urn/report filed for	4b	EIN			
this plan, enter the plan sp	onsor's name, EIN, the plan name				14	DN			
a Sponsor's namec Plan Name					4d	PN			
5a Total number of participant	ts at the beginning of the plan year				5	a	7		
b Total number of participant	is at the end of the plan year				. 5	b	5		
 Number of participants with complete this item) 	h account balances as of the end of	f the plan	year (only defined o	ontribution plans	5		5		
d(1) Total number of active p	participants at the beginning of the p	olan year			5d		6		
• •	participants at the end of the plan ye			.	_5d((2)	5		
than 100% vested	no terminated employment during th				5		0		
	e or incomplete filing of this reture other penalties set forth in the instru						icable, a Schedule		
	and signed by an enrolled actuary,								
SIGN 2-7.	2			Jeremy Lewis					
HERE		T	_						

Date

Date

Signature of plan administrator

SIGN HERE Enter name of individual signing as plan administrator

Jeremy Lewis

Pac	ıe	2

_	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)						ΧY	es No	
D	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)							XY	es 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and mus	t instea	nd use	Form	5500.		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	☐ Not d	etermined
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this p	lan yea	r			_ (See ins	structions)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	l of Year	
а	Total plan assets	7a		342,	652				412,492
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		342,	652				412,492
8	Income, Expenses, and Transfers for this Plan Year	144, 47	(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from (1) Employers	8a(1)		19,	554				
	(2) Participants	8a(2)		46,	570				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		24,	052				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							90,176
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		19,	614				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f			722				
g	Other expenses	8g						·	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							20,336
i	Net income (loss) (subtract line 8h from line 8c)	8i							69,840
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics		<u> </u>						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2R 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the ins	structions	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	les in the inst	ructions	
Pa	rt V Compliance Questions								
10	During the plan year				Yes	No		Amount	
8	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510 3-102? (See instructions and DOL's \					Ī.,			
	Program)			10a		Х			
	Were there any nonexempt transactions with any party-in-interes reported on line 10a)	t? (Do not	include transactions	10b		х			
(Was the plan covered by a fidelity bond?			10c	Х				45,000
(Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х			
•	Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions)			10e		х			
1	Has the plan failed to provide any benefit when due under the pla	an?		10f		х			
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end)	10g		х			
	1 If this is an individual account plan, was there a blackout period? 2520 101-3)	(See instr	uctions and 29 CFR	10h		х			
	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520 10		d notice or one of the	10i					
		_		-					

Form 5500-SF (2018)	Page 3-					
Part VI Pension Funding Compliance						150
11 Is this a defined benefit plan subject to minimum funding requ (Form 5500) and line 11a below)	irements? (If "Yes," see instructions and	complete Sch	edule S	В	Yes	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 fun ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e b		Code or section	n 302 o	f	Yes	X No
a If a waiver of the minimum funding standard for a prior year is granting the waiver		structions, and Month	d enter Da		of the letter rulin Year	ng
If you completed line 12a, complete lines 3, 9, and 10 of School	edule MB (Form 5500), and skip to line	13.	1			
b Enter the minimum required contribution for this plan year			12b	ļ		
c Enter the amount contributed by the employer to the plan for the	is plan year		12c			
d Subtract the amount in line 12c from the amount in line 12b negative amount)	Enter the result (enter a minus sign to the	left of a	12d			
e Will the minimum funding amount reported on line 12d be me	by the funding deadline?			Yes	No N	/A
Part VII Plan Terminations and Transfers of Asset	5					
13a Has a resolution to terminate the plan been adopted in any plan ye	ear?			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 benefici control of the PBGC?	aries, transferred to another plan, or brou	ught under the			Yes X No	
C If, during this plan year, any assets or liabilities were transferr which assets or liabilities were transferred	ed from this plan to another plan(s), iden	ntify the plan(s)) to			
13c(1) Name of plan(s)		13c(2)	EIN(s)		13c(3) PN((s)
				i	<u> </u>	
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