	m 5500-SF	Short Form Annua	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan I under sections 104 and 4	065 of the Employee Re	etirement	2018		
	epartment of Labor enefits Security Administration	Income Security Act of 1974 ((ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to		
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.	Public Inspection		
Part I		dentification Information						
For calenda	ar plan year 2018 or fisc	cal plan year beginning 01/01/20		0	/31/2018			
A This return/report is for:								
B This rote	urn/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/report					
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)			
C Check I	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram		
		special extension (enter descri	ption)					
Part II	Basic Plan Infor	mation—enter all requested info	ormation					
1a Name	•		N		1b Three	e-digit number		
MASON CO	UNITY TITLE COMPAN	Y 401(K) PROFIT SHARING PLA	N		(PN)			
					1c Effect	tive date of plan		
2a Plan si	nonsor's name (employ	er, if for a single-employer plan)			2h Empl	12/01/1978 oyer Identification Number		
Mailing	address (include room	, apt., suite no. and street, or P.O.			(EIN)	-		
	UNTY TITLE COMPAN	, country, and ZIP or foreign posta Y	ii code (if foreign, see instr	uctions)	2c Sponsor's telephone number 360-426-9713			
					2d Business code (see instructions)			
PO BOX 337 UNION, WA					524290			
,								
3a Plan a	dministrator's name and	l address 🛛 Same as Plan Spon	sor.		3b Admi	nistrator's EIN		
				-	3c Admi	nistrator's telephone number		
		plan sponsor or the plan name has			4b EIN			
•	or's name	sor s name, Env, the plan name a			4d PN			
C Plan N	lame							
5a Total r	number of participants a	t the beginning of the plan year			5a	20		
		t the end of the plan year			5b	22		
		ccount balances as of the end of t			5c	22		
d(1) Tota	al number of active part	icipants at the beginning of the pla	an year		5d(1)	15		
• •		icipants at the end of the plan yea			5d(2)	16		
		erminated employment during the			5e	0		
Caution: A	penalty for the late of	r incomplete filing of this return	/report will be assessed	unless reasonable cau				
SB or Sche		er penalties set forth in the instruct d signed by an enrolled actuary, as ete						
SIGN		alid electronic signature.	07/17/2019	NANCY R. BAYLEY				
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing	as plan administrator		
SIGN								
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor		

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Form 5500-SF (2018) v.171027

6a b	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No Were 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes 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 in	nsurance p	rogram (see ERISA section 4021)?	Yes No Not determined						
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium 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						
а	Total plan assets	7a	3505445	3522396						
b		7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	3505445	3522396						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	32560							
	(2) Participants	8a(2)	41725							
	(3) Others (including rollovers)	8a(3)								

b	Other income (loss)	8b	-30057	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		44228
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1337	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	25940	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		27277
i	Net income (loss) (subtract line 8h from line 8c)	8i		16951
j	Transfers to (from) the plan (see instructions)	8j		
Ра	rt IV Plan Characteristics			

9a	If the	plan	provid	es pe	ension	benefits,	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
					2K			

b	If the plan provides	welfare benefits,	, enter the applicable	e welfare feature	codes from the Lis	st of Plan Chai	racteristic Codes in	n the instructions:
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Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
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	X		250000
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	
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		×	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		62896
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			

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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		ing
lf	you o	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	X 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	:(3) PN	۱(s)

	partment of the Treasury	Short Form Annual	Return/Repor Benefit Plan	rt of Small Emp	oloyee	OMB Nos. 1210-0110 1210-0089
Int	ternal Revenue Service	This form is required to be filed u	nder sections 104 and	4065 of the Employee	Retirement	2018
Employee	Benefits Security Administration	Income Security Act of 1974 (E R	RISA), and sections 60 evenue Code (the Cod	057(b) and 6058(a) of t de).	he Internal	This Form is Open to
	Benefit Guaranty Corporation	Complete all entries in acc	ordance with the ins	tructions to the Form	5500-SF.	Public Inspection
Part I	dar plan year 2018 or fise	dentification Information				
- or calen	dai plait year 2016 of list		01/01/2018	and ending		31/2018
A This re	eturn/report is for:	X a single-employer plan a one-participant plan	a multiple-employer p list of participating e a foreign plan	mployer information in) (Filers checki accordance wi	ng this box must attach a the form instructions.)
B This re	turn/report is					
	l	the first return/report an amended return/report	the final return/report			
C Obser			a short plan year retu	rn/report (less than 12	months)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram
		special extension (enter description				
Part II	Basic Plan Infor	mation—enter all requested inform	nation			
1a Name	county Title Co				1b Three-	
	Profit Sharing				(PN)	001
						ve date of plan 01/1978
2a Plan s Mailin	sponsor's name (employe g address (include room.	er, if for a single-employer plan) apt., suite no. and street, or P.O. Bo)			yer Identification Number
City o	r town, state or province, County Title Co	country and 7IP or foreign postal or	ode (if foreign, see inst	ructions)		1-1536202
	county fitte co	Jupany				or's telephone number
PO Box	337				2d Busine	ss code (see instructions)
Union			WA	98592	5242	0.0
3a Plan a	administrator's name and	address 🛛 Same as Plan Sponsor				strator's EIN
		_				
					SC Admini	strator's telephone number
4 If the	name and/or EIN of the p	lan sponsor or the plan name has ch	nanged since the last r	eturn/report filed for	4b EIN	
	lan, enter the plan spons or's name	or's name, EIN, the plan name and t	he plan number from t	he last return/report.	4d PN	
C Plan N					HU FN	
5a Total	number of participants at	the beginning of the plan year			5a	20
		the end of the plan year				22
C Numb compl	er of participants with acc lete this item)	count balances as of the end of the p	olan year (only defined	contribution plans	5c	22
d(1) Tota	al number of active partic	ipants at the beginning of the plan ye	ear		5d(1)	15
		ipants at the end of the plan year			5d(2)	16
e Numb	per of participants who ten 100% vested	rminated employment during the plan	n year with accrued be	nefits that were less	5e	0
Caution: A Under pena SB or Sche	A penalty for the late or alties of perjury and other	incomplete filing of this return/rep r penalties set forth in the instructions signed by an enrolled actuary, as we	ort will be assessed s, I declare that I have	unless reasonable ca examined this return/re	port, including	shed.
SIGN	K nesa	yley	67.17.2019	Nancy R. Bayl	еу	
HERE	Signature of plan adm	ninistrator	Date	Enter name of individ		plan administrator
SIGN						
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	lual signing as	employer or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in all the			
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 coardiverse)	$\overline{\mathbf{X}}$	Yes 🗌	No
	under 29 CFR 2520.104-46? (See instructions on waiver oligibility and the endert qualified public accountant (IQPA)]
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	X	Yes 🗌	No
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see EPISA parties too use Form 5500.	Ļ		1
	s control venerit prairies to overed under the PBGC insurance program (see EDISA spatiant too too.			

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year

P	art III Financial Information			lis plan	year		(See instructions.)
7	Plan Assets and Liabilities	7					
a	Total plan assets	<u> </u>	(a) Beginniı				(b) End of Year
_ <u>t</u>	Total plan liabilities	<u>7a</u>		3,50	5,449	5	3,522,396
	Net plan assets (subtract line 7b from line 7a)	7b				 	
_8	Income, Expenses, and Transfers for this Plan Year	70		3 <u>,5</u> 05	5, 445	5	3, 522, 396
а	Contributions received or receivable from:	<u> </u>	(a) Amo	unt		<u> </u>	(b) Total
	(1) Employers	8a(1)		32	2,560		
	(2) Participants	8a(2)			,725		
 L	(3) Others (including rollovers)	8a(3)				<u> </u>	
	Other Income (loss)	8b		-30	,057	<u> </u>	
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				<u> </u>	44 220
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1	,337		44,228
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salaries, fees, commissions)	8f		25	,940		
<u> </u>		8g					
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					27,277
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	81					16,951
1	Transfers to (from) the plan (see instructions)	8i					10,951
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 3D	feature code	es from the List of F	Plan Ch	aracter	istic C	odes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code:	s from the List of Pl	an Cha	racteris	tic Co	des in the instructions:
Par	t V Compliance Questions						
10	During the plan year:					<u> </u>	
a	Was there a failure to transmit to the plan any participant contribution	ons within t	he time period	<u> </u>	Yes	No	Amount
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fide	uciary Correction				
h	Program)			10a		х	
	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not inc	lude transactions			v	
С	Was the plan covered by a fidelity bond?			10b		Х	· · · · · · · · · · · · · · · · · · ·
				10c	Х		250,000
	by fraud or dishonesty?	<u></u>		10d		х	
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	r persons b or all of the	y an insurance				
	the plan? (See instructions.)			10e		Х	
	Has the plan failed to provide any benefit when due under the plan?			10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as a			10g	Х		62,896
h	If this is an individual account plan, was there a blackout period? (Second 2520.101-3.)	<u></u>		10h		х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required no	otice or one of the	10i			

Form 5500-SF (2018)

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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)		BB		Yes X No
<u>11a</u> 12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	11a	f		Yes X No
a	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.			of the let Year	
<u></u> IT	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			
<u> </u>	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			
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?		Yes	X	No
	If "Yes," enter the amount of any plan access that accessed to the	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) to which assets or liabilities were transferred. (See instructions.)	0			
1	3c(1) Name of plan(s): 13c(2) E	EIN(s)		13c(3) PN(s)
		- <u>-</u>			