Form 5500-SF Short Form Annual Return/Report of Small E Benefit Plan					OMB Nos. 1210- 1210-				
	artment of the Treasury rnal Revenue Service	This form is required to be file	d under sections 104 and	d 4065 of the Employee R		2018			
Employee E	Department of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		and 6058(a) of the Internal				
	Senefit Guaranty Corporation	Complete all entries in		structions to the Form 5	500-SF.	Public Inspection			
For calend		Identification Information scal plan year beginning 01/01/2		and ending 1	2/31/2018				
	aal plan year 2010 01 h	\overline{X} a single-employer plan				ing this box must attach a			
A This re	eturn/report is for:	a one-participant plan		employer information in ac		-			
B This ret	turn/report is	the first return/report	the final return/report	+					
		an amended return/report		urn/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extensior	ı	DFVC p	rogram			
		special extension (enter desc	ription)						
Part II	Basic Plan Info	rmation—enter all requested in	formation						
1a Name	•				1b Three	5			
EAGLEVING	O, INC. 401 (K) PENSI	ON AND PROFIT SHARING RETI	REMENT PLAN		plan (PN)	number 001			
					()	tive date of plan 12/10/2014			
		yer, if for a single-employer plan)) Rox)			oyer Identification Number			
City o	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) EVINO, INC.			structions)	(EIN) 46-4294295 2c Sponsor's telephone number				
				509-238-0333 2d Business code (see instructions)					
	AD WARDON 7007		541990						
MEAD, WA	99021-7837								
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
		e plan sponsor or the plan name h nsor's name, EIN, the plan name a			4b EIN				
a Spons C Plan N	sor's name Name				4d PN				
		at the beginning of the plan year.			5a	3			
		at the end of the plan year			5b	0			
comp	plete this item)	account balances as of the end of			5c	0			
d(1) Tot	tal number of active particle	rticipants at the beginning of the p	lan year		5d(1)	3			
• •		rticipants at the end of the plan ye			5d(2)	0			
than	e 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 retur ner penalties set forth in the instru							
SB or Sch		nd signed by an enrolled actuary, a							
SIGN HERE	Filed with authorized	valid electronic signature.	07/26/2019	DALE STEVENS					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing	as plan administrator			
SIGN	L								
HERE	Signature of emplo		Date	Enter name of individ	ual signing	as employer or plan sponsor			
For Paperw	vork Reduction Act Notic	e, see the Instructions for Form 550	U-SF.			Form 5500-SF (2018) v.171027			

	Were all of the plan's assets during the plan year invested in eligib							X Yes N	0	
b	Are you claiming a waiver of the annual examination and report of a under 20 CEP 2520 104 462 (See instructions on waiver clicibility)				``			X Yes 🗌 N	lo	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann								Ŭ	
с	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined	ł	
	If "Yes" is checked, enter the My PAA confirmation number from th							(See instructions.))	
			с ,							
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning ((b) End	of Year		
a	Total plan assets	7a		52725				0		
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c		52725				0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) ⁻	Fotal		
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-2610						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-2610		
d	Benefits paid (including direct rollovers and insurance premiums	8d		49680						
е	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e		40000						
f	Administrative service providers (salaries, fees, commissions)	8f		435					_	
q	Other expenses	8g		400					_	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						50115	_	
i	Net income (loss) (subtract line 8h from line 8c)	8i					-52725			
÷	Transfers to (from) the plan (see instructions)	-						02120		
, Do	rt IV Plan Characteristics	8j							_	
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racterie	stic Co	des in the ins	tructions:		
	2A 2E 2J 3D				aotoria					
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
a	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		•	10a		х				
b	Program) Were there any nonexempt transactions with any party-in-interest			TUa		~				
	reported on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c	Х			10000		
Ċ	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			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.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year-e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520 101-3)	(See instru	uctions and 29 CFR	10h		X				

10i

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

i

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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 complete rm 5500) and line 11a below)			SB			Y	es	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 Code or se SA?			of			Y	es 🗙	No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions nting the waiver			rth ay			letter ear	rulinę	g
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 left of a ative amount)		12d						
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/.	A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes		No)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?					× Ye	es	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	an(s)) to						
1	3c(1) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s	5)

Fo	rm 5500-SF	Short Fo	rm Annual R	eturn/Report	of Small Empl	ovee	OMB Nos. 1210-0110				
	artment of the Treasury	Chorero		Benefit Plan		oyee	1210-0089				
	ernal Revenue Service			1065 of the Employee R		2018					
	Department of Labor Benefits Security Administration	income Securi		enue Code (the Code	57(b) and 6058(a) of the e).	This Form is Open to Public Inspection					
Pension B	Benefit Guaranty Corporation			lance with the inst	ructions to the Form 5	500-SF.	Public Inspection				
Part I	Annual Report I dar plan year 2018 or fise			01/2018	and anding	10/2	1/2018				
		(m)			and ending an (not multiemployer) (ing this box must attach a				
A This re	eturn/report is for:	-		st of participating en							
B This ret	turn/report is	the first return/m	enort 🕅 th	e final return/report							
			· 🛛		n/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	Па	utomatic extension			ogram				
		Special extensio									
Part II	Basic Plan Infor	mation-enter al	I requested informati	on							
						1b Three	•				
EAGI	LEVINO, INC. 40)1 (K) PENSI	ON AND PROFI	T SHARING RE	TIREMENT PLAN	(PN)	Number 001				
							tive date of plan				
0- 01			· · · ·				10/2014				
							byer Identification Number 46-4294295				
City o	r town, state or province				ructions)	2c Spon	sor's telephone number -238-0333				
102	10 N CONSTRUCT IN	T					ess code (see instructions)				
1931	IZ N CANWELL LN	V									
MEAI	D	WA	99021-7837			541	990				
3a Plan a	administrator's name and	l address 🛛 Same	as Plan Sponsor.	***************************************			histrator's EIN				
						20 Admin	nistrator's telephone number				
						JC Aunn					
4 If the	name and/or EIN of the	plan sponsor or the	plan name has char	nged since the last re	eturn/report filed for	4b EIN					
		sor's name, EIN, the	e plan name and the	plan number from th	ne last return/report.	4d PN					
						-101 1 10					
						5a	3				
						5b	0				
						5c	0				
d(1) Tot	This return/report is for: a one-participant plan a foreign plan a foreign plan a foreign plan a foreign plan bits of participant plan a foreign plan bits of participant plan a short plan year return/report 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) PAGLEVINO, INC. Plan sponsor's name and address S Same as Plan Sponsor. If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/rep this plan, enter the plan sponsor's name, EIN, the plan name has changed since the last return/rep this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last responsor's name Plan Name Total number of participants at the beginning of the plan year. Total number of active participants at the end of the plan year. 1) Total number of active participants at the edin of the plan year.			5d(1)	3						
d(2) Tot	tal number of active part	icipants at the end	of the plan year			5d(2)	0				
						5e	0				
Caution: A	A penalty for the late of	r incomplete filing	of this return/report	rt will be assessed	unless reasonable cau	ise is estab					
SB or Sche	edule MB completed and	signed by an enro									
SIGN	Tel.	01	a fanga na kana an kana sa	7-24-19	Leslie S. Lewi	ls					
HERE	Signature of plan ad	ministrator		Date	Enter name of individu		s plan administrator				
SIGN	1/2 /-	1		-	Leslie S. Lewi						
HERE	Signature of employ	er/plan sponsor		1 A TI			s employer or plan sponsor				
For Paperw			for Form 5500-SF.				Form 5500-SF (2018)				

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 6a Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can 	an independent	dent qualified public account ons.)	ntant (IQPA)	X Yes No
C 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 Confirmation number from the planet of th	nsurance pro	ogram (see ERISA section	4021)	?	Yes No Not determined
Part III Financial Information 7 Plan Assets and Liabilities					
		(a) Beginning of Yea			(b) End of Year
a Total plan assets b Total plan liabilities	7a	52,	725		(
C Net plan assets (subtract line 7b from line 7a)	7b				
	7c	52,	,725		(
 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 	8a(1)	(a) Amount			(b) Total
(2) Participants	8a(2)				
(3) Others (including rollovers)	8a(3)				
b Other income (loss)	8b	-2,	610		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-2,610
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	49,	680		2,010
e Certain deemed and/or corrective distributions (see instructions)	8e	n da marina da tapan da panana da seconda da manda da d			
f Administrative service providers (salaries, fees, commissions)	8f		435	<u>(</u>) and (
g Other expenses	8g	and a second		<u> </u>	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				50,115
i Net income (loss) (subtract line 8h from line 8c)	8i			· · · · · · · · · · · · · · · · · · ·	-52,725
j Transfers to (from) the plan (see instructions)	8i				011720
Part IV Plan Characteristics					
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature code	s from the List of Plan Cha	racter	istic Code	s in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Char	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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fidu	iciary Correction		x	Amount

	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.)			x	
c	Was the plan covered by a fidelity bond?		X		10,000
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		х	
e	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.)			x	
f	Has the plan failed to provide any benefit when due under the plan?			X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g		X	
1	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						<u> </u>
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)] [Yes]	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod ERISA?	e or sectio	on 302 c	ı ıf		Yes 🕅	No
а	(If "Yes," 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 instrugranting the waiver.	uctions, an	d enter Da		e of the I Ye		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			l			
b	Enter the minimum required contribution for this plan year	-	12b	Τ			
	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 negative amount)	tofa	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Γ	Yes	No	N/A	
Part '							
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	s 🗍	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	Γ			(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?	under the	the track to be		X Yes	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred.) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	c(3) PN(s)	
			naturi ya mutikani			and the first state of the second states	-
					L		-