Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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**

Parti	Annual Repor	t identification information								
For calend	lar plan year 2018 or	fiscal plan year beginning 01/01/2	2019	and ending 05	/03/2019					
A This re	turn/report is for:	X a single-employer plan		lan (not multiemployer) (F nployer information in acc	_					
D. Tri	,	a one-participant plan	a foreign plan							
B This ret	urn/report is	the first return/report	X the final return/report							
		an amended return/report	X a short plan year retur	rn/report (less than 12 mo	onths)					
C Check	box if filing under:	X Form 5558	automatic extension	automatic extension DFVC program						
		special extension (enter desc	ription)							
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name	of plan				1b Three-digi	t				
	UND SEW & VAC RE	TIREMENT PLAN			plan numb					
					(PN) ▶	001				
					1c Effective d	ate of plan				
						01/01/2006				
		oyer, if for a single-employer plan)			2b Employer I	dentification Number				
		om, apt., suite no. and street, or P.0			(EIN)	26-3560976				
	r town, state or provin UND SEW & VAC LLO	ice, country, and ZIP or foreign post	tal code (if foreign, see inst	ructions)	2c Sponsor's	telephone number				
300 IH 300	UND SEW & VAC LLO	<u> </u>				0-918-3899				
					2d Business	code (see instructions)				
365 COOPER POINT ROAD NW STE 101				453990						
OLYMPIA, WA 98502										
3a Plan a	administrator's name a	and address 🛛 Same as Plan Spo	nsor.		3b Administra	tor's EIN				
				_	20. A decision to the Andrew Landson					
					3c Administrator's telephone number					
4 If the	name and/or EIN of the	ne plan sponsor or the plan name h	as changed since the last r	eturn/report filed for	4b EIN					
•		onsor's name, EIN, the plan name a	and the plan number from t	he last return/report.						
•	sor's name				4d PN					
C Plan N	Name									
5a Total	number of participant	s at the beginning of the plan year.			5a	9				
		s at the end of the plan year			5b	0				
		n account balances as of the end of								
				·	5c	0				
d(1) Tot	al number of active p	articipants at the beginning of the p	lan year		5d(1)	0				
d(2) Tot	tal number of active p	articipants at the end of the plan ye	ar		5d(2)	0				
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			se is establishe	ed.				
Under pen	alties of perjury and o	other penalties set forth in the instru	ctions, I declare that I have	e examined this return/rep	ort, including, if	applicable, a Schedule				
		and signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/report,	, and to the best	of my knowledge and				
	true, correct, and con		07/05/0040	OTEVE OF STREET						
SIGN HERE		d/valid electronic signature.	07/25/2019	STEVE GLOVER						
	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	n administrator				
SIGN										
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individu	ıal signing as em	ployer or plan sponsor				

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6a 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.)							X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year
а	Total plan assets	7a		82842			, ,	0
b	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	38	82842				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
а 	Contributions received or receivable from: (1) Employers	8a(1)		7968	_			
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0	_			
<u>b</u>	Other income (loss)	8b	:	24511				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						32479
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4	11936				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						415321
i	Net income (loss) (subtract line 8h from line 8c)	8i						-382842
j	Transfers to (from) the plan (see instructions)	8j		0				
Pai	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D 3B	feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	cteris	tic Cod	des in the inst	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 described in 29 CFR 2510.3-102? (See instructions and DOL's V							
	Program)			10a		X		
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c		Χ		
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			121
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ		
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	he require	d notice or one of the	10i	X			

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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 (Form 5500) and line 11a below)		SB	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 funding requirements of section 412 of the Code or se ERISA?		of	Yes 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, granting the waiver	and enter Da		of the letter ruling Year
lf y	ou 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?		X Ye	s 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?	the		X Yes No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s)		13c(3) PN(s)

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.

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

	ort Identification Information	1			
For calendar plan year 2018 of	r fiscal plan year beginning	01/01/2019	and ending	05/03/2	2019
A This return/report is for:	a single-employer plan	a multiple-employer list of participating e	plan (not multiemployer) employer information in a	(Filers checking this	s box must attach a form instructions.)
B This return/report is	a one-participant plan	a foreign plan			
D This return report is	the first return/report	X the final return/repor			
VAX 2007 - 10 JU - 10 SEEDZO - VAV	an amended return/report	X a short plan year ret	urn/report (less than 12 r	months)	
C Check box if filing under:	X Form 5558	automatic extension		DFVC program	
B 40 IB . B	special extension (enter desc	A STATE OF THE PARTY OF THE PAR			
	formation—enter all requested in	formation			
1a Name of plan South Sound Sew &	Vac Retirement Plan			1b Three-digit plan numbe (PN)	001
				1c Effective da 01/01/2	
Mailing address (include r	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.C		otrustions)	2b Employer Id (EIN)26-3	entification Number 560976
South Sound Sew &	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) South Sound Sew & Vac LLC				elephone number 8-3899
365 Cooper Point F	Road NW Ste 101			2d Business co	de (see instructions)
Olympia		W.	A 98502	453990	
3a Plan administrator's name	and address 🛚 Same as Plan Spor	nsor.		3b Administrato	r's EIN
4 If the name and/or FIN of	the plan appropriate the plan name is				r's telephone number
this plan, enter the plan s a Sponsor's name	the plan sponsor or the plan name ha ponsor's name, EIN, the plan name a	as changed since the last and the plan number from	the last return/report.	4b EIN	
C Plan Name				4d PN	
5a Total number of participar	nts at the beginning of the plan year	***************************************	***************************************	5a	g
b Total number of participar	nts at the end of the plan year			. 5b	C
complete this item)	th account balances as of the end of	***************************************		5c	
	participants at the beginning of the plants				C
Number of participants with the second section in the s	participants at the end of the plan yea ho terminated employment during the	o plan year with accrued h	enefits that were less	5d(2)	0
than 100% vested				5e	0
Under penalties of perjury and	e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a mplete	ctions. I declare that I have	e examined this return/re	enort including if an	plicable, a Schedule my knowledge and
HERE Signature of plan	administrator	Date	Enter name of individ	e ala	iet .
SIGN	- damilioudioi	Date	Enter name of individ	iuai signing as pian	administrator
HERE Signature of emp	loyer/plan sponsor	Date	Enter name of individ	lual signing as empl	oyer or plan sponsor

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	а	м	e	die.

b	Were all of the plan's assets during the plan year invested in eligib 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 cann 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	an indepen and condition ot use For Insurance pr	dent qualified public a ons.)	t inste	ant (IC ad use 1021)?	PA) Form 55	600. es	□ Not	Yes No Yes No determined
Par	t III Financial Information							- 10.4-300	
Onc.	Plan Assets and Liabilities		(a) Beginning	of Vesi	Т		(b) End	of Year	
-	Total plan assets	7a	The state of the s	382,	_		(b) Lik	or rear	0
	Total plan liabilities	7b			0				0
	Net plan assets (subtract line 7b from line 7a)	7c		382,	842				0
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	(4)		968				
	(2) Participants	8a(2)			0			-16	
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		24,	511	2.77			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							32,479
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		411,	936				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f		3,	385				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							415,321
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							-382,842
j	Transfers to (from) the plan (see instructions)	8j			0				
9a b Part	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D 3B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D 3B								
10	During the plan year:				Yes	No		Amount	metalk reserve
a	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/oluntary Fi	duciary Correction	10a		х		7.11104111	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
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.)	ner persons ne or all of t	by an insurance he benefits under	10e	Х				121
f	Has the plan failed to provide any benefit when due under the pla	in?	***********************	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-er	nd.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	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 2520.10		THE RESIDENCE DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF	10i	Х				

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Part VI	Pension Funding Compliance				
11 Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch m 5500) and line 11a below)		В	Ye	s 🛚 No
11a Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12 Is th	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 5A?		f	Ye	s X No
a Ifav	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and ting the waiver.	d enter t		of the letter Year	ruling
If you o	ompleted 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			
C Enter	the amount contributed by the employer to the plan for this plan year	12c			
	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	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?		X Yes	☐ No	
If "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a			(
Transport of the second	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the rol of the PBGC?	********		X Yes	No
	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) assets or liabilities were transferred. (See instructions.)) to			
13c(1	Name of plan(s):) EIN(s)		13c(3)	PN(s)