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

Part I	Annual Report I	dentification Information					
For calend	lar plan year 2018 or fisc	cal plan year beginning 01/01/20)18	and ending 12	2/31/2018		
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) (l mployer information in ac	_		
D. Turk		a one-participant plan	a foreign plan				
D This ret	urn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am	
		special extension (enter descri					
Part II	Basic Plan Infor	mation—enter all requested info	ormation			<u> </u>	
1a Name	•	LY PROFIT SHARING PLAN			1b Three-dig plan num (PN) ▶		
					1c Effective	date of plan 01/01/1995	
		er, if for a single-employer plan)	. Box)		2b Employer (EIN)	Identification Number 91-1351187	
City or		, country, and ZIP or foreign posta		tructions)	2c Sponsor'	s telephone number	
						60-695-2020	
2119 S.E. COLUMBIA WAY, STE. 340				2d Business code (see instructions)			
VANCOUVE	R, WA 98661					332900	
3a Plan administrator's name and address ☒ Same as Plan Sponsor.					3b Administr	rator's EIN	
					3c Administr	ator's telephone number	
		plan sponsor or the plan name ha sor's name, EIN, the plan name ar			4b EIN		
	sor's name	, , ,	•	'	4d PN		
C Plan N	Name						
5a Total	number of participants a	at the beginning of the plan year			5a	2	
b Total	number of participants a	at the end of the plan year			5b	2	
		ccount balances as of the end of t		-	5c	2	
d(1) Tot	al number of active part	icipants at the beginning of the pla	n year		5d(1)	2	
d(2) Total number of active participants at the end of the plan year				5d(2)	2		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0		
		r incomplete filing of this return			use is establish	ned.	
SB or Scho	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	Filed with authorized/v	ralid electronic signature.	07/26/2019	GREG HODGINS			
HERE	Signature of plan ad	lministrator	Date	Enter name of individu	ual signing as p	lan administrator	
SIGN	Filed with authorized/v	valid electronic signature.	07/26/2019	GREG HODGINS			
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing as e	mployer or plan sponsor	

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

	6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No
If you answered "No" to either line 6 are line 6b, the plan cannot use Form 590-SF and must instead use Form 550. If the plan is a define deneral plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b								
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		Gilder 20 Circ 2020 For (Occ mentalions on marter originality and contained on marter or originality and contained on the contained on the contained or originality and contained on the contained or originality and contained originali							
If "Yes" is checked, enter the My PAA confirmation (See instructions (See instru	С								Not determined
7 Plan Assets and Liabilities		If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r			(See instructions.)
a Total plan assets	Pa	rt III Financial Information							
a Total plan assets	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Eı	nd of Year
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	` '				<u> </u>	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 0 2(2) Participants. 8a(2) 0 3(3) Others (including rollovers). 8a(3) 0 b Other income (loss). 8b 1876 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c C Entain deemed and/or corrective distributions (see instructions). 8d 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b	Total plan liabilities	7b		0				0
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Net plan assets (subtract line 7b from line 7a)	7c	2	19821				221697
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
(3) Others (including rollovers)	а		8a(1)		0				
b Other income (loss)		(2) Participants	8a(2)		0				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		1876				
e Certain deemed and/or corrective distributions (see instructions) 8e	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1876
f Administrative service providers (salaries, fees, commissions)	d		8d		0				
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		0				
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0				
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						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: 2A 2E 2F 2G 2J 2K 2R 2T 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: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u>i</u>		8i						1876
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2T 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: a 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)	<u>j</u> _	Transfers to (from) the plan (see instructions)	8j		0				
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: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Pai								
Part V Compliance Questions 10 During the plan year: Yes No Amount a 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)	9a		feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the in	nstructions:
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	structions:
a 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)	Par	t V Compliance Questions							
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	100		X		
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						X			30000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d				10d		Х		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides some	ne or all of	the benefits under	10e		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х		
	h	·	•		10h		X		
	i				10i				

Form 5500-SF (2018)	Page 3- 1
---------------------	------------------

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)			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		e 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?		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		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 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 section 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

Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach A This return/report is for: a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan B This return/report is: the first return/report the final return/report a short plan year return/report (less than 12 months) an amended return/report C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number HODGINS STUD WELDING SUPPLY PROFIT SHARING PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/1995 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1351187 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number HODGINS STUD WELDING SUPPLY (360) 695-2020 2d Business code (see instructions) 2119 S.E. COLUMBIA WAY, STE. 340 332900 US VANCOUVER WA 98661 Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 4d PN Plan Name 5a Total number of participants at the beginning of the plan year 5a 2 5b Total number of participants at the end of the plan year 2 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 2 complete this item) 5d(1) d(1) Total number of active participants at the beginning of the plan year 2 d(2) Total number of active participants at the end of the plan year 5d(2) 2 Number of participants who terminated employment during the plan year with accrued benefits that were 5e 0 less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of periury 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 tite, correct, and comple**f**e

GREG HODGINS

GREG HODGINS

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Signature of employer/plan sponsor

SIGN HERE

SIGN **HERE** Sigi

Form	5500	-SF	201	ıR

1	Pa	α	е	2

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						XYes	□No		
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 canno									
С	If the plan is a defined benefit plan, is it covered under the PBGC ins								∐ Not d	etermined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year	***				(See instru	ctions.)
Pa	rt III Financial Information						***************************************			
7	Plan Assets and Liabilities		(a) Beginning of	Yea	r			(b) End	of Year	
a	Total plan assets	7a	21	.9,8	21				221,	697
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	21	.9,8	21				221,	697
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) T	otal	
а	Contributions received or receivable from:	00/4\			0					
	(1) Employers	8a(1)			0	+				
	(2) Participants	8a(2)			0	-				
h	(3) Others (including rollovers)	8a(3)		1 0		-				
b	Other income (loss)	8b		1,8	76	-				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				+			1,	876
u	to provide benefits)	8d			0					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
ī	Net income (loss) (subtract line 8h from line 8c)	8i				T			1,	876
i	Transfers to (from) the plan (see instructions)	8j			0					
Pi	ert IV Plan Characteristics					***************************************				
_	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Ch	aract	eristic	Code	es in the	e instruction	ons:	
	2A 2E 2F 2G 2J 2K 2R 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Cha	racte	ristic (Codes	in the	instruction	ns:	
P	art V Compliance Questions									
<u>10</u>	During the plan year:	***************************************			Yes	No	N/A		Amount	
а	, , , ,									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fig	duciary Correction							
	Program)			10a		Х				
r.	 Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) 			10b		х				
C	Was the plan covered by a fidelity bond?		***************************************	10c	х					30,000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d	•••	х				
•	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.)	e or all of	the benefits under	10e		х				44.0
f	Has the plan failed to provide any benefit when due under the plan	າ?	***************************************	10f		х				.,,
				10g		х				
ł	If this is an individual account plan, was there a blackout period? (2520.101-3.)			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			10i						

F	5500-	CL	201	•

Parl	VI Pension Funding Compliance					
11	edule SB	Yes X No				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (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	d enter the date	of the letter ruling			
	granting the waiver Month Month	Day	Year			
If 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 the 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			
Parl	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 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			
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.)						
1:	3c(1) Name of plan(s): 13c(2) Ell	N(s)	13c(3) PN(s)			