Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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	Identification Information	1									
For calend	ar plan year 2018 or fi	scal plan year beginning 01/01/2	2018		and ending 12	2/31/201	8					
A This ret	turn/report is for:	X a single-employer plan			in (not multiemployer) (ployer information in ac		-					
		a one-participant plan		foreign plan	,			,				
B This retu	urn/report is	the first return/report	the	e final return/report	port							
		an amended return/report	a s	short plan year return	ort plan year return/report (less than 12 months)							
C Check	box if filing under:	X Form 5558	au	itomatic extension		DFV	C program					
		special extension (enter desc	ription)									
Part II	Basic Plan Info	ormation—enter all requested in	formation	on								
1a Name SPOKANE F	•	MENT, INC 401(K) PROFIT SHAF	RING PI	_AN		pl	nree-digit an number PN)	001				
						1c Ef	fective date o	f plan 1/2013				
		oyer, if for a single-employer plan)	O D \				. ,	fication Number				
		m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		(if foreign, see instr	uctions)			433564				
-	RESTAURANT EQUIP			(ii rereign, eee mem		2c S ₁	ponsor's telep 509-534	hone number 1-5500				
						2d Bu	usiness code ((see instructions)				
1750 E TRENT AVE SPOKANE, WA 99202							4234	400				
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spo	nsor.			3b Ad	dministrator's	EIN				
						3c Administrator's telephone number						
								·				
4 If the r	name and/or EIN of the	e plan sponsor or the plan name h	as chan	ged since the last re	turn/report filed for	4b EI	IN .					
this pl	an, enter the plan spo	nsor's name, EIN, the plan name a				4d PI	\ 1					
a Spons C Plan N	or's name lame					40 PI	N					
	iamo											
5a Total i	number of participants	at the beginning of the plan year.				5a		29				
		at the end of the plan year				5b		28				
		account balances as of the end of		, , ,	•	5с		15				
d(1) Tota	al number of active pa	rticipants at the beginning of the p	lan year	٢		5d(1)		27				
		articipants at the end of the plan ye				5d(2))	26				
than	100% vested	terminated employment during the				5e		0				
		or incomplete filing of this retur										
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.										
SIGN	Filed with authorized	/valid electronic signature.		07/30/2019	DALE STEVENS							
HERE	Signature of plan a	administrator		Date	Enter name of individ	ual signir	ng as plan adr	ministrator				
SIGN												
HERE	Signature of emplo	oyer/plan sponsor		Date	Enter name of individ	ual signir	ng as employe	er or plan sponsor				

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under 29 CFR 2520 1014-467 (See instructions on waiver eligibility and conditions). If you answerd "No" to either line 6 or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBCC insurance program (see ERISA section 4021)?		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	an indepe	ndent qualified public a	account	ant (IC	QPA)		X Yes	
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Ves No Not dete if "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year		, ,		,					^ Yes	No No
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filling for this plan year	c	·							□ Not dete	ermined
Part III Financial Information 7 Plan Assets and Liabilities 75 Carbai plan assets and Liabilities 75 Carbai plan assets and Liabilities 75 Carbai plan assets (subtract line 75 from line 75) 70 Carbai plan assets (subtract line 75 from line 75) 70 Carbai plan assets (subtract line 75 from line 75) 70 Carbai plan assets (subtract line 75 from line 75) 70 Carbai plan assets (subtract line 75 from line 75) 70 Carbai plan assets (subtract line 75 from line 75) 70 Carbai plan assets (subtract line 75 from line 75) 70 Carbai plan assets (subtract line 75 from line 75) 70 Carbai plan assets (subtract line 75 from line 75) 70 Carbai plan assets (subtract line 75 from line 75) 70 Carbai plan assets (subtract line 75 from line 75) 70 Carbai plan assets (subtract line 75 from line 75 Carbai plan							_			
a Total plan assets	Pa									
a Total plan assets	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a							
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants	b	Total plan liabilities	7b							
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Net plan assets (subtract line 7b from line 7a)	7c	6	81952				504886	
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) 1	Γotal	
(3) Others (including rollovers)	а		8a(1)							
b Other income (loss)		(2) Participants	8a(2)	;	38993					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 8523 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 176309 e Certain deemed and/or corrective distributions (see instructions) 8d 176309 f Administrative service providers (salaries, fees, commissions) 8f 300 g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 185589 i Net income (loss) (subtract line 8h from line 8c) 8h 185589 j Transfers to (from) the plan (see instructions) 8j 177066 j Transfers to (from) the plan (see instructions) 8j 187066 j Transfers to (from) the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2F 2G 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: 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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 700 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by Iraud or dishonesty? 10c Was 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? 10c X 700 d Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 10d		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b	=	30470					
e Certain deemed and/or corrective distributions (see instructions) 8e 8980 f Administrative service providers (salaries, fees, commissions) 8f 300 g Other expenses	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8523	
f Administrative service providers (salaries, fees, commissions)	d		8d	1	76309					
g Other expenses (add lines 8d, 8e, 8f, and 8g)	<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e		8980					
Notal expenses (add lines 8d, 8e, 8f, and 8g) Sh Sh Sh Sh Sh Sh Sh S	f	Administrative service providers (salaries, fees, commissions)	8f		300					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
Part IV Plan Characteristics	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						185589	
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: 2E	<u>i</u>		8i				-177066			
9a	j	Transfers to (from) the plan (see instructions)	8j							
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	Pai	t IV Plan Characteristics								
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?	9a 		feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the ins	tructions:	
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	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the instr	uctions:	
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)						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	10a		X			
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.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	10b		X			
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.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	c	Was the plan covered by a fidelity bond?			10c	X			700	000
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.)	d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused			Х		700	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner person ne or all of	s by an insurance 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.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the plan?					X			
2520.101-3.) 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			
exceptions to providing the notice applied under 29 CFR 2520.101-3	i	·	•		10i					

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1 3.111 3333 3.1 (23.13)	i ago 🗸 📑

Part	VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11a								
12 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 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	o			
	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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Report Identification Information

Signature of employer/plan sponsor

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

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.

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2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

1 or carcinaar plan year 2010 C	i liscal plan year beginning	01/01/2018	and ending	12/31/2	2018
A This return/report is for:	X a single-employer plan	a multiple-employer p	an (not multiemployer)	(Filers checking t	his box must attach a
The second of th	a one-participant plan	a foreign plan	nployer information in a	ccordance with the	ne form instructions.)
B This return/report is					
	the first return/report	the final return/report			
0 0:	an amended return/report	a short plan year retur	n/report (less than 12 n	nonths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC progra	ım
	special extension (enter descrip				
Part II Basic Plan Ir	nformation—enter all requested info	ormation			
1a Name of plan	ant Equipment To 401/	(1.) D 611 -		1b Three-dig	
oponane Restaut	ant Equipment, Inc 401((K) Profit Shari	ng Plan	plan numb	001
				1c Effective of	At the second se
20 0				01/01/	2013
Za Plan sponsor's name (em Mailing address (include r	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.O.	Pov)		2b Employer	Identification Number
City or town, state or prov	ince, country, and ZIP or foreign postal	code (if foreign, see instr	ructions)		1433564
Spokane Restaur	ant Equipment, Inc			2c Sponsor's	telephone number 4-5500
1750 E Trent Av					code (see instructions)
1,00 H Helle MV					odd (ddd marddions)
Spokane	WA 99202	2		400400	
3a Plan administrator's name	and address X Same as Plan Spons	or		423400 3b Administra	
					tor's telephone number
4 If the name and/or EIN of	the plan sponsor or the plan name has	changed since the last re	eturn/report filed for	4b EIN	
a Sponsor's name	ponsor's name, EIN, the plan name an	d the plan number from tr	ne last return/report.	4d PN	
c Plan Name					
5a Total number of participar	nts at the beginning of the plan year			5a	29
	nts at the end of the plan year			5b	28
C Number of participants with the companies of participants with the companies of the co	th account balances as of the end of th	e plan year (only defined	contribution plans	5c	
	participants at the beginning of the plar				27
	participants at the end of the plan year			5d(1)	26
 Number of participants w 	ho terminated employment during the p	plan year with accrued be	nefits that were less		2 (
than 100% vested				5e	(
Under penalties of perjury and	te or incomplete filing of this return/in other penalties set forth in the instruction	ons. I declare that I have	unless reasonable car	use is establishe	ed.
SB or Schedule MB completed belief, it is true, correct, and co	and signed by an enrolled actuary, as	well as the electronic ver	sion of this return/repor	t, and to the best	of my knowledge and
SIGN	While Sedando		Mike Schneide:	r.	
HERE Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	n administrator
SIGN Mik	SE	3/30/19	Mike Schneider		sammoticator
HERE OL		1/10/1/			

Date

Enter name of individual signing as employer or plan sponsor

-				
P	a	a	A	1

b A	Vere all of the plan's assets during the plan year invested in eligible are you claiming a waiver of the annual examination and report of a noter 29 CFR 2520.104-46? (See instructions on waiver eligibility a you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a se	an independand condition	dent qualified public acons.)	counta	nt (IQ	PA)		X Yes No
C If	the plan is a defined benefit plan, is it covered under the PBGC in "Yes" is checked, enter the My PAA confirmation number from the	surance pr	ogram (see ERISA see	ction 40	21)? .	🛮 🕻	Yes No	
Part	III Financial Information							
7 P	lan Assets and Liabilities		(a) Beginning o		_		(b) End	l of Year
a T	otal plan assets	7a	(581,9	952			504,886
b T	otal plan liabilities	7b			_			
c N	et plan assets (subtract line 7b from line 7a)	7c		681,9	952			504,886
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		-		(b)	Total
	Contributions received or receivable from: 1) Employers	8a(1)						
(2	2) Participants	8a(2)		38,9	993			
(3	3) Others (including rollovers)	8a(3)						
b 0	Other income (loss)	8b		-30,	470			DRAM SELLS
-	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8,52
	enefits paid (including direct rollovers and insurance premiums or provide benefits)	8d	e e	176,	309			
e c	Certain deemed and/or corrective distributions (see instructions)	8e		8,	980			
f A	administrative service providers (salaries, fees, commissions)	8f			300			
g	Other expenses	8g						
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h		18				185,58
i	Net income (loss) (subtract line 8h from line 8c)	8i		-17				-177,06
jΤ	ransfers to (from) the plan (see instructions)	8j						
Part	IV Plan Characteristics				oc 2n - Amaria			
9a	If the plan provides pension benefits, enter the applicable pension $2E\ 2J\ 2F\ 2G\ 3D$	feature co	des from the List of Pla	an Cha	racteri	stic Cod	les in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plar	n Chara	acteris	tic Code	s in the inst	tructions:
Part	V Compliance Questions							AND SHAPE WAY SHAPE CHEET TO COMMENT OF SHAPE
10	During the plan year:	- Control - Control			Yes	No		Amount
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 F	iduciary Correction	10a		Х		
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		Х		
С	Was the plan covered by a fidelity bond?	harries and the same of the sa		10c	Х			70,00
d	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		
е	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount			10g		Х		
h	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 exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i				

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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 co m 5500) and line 11a below)					res No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	ERIS	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co SA?	de or section	n 302 of	f 		∕es X No
a	lfa	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr ting the waiver		d enter t		f the lette Year	er ruling
lf y	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le 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?			Yes	X	lo
	If "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 broughtrol of the PBGC?				Yes [>	No No
С	17212	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif	y the plan(s) to			
1	13c(1	Name of plan(s):	13c(2)	EIN(s)		13c(3	3) PN(s)