## 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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information							
For calend	ar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018				
A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)									
		a one-participant plan	a foreign plan						
<b>B</b> This retu	urn/report is	the first return/report	the final return/report	t					
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	m			
	1	special extension (enter descr	• /						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name DIVERSIFIE	•	DAVIS-BACON PENSION PLAN 8	& TRUST		<b>1b</b> Three-digi plan numb (PN) ▶				
					1c Effective of	date of plan 01/01/2012			
		oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number			
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(EIN)	91-1759474			
•	D NORTHWEST, INC		,	,		telephone number 25-710-0753			
					2d Business	code (see instructions)			
PO BOX 443 EVERETT, V					237100				
3a Plan administrator's name and address 🛛 Same as Plan Sponsor.			<b>3b</b> Administra	ator's EIN					
					3c Administra	ator's telephone number			
						·			
4 If the r	name and/or EIN of the	e plan sponsor or the plan name ha	as changed since the last	return/report filed for	<b>4b</b> EIN				
this pl	lan, enter the plan spo	onsor's name, EIN, the plan name a							
a Spons C Plan N	or's name Jame				4d PN				
• Harri	danio								
5a Total	number of participants	s at the beginning of the plan year			5a	15			
		s at the end of the plan year			5b	15			
		account balances as of the end of		· ·	5c	15			
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	13			
` '	·	articipants at the end of the plan yea			. 5d(2)				
		terminated employment during the			<b>5e</b> 0				
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable car	use is establish	ed.			
SB or Sche		ther penalties set forth in the instructed and signed by an enrolled actuary, and the actuary are actually actually and actuary and actually actua							
SIGN	Filed with authorized	d/valid electronic signature.	07/17/2019 DJAMES ODELL						
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pla	an administrator			
SIGN	Filed with authorized	d/valid electronic signature.	07/17/2019	DJAMES ODELL					
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing as em	nployer or plan sponsor			

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	Were all of the plan's assets during the plan year invested in eligib		,					X Y	es No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility)							XY	es 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann		•					Ц	
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)?	П	Yes No	Not d	etermined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See ins	tructions.)
Pa	rt III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) Er	nd of Year	
а	Total plan assets	7a	4	48367				4410	4
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	4	48367				4410	4
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b	) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-3559					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-355	9
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		704					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						70	4
i	Net income (loss) (subtract line 8h from line 8c)	8i						-426	3
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the ir	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	es in the ins	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu							Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	,	,	10a		X			
b	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		X			
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		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	X				704
f	_			10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
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	•		10i					

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Part	VI Pension Funding Compliance					
11	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	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 section ERISA?			X Yes	No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver					
lf y	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			0	
C Enter the amount contributed by the employer to the plan for this plan year				(		
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			0	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X	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 assets that reverted to the employer this year	13a				
<b>b</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 N	Ю	
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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> P	N(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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identificati	on Information	dance will the mst	ructions to the Form 55	100-5F,	ALC: VAINT TAXABLE PARTY		
For calendar plan year 2018 or fiscal plan year t	peginning	01/01/2018	and ending	12/31/2	018		
B This return/report is:	mployer plan licipant plan turn/report	a list of participating a foreign plan the final return/repo	plan (not multiemployer employer information in	) (Filers checking accordance with	this box must attach		
C Check box if filing under: Form 5558	B   \qua	automatic extension		_	program		
Part II Basic Plan Information	enter all requested info	rmation			***		
1a Name of plan Diversified Northwest Inc Dav			-	1b Three-diplan nun (PN) ► 1c Effective	001 date of plan		
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) Diversified Northwest, Inc			2b Employer Identification Number (EIN) 91-1759474  2c Sponsor's telephone number				
Po Box 4433				(425) 710-0753  2d Business code (see instructions) 237100			
3a Plan administrator's name and address X	Same as Plan Sponso	r		3b Administr			
<ul> <li>If the name and/or EIN of the plan sponsor of this plan, enter the plan sponsor's name, Ell</li> <li>Sponsor's name</li> <li>Plan Name</li> </ul>	or the plan name has ch N, the plan name and th	nanged since the last ne plan number from	return/report filed for the last return/report.	4b EIN	ator's telephone number		
<ul> <li>Total number of participants at the beginning</li> <li>Total number of participants at the end of the</li> <li>Number of participants with account balance</li> </ul>	e plan year		***************************************	5a 5b	15 15		
C Number of participants with account balance complete this item)	s as or the end of the p	ıan year (only defined	ontribution plans	5c	15		
$\mathbf{d(1)}$ Total number of active participants at the $\mathbf{b}$	eginning of the plan ye	ar	*10**10********************************	5d(1)	13		
d(2) Total number of active participants at the e Number of participants who terminated empl		Vear with accrued be	nefits that were	5d(2)	12		
less than 100% vested	*****************************	***************************************	************************************	5e	0		
Caution: A penalty for the late or incomplete to Under penalties of perjuny and other penalties se SB or Schedule MB completed and signed by an belief, it is true, correct, and opmplete	t forth in the instructions	s. I declare that I hav	a evaminad this return/re	port including it	analisable - Osbertel		
SIGN HERE Signature of plan administrator	And the second section of the section of	7117/19	D JAMES ODELL				
HERE Signature of plan administrator SIGN		Date 7   17   19	Enter name of individua  D JAMES ODELL	ıl signing as plan	administrator		
HERE Signature of employer/plan sponsor		Date	Enter name of individua	l signing as emp	lover or plan sponsor		

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)	,,,,,,,,,,				XYes No	
b	Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public acc	ounta	nt (IQ	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ions.)					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	orogram (see ERISA sect	ion 40	021)?		. □ Y€	es 🔲 No 🔲 Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this year	r				(See instructions.)	
D.	art III Financial Information	-							
7	The state of the s	Tobasassas	· · · · · · · · · · · · · · · · · · ·			<del></del>			
<u>'</u>	Plan Assets and Liabilities	2(50)(4(10))	(a) Beginning (		-	-		(b) End of Year	
<u>a</u>	Total plan assets	1		48,	367			44,104	
<u>b</u>	Total plan liabilities	1 "				_		******	
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		48,	367	_		44,104	
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	3000 W 755 W 755	(a) Amoun	t		50.007	steriored rustice	(b) Total	
	(1) Employers	8a(1)			0				
	(2) Participants	8a(2)			0	77.7			
***************************************	(3) Others (including rollovers)	8a(3)	****			3677			
b	Other income (loss)	8b	(	3,55	59)	1500			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	•				<u> </u>	(3,559)	
d	Benefits paid (including direct rollovers and insurance premiums			uja o sakaj	vanastistele (style	12 4144	SWW	(3,339)	
	to provide benefits)	8d				980	9451-99		
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f	1000		04				
	Other expenses	8g			0	/ASS			
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				ु		704	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				Ĭ.	(4,263		
	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan C	Chara	cterist	ic Co	des in t	he instructions:	
	2C 2F 2G 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code:	s from the List of Plan Ch	araci	eristic	Code	es in th	e instructions:	
$\perp$									
Pa	rt V Compliance Questions	m.er.							
10	During the plan year:	•			Yes	No	N/A	Amount	
а	Was there a failure to transmit to the plan any participant contribut	ions within	the time period		100			Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo						10000		
	Program)		•	10a		х	5		
b	Were there any nonexempt transactions with any party-in-interest?	(Do not i	nclude transactions				187/485	***************************************	
	reported on line 10a.)			10b		X	480 (C)		
<u>_</u>	Was the plan covered by a fidelity bond?			10c		х	\$499j		
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?								
е				10d		Х	100000		
·	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	er persons e or all of t	by an insurance						
	the plan? (See instructions.)			10e	х			704	
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х	1975	***************************************	
g				10g		х			
h	If this is an individual account plan, was there a blackout period? (\$	See Instru	ctions and 29 CFR						
:	2520.101-3.)			10h		Х			
Ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	e required	notice or one of the	40,					
	2000 providing the notice applied dilder 29 CFR 2520, 101-	J		10i			44, 93,3		

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		Page 3	-1
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1,000,000,000						
Par	S Company					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500 and line 11a below)	Schedul	e SB	□ Ye	es 🗓	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 sec ERISA?	tion 302	2 of	X Ye	es 🔲	No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver Month		er the date	of the le		ng
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		- J			
	Enter the minimum required contribution for this plan year	12b		\	· · · · · · · · · · · · · · · · · · ·	C
C	Enter the amount contributed by the employer to the plan for the plan year	12c		- 454		
	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		***	•	0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [	No [X	N/A	
Part	VII Plan Terminations and Transfers of Assets	<u></u>				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	/ X	10	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under to control of the PBGC?			res 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.)	(s) to				
	c(1) Name of plan(s): 13c(2) E	IN(s)		13c(3	PN(s)	"
		- ****		<u></u>		*
	——————————————————————————————————————		L			