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		Identification Information							
For calend	dar plan year 2018 or fi	scal plan year beginning 01/01/2	2018	and ending 1	2/31/2018				
A This re	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 This re	turn/report is	the first return/report	the final return/repor	t					
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension	ı	DFVC program	n			
		special extension (enter desc	• /						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name	·	OR DEFERRED PROFIT SHARING	S PLAN		1b Three-digir plan numb (PN) ▶	oer 001			
					1c Effective d	ate of plan 08/01/1985			
		oyer, if for a single-employer plan)			2b Employer l	dentification Number			
		m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		structions)	(EIN)	94-2831038			
•	RPORATION	o, southly, and Eli or loroigh pool	aar oodo (ii rororgri, ooo iir	on donorio)		telephone number 9-662-9579			
					2d Business	code (see instructions)			
	H MILLER STREET EE, WA 98801				111300				
	,								
3a Plan	administrator's name ar	nd address 🛛 Same as Plan Spo	nsor.		3b Administra	tor's EIN			
					3c Administra	tor's telephone number			
					JC Administra	tor's telephone number			
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN				
	sor's name		·	•	4d PN				
C Plan	Name								
5a Total	number of participants	at the beginning of the plan year.			. 5a	49			
b Total	number of participants	at the end of the plan year			. 5b				
		account balances as of the end of		•	5c	49			
d(1) To	tal number of active pa	rticipants at the beginning of the pl	lan year		5d(1)	35			
		articipants at the end of the plan ye			. 5d(2)				
than	100% vested	terminated employment during the			. 5e	0			
		or incomplete filing of this return							
SB or Sch		ther penalties set forth in the instruind signed by an enrolled actuary, a plete.							
SIGN	Filed with authorized	/valid electronic signature.	07/30/2019	ERIC B. CHRISTENS					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as pla	n administrator			
SIGN									
HERE	Signature of emplo	ignature of employer/plan sponsor Date Enter name of individual signing as employer or p							

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Part III Financial Information Financial Information 7 Plan Assets and Liabilities Financial Information 8 Total plan assets Ta G954688 9 Total plan liabilities Ta G954688 1 Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan liabilities Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 8c) Total plan assets (subtract line 8b from line 8c) Total plan assets (subtract line 8b from line 8c) Total plan assets Total p							
7 Plan Assets and Liabilities	(See instructions.)						
a Total plan assets							
b Total plan liabilities	End of Year						
C Net plan assets (subtract line 7b from line 7a)	6504526						
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers							
a Contributions received or receivable from: (1) Employers 8a(1) 98912 (2) Participants 8a(2) 160000 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b -241780 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 467264 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 30 g Other expenses 8d lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i	6504526						
(1) Employers 8a(1) 98912 (2) Participants 8a(2) 160000 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b -241780 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 467264 e Certain deemed and/or corrective distributions (see instructions) 8e 30 f Administrative service providers (salaries, fees, commissions) 8f 30 g Other expenses 8g 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i	(b) Total						
(2) Participants							
(3) Others (including rollovers)							
b Other income (loss)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)							
to provide benefits)	17132						
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i							
g Other expenses							
h Total expenses (add lines 8d, 8e, 8f, and 8g)							
i Net income (loss) (subtract line 8h from line 8c)							
Transfers to (from) the plan (accordance)	467294						
j Transfers to (from) the plan (see instructions)	-450162						
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 2E 2F 2G 2J 2K 2T 3D 3H	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:						
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						
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)	725						
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?	500000						
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
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 exceptions to providing the notice applied under 29 CFR 2520.101-3							

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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)			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

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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**

	eport identification information	01/01/0010	and and the	12/31/	/2018			
For calendar plan year 20	18 or fiscal plan year beginning	01/01/2018	and ending					
A This return/report is fo		his box must attach a ne form instructions.)						
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report							
	an amended return/report	a short plan year return	report (less than 12 mo	onths)				
C Check box if filing und	er:	automatic extension	Γ	DFVC progra	ım			
Crieck box ii ming und	special extension (enter desc		L	_ bi vo piogio				
Dest II Design Die								
	n Information—enter all requested in	iomation		1b Three-dig	it [
1a Name of plan	on Cash Or Deferred Prof	it Charing		plan numi	ber			
	on cash of beleffed Flor	ic bharing		(PN) >	001			
Plan				1c Effective date of plan 08/01/1985				
20 81	(ampleyer if for a single ampleyer plan)			2b Employer Identification Number				
Mailing address (incl.	(employer, if for a single-employer plan) ude room, apt., suite no. and street, or P.0	O. Box)	Printe Literatura Via	(EIN)94-2831038				
City or town, state or Dovex Corporation	province, country, and ZIP or foreign pos	tal code (if foreign, see instru	uctions)		s telephone number 562-9579			
				2d Business	code (see instructions)			
1705 North Mill	er Street							
Wenatchee		WA	98801	111300				
3a Plan administrator's	name and address 🏻 Same as Plan Spo	onsor.		3b Administrator's EIN				
					ator's telephone number			
4 If the name and/or E	IN of the plan sponsor or the plan name h	has changed since the last re and the plan number from the	changed since the last return/report filed for the plan number from the last return/report.					
a Sponsor's name	bian sponsor's name, Env, the plan name	and the plan names are	4d PN					
C Plan Name								
				5a	49			
	ticipants at the beginning of the plan year			5b	58			
b Total number of par	ticipants at the end of the plan year		eentribution plans					
 Number of participal complete this item) 	nts with account balances as of the end o	the plan year (only defined	contribution plans	5c	49			
	active participants at the beginning of the			5d(1)	35 43			
d(2) Total number of	active participants at the end of the plan y	ear		F-1/0\				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable complete.				5e	0			
Caution: A penalty for	the late or incomplete filing of this retu	rn/report will be assessed	evamined this return/re	nort including	if applicable, a Schedule			
	the late of incomplete filing of the feet			port, moraamig,	ii appiioadia, a daiire			
SB or Schedule MB com	y and other penalties set forth in the instruction pleted and signed by an enrolled actuary,	as well as the electronic ver	sion of this return/repor	t, and to the be	st of my knowledge and			
SB or Schedule MB combelief, it is true, correct	y and other penalties set forth in the instruction pleted and signed by an enrolled actuary,	as well as the electronic ver	sion of this return/repor	t, and to the be	st of my knowledge and			
SB or Schedule MB combelief, it is true, correct	y and other penalties set forth in the instripleted and signed by an enrolled actuary, and complete:	, as well as the electronic ver	sion of this return/repor	tensen	st of my knowledge and			
SB or Schedule MB combelief, it is true, correct	y and other penalties set forth in the instruction pleted and signed by an enrolled actuary,	7/30 2019	Eric B. Christ	tensen	st of my knowledge and			

-		
Pa	qе	4

b 4	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independ and conditio	ent qualified public ad	counta	nt (IQI	PA) 	X Yes	No No
1	f you answered "No" to either line 6a or line 6b, the plan cann	ot use Forn	n 5500-SF and must	instead	d use	Form 5	500.	
	the plan is a defined benefit plan, is it covered under the PBGC in							
į	f "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pre	mium filing for this pla	an year			(See instruction	ns.)
Part	III Financial Information	1	C = 1					
Katha Sel	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Year	
	Total plan assets	7a	6,9	954,6	88		6,504,	526
1000	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c	6,9	954,6	88		6,504,	526
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a (Contributions received or receivable from: 1) Employers	8a(1)		98,9	12			
	2) Participants	8a(2)		160,0	00			
	3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b	and a	241,7	80			i i
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	H I I I I I I I I I I I I I I I I I I I		mild .		17,	132
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		167,2	264			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f			30			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		467,	
	Net income (loss) (subtract line 8h from line 8c)	8i			\perp		-450,	, 162
j	Transfers to (from) the plan (see instructions)	8j				- 18		Y.
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H			Date:				
b	If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Plan	n Chara	cterist	ic Code	s in the instructions:	
Pari	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a	х			725
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not in	nclude transactions	10b		х		
	Was the plan covered by a fidelity bond?			10c	Х		500	,000
d	the plant	s fidelity bon	nd, that was caused	10d		х		
e	Were any fees or commissions paid to any brokers, agents, or or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ther persons me or all of t	s by an insurance the benefits under	10e		х		
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х		
g	the second of the second			10g		х		
h	If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10h		х		
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required	I notice or one of the	10i				

	Form 5500-SF (2018)	Page 3-				
Part \	/I Pension Funding Compliance					
	Is this a defined benefit plan subject to minimum funding requiremen (Form 5500) and line 11a below)		te Schedule S	В	Ye	es 🛚 No
11a	Enter the unpaid minimum required contributions for all years from S	Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding re ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a		section 302 o	f	_ Ye	es 🛚 No
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this plan year, see instructio	ns, and enter to Day		f the letter Year	ruling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	MB (Form 5500), and skip to line 13.				
b E	Enter the minimum required contribution for this plan year		12b			
CE	Enter the amount contributed by the employer to the plan for this plan	ı year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		1			_
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?		Yes	No L	N/A
Part \	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No)
11	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, t				Yes 🛚	No
С	If, during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	m this plan to another plan(s), identify the			GEN NOOLEN	
			=		40-101	DA1/-1

13c(1) Name of plan(s):

13c(3) PN(s)

13c(2) EIN(s)