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	Allilual Repor	t identification information							
For calend	or calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018								
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions.)									
D		a one-participant plan							
B This ret	urn/report is	the first return/report							
		rn/report (less than 12 mo	months)						
C Check	box if filing under:	X Form 5558	automatic extension	[DFVC prog	gram			
		special extension (enter desc	ription)						
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name	of plan				1b Three-c	digit			
TABER COI	NSULTING, INC 401	(K) PROFIT SHARING PLAN			plan nu	mber			
					(PN) •	,	001		
					1c Effectiv	e date of	plan		
						01/01	/2002		
2a Plan s	ponsor's name (emp	loyer, if for a single-employer plan)			2b Employ	er Identif	ication Number		
		om, apt., suite no. and street, or P.0			(EIN)		72065		
-		nce, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions)	2c Sponso	or's telep	hone number		
TABER CON	NSULTING, INC.					509-476			
					2d Busines	ss code (see instructions)		
PO BOX 604									
OROVILLE,	WA 98844				111300				
3a Plan a	administrator's name	and address Same as Plan Spo	nsor.		3b Adminis	strator's E	EIN		
TABER CON	TABER CONSULTING, INC. PO BOX 604					91-21	172065		
OROVILLE, WA 98844					3c Adminis	strator's t	elephone number		
							-2762		
4 If the	name and/or EIN of t	he plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN				
•		onsor's name, EIN, the plan name	and the plan number from	the 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 2				
					5b		2		
		is at the end of the plan year n account balances as of the end of							
		account balances as of the end of		· · · · · · · · · · · · · · · · · · ·	5c		2		
d(1) Tot	al number of active p	articipants at the beginning of the p	lan year		5d(1)		2		
d(2) Tot	tal number of active p	articipants at the end of the plan ye	ar		5d(2)		2		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested							0		
Caution: /	A penalty for the late	e or incomplete filing of this retur	n/report will be assessed	d unless reasonable cau					
SB or Scho		other penalties set forth in the instru and signed by an enrolled actuary, nplete.							
SIGN	Filed with authorize	d/valid electronic signature.	08/12/2019	019 DAVID TABER					
HERE	Signature of plan	Signature of plan administrator Date Enter name of individu					idual signing as plan administrator		
SIGN									
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ual signing as	as employer or plan sponsor			

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_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
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.)								
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance 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 pl	lan yea	r			(See instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year	
a	Total plan assets	7a	(99886				154116	
<u>b</u>	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7с	(99886				154116	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt	_		(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		4800					
	(2) Participants	8a(2)	4	48000					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		1430					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						54230	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0	
i	Net income (loss) (subtract line 8h from line 8c)	8i						54230	
j	Transfers to (from) the plan (see instructions)	8i							
Pai	rt IV Plan Characteristics	•							
9a	If the plan provides pension benefits, enter the applicable pension 2J 2E	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	n Chara	acterist	tic Coc	des in the ins	tructions:	
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			· ·			
	Program) Were there any nonexempt transactions with any party-in-interest			10a		X			
	reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			75000	
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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X			
h						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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	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 section ERISA?		:	Y	es X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	a 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 :	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 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					
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

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).

2018

OMB Nos. 1210-0110 1210-0089

2010

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information		***************************************					
For calend	lar plan year 2018 or i	iscal plan year beginning (1/01/2018	and ending	12/3	31/2018			
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer) (r) (Filers checking this box must attach a accordance with the form instructions.)				
B This return/report is		a one-participant plan	a foreign plan			in the form mondolone.			
D IIIIs iei	umreport is		the final return/report						
C Check	box if filing under:	an amended return/report X Form 5558	a short plan year retui automatic extension	rn/report (less than 12 m					
Oncor	box it thing drider.	DFVC program							
Part II	Basic Plan Info	special extension (enter descrip	,						
Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number Taber Consulting, Inc 401(k) Profit Sharing Plan plan number (PN) ▶ 001									
						tive date of plan 01/2002			
Mailing	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. l ce, country, and ZIP or foreign postal	Box)			oyer Identification Number 91-2172065			
TABE	R CONSULTING	, INC.	code (ii loreign, see insi	ructions)		2c Sponsor's telephone number 509-476-2762			
PO E	3OX 604				2d Business code (see instructions)				
OROV	'ILLE	WA 98844			111300				
3a Plan administrator's name and address Same as Plan Sponsor. TABER CONSULTING, INC.						nistrator's EIN 2172065			
	OX 604			:	3c Admir	nistrator's telephone number			
OROV	ILLE	WA 98844			509-	-476-2762			
4 If the r this pl	name and/or EIN of th an, enter the plan spo	e plan sponsor or the plan name has ensor's name, EIN, the plan name and	changed since the last r I the plan number from t	eturn/report filed for he last return/report.	4b EIN				
a Spons C Plan N	or's name lame				4d PN				
5a Total r	number of participants	at the beginning of the plan year			5a	2			
		at the end of the plan year			5b	2			
C Number	er of participants with	account balances as of the end of the	plan year (only defined	contribution plans	5c	2			
		rticipants at the beginning of the plan			5d(1)	2			
d(2) Tota	al number of active pa	rticipants at the end of the plan year.	***************************************		5d(2)	2			
than '	100% vested	terminated employment during the p			5e	0			
Caution: A	penalty for the late	or incomplete filing of this return/r	eport will be assessed	unless reasonable cau	use is estab	lished.			
SB or Sche	atties of perjury and of dule MB completed a rue, correct, and com	her penalties set forth in the instruction nd signed by an enrolled actuary, as s plete.	ons, I declare that I have well as the electronic ver	examined this return/report	port, includir t, and to the	ng, if applicable, a Schedule best of my knowledge and			
SIGN HERE	Vari	1/ John	3/6/19	David Taber					
	Signature of plan a	dministrator	Date /	Enter name of individe	ual signing a	s plan administrator			
SIGN HERE	Signature of ameri-	vice/plan and a a a	D-1						
5,500	Signature of emplo	yenpian sponsor	Date	I Enter name of individual	ual signing a	is employer or plan sponsor			

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b	Were 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either line 6a or line 6b, the plan can refer 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 indepe and condi not use Fo nsurance p	ndent qualified public a tions.) orm 5500-SF and mus orogram (see ERISA se	account it instea ection 4	ant (IC ad use 021)?	PA) Form	X Yes No 5500. Yes No Not determined		
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year		
a	Total plan assets	7a		99,	886		154,11		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		99,	886		154,11		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		4,	800				
	(2) Participants	8a(2)		48,000					
	(3) Others (including rollovers)	8a(3)			7				
b	Other income (loss)	d8		1,430					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					54,23		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e			2000				
f	Administrative service providers (salaries, fees, commissions)	8f			1000				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
	Net income (loss) (subtract line 8h from line 8c)	8i				54,2			
j	Transfers to (from) the plan (see instructions)	8j			13				
Pai	t IV Plan Characteristics	11	<u> </u>	***************************************					
9a	If the plan provides pension benefits, enter the applicable pension 2J 2E	feature co	odes from the List of Pl	lan Cha	racteri	stic Co	odes in the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	acterist	tic Cod	les in the instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a		itions withi	n the time period	Γ		· · · ·	Aniount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	oluntary F	Fiduciary Correction	10a		Х			
b		t? (Do not	include transactions	10b		Х			

Х

Х

Х

Χ

X

Х

10c

10d

10e

10f

10g

10h

75,00

c Was the plan covered by a fidelity bond?

Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

by fraud or dishonesty?

the plan? (See instructions.)....

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.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

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

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

	Form 5500-SF (2018)		Page 3-					
Part	VI Pension Funding Compliance		******************************			·····		
11	Is this a defined benefit plan subject to minimum fundir (Form 5500) and line 11a below)							Yes No
11a	Enter the unpaid minimum required contributions for al							
12	Is this a defined contribution plan subject to the minim ERISA?	- .		the Code or sectio				Yes 🛛 No
L	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and		······································					
a 	If a waiver of the minimum funding standard for a prior granting the waiver.				d enter t Day		of the lette Year_	er ruling
If	you completed line 12a, complete lines 3, 9, and 10 o	of Schedule MB (Form	5500), and skip to	line 13.	,	·		
b	Enter the minimum required contribution for this plan ye	ar			12b			
С	C Enter the amount contributed by the employer to the plan for this plan year							
d	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)							
е	Will the minimum funding amount reported on line 12d	be met by the funding d	eadline?			Yes	☐ No	☐ N/A
Part	VII Plan Terminations and Transfers of <i>F</i>	\ssets						
13a	Has a resolution to terminate the plan been adopted in any	plan year?				Yes	· 🛛 1	No
<u> </u>	If "Yes," enter the amount of any plan assets that rever	ted to the employer this	year		13a			
b	Were all the plan assets distributed to participants or b control of the PBGC?						X No	
С	If, during this plan year, any assets or liabilities were tr which assets or liabilities were transferred.	ansferred from this plan	to another plan(s)	, identify the plan(s) to			
13c(1) Name of plan(s):					(2) EIN(s)		13c(3) PN(s)
Recorded and second and second		kaakaaluun ka sakkaluu vuurusta veen missä viirikkuu kirikkuu valityisiä kirik kii Arakiin valityista kii Arak			den it i gundencestatuse			
***************************************		<u>On the Control of th</u>					WHEN THE COMPANY THE STATE OF THE COMPANY AND ADDRESS OF THE COMPANY AND AD	alaintaean eabarainna (1990)