Form 5500-SF Short Form Annual Return/Report of Small Emp   Department of the Treasury Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089	
	nal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employee Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the security Act of 1974 (ERISA), and 1974 (ERISA), a				
	epartment of Labor enefits Security Administration	Income Security Act of 1974	67(b) and 6058(a) of the e).	Internal	This Form is Open to Public Inspection		
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 55	00-SF.	Fublic inspection	
Part I		Identification Information					
For calenda	ar plan year 2018 or fis	scal plan year beginning 01/01/2			2/31/2018	view this have several attach a	
A This ret	urn/report is for:	X a single-employer plan	list of participating er			king this box must attach a vith the form instructions.)	
B This rot	urn/report is	a one-participant plan	a foreign plan				
	um/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:	X Form 5558	automatic extension	[	DFVC p	rogram	
		special extension (enter descr	iption)				
Part II	Basic Plan Info	rmation—enter all requested inf	ormation				
<b>1a</b> Name					1b Thre		
DEFRANCO	INSURANCE RETIRE	EMENT PLAN			pian (PN)	number 001	
				-	, ,	tive date of plan	
						01/01/2004	
		yer, if for a single-employer plan) n, apt., suite no. and street, or P.O	Pov)			oyer Identification Number	
		e, country, and ZIP or foreign posta		ructions)	(EIN)		
DEFRANCO	INSURANCE, INC.				ZC Spor	nsor's telephone number 206-723-1680	
				-	2d Busir	ness code (see instructions)	
P.O. BOX 18 SEATTLE, W						524210	
OL/TITLE, W							
3a Plan a	dministrator's name an	nd address 🛛 Same as Plan Spor	isor.		<b>3b</b> Admi	nistrator's EIN	
				-	3c Admi	nistrator's telephone number	
					JC Aum		
		e plan sponsor or the plan name ha			4b EIN		
•	or's name	nsor's name, EIN, the plan name a	nd the plan humber from	ne last return/report.	4d PN		
C Plan N							
5a Total r	number of participants	at the beginning of the plan year			5a	4	
		at the end of the plan year		E	5b	4	
				•	5c	4	
<b>d(1)</b> Tota	al number of active par	rticipants at the beginning of the pla	an year		5d(1)	3	
		rticipants at the end of the plan yea			5d(2)	4	
		terminated employment during the			5e	0	
Caution: A	penalty for the late of	or incomplete filing of this return	/report will be assessed	l unless reasonable cau			
SB or Sche		ner penalties set forth in the instruc nd signed by an enrolled actuary, a plete					
SIGN		valid electronic signature.	08/12/2019	JOHN DEFRANCO			
HERE	Signature of plan a		Date	Enter name of individu	ual signing	as plan administrator	
SIGN							
HERE	Signature of omelo	ver/nlan snonsor	Data	Enter name of individu	al signing	as employer or plan apones	
Eas Damas	Signature of emplo	yer/plan sponsor	Date		นลา ธาฎาแกฎ	as employer or plan sponsor	

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6a 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a <b>If you answered "No" to either line 6a or line 6b, the plan cann</b>	an indeper and condit	ndent qualified public accountant (I ions.)	QPA)	X Yes No
С	If 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				Not determined
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year
а	Total plan assets	7a	1136750		1155210

	rotar plan assets	/a	1130730			1100210
b	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)	7c	1136750			1155210
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	44072			
	(2) Participants	8a(2)	9300			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	-33727			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				19645
d	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	1185			
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1185
i	Net income (loss) (subtract line 8h from line 8c)	8i				18460
j	Transfers to (from) the plan (see instructions)	8j				
Pa	rt IV Plan Characteristics	-				
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2G$ $2J$ $2K$ $2T$ $3D$	feature co	des from the List of Plan Cha	aracteri	stic Code	es in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Char	acteris	tic Codes	in the instructions:
Ра	rt V Compliance Questions					
10	During the plan year:			Yes	No	Amount

10	During the plan year:		res	NO	Amount
а	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		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	Was the plan covered by a fidelity bond?	10c	X		150000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused 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.).	10e	X		5438
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
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	10i			

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r 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 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?			Ye	s X	No	
	lf "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 brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

	pertment of the Treasury	Short Form Annua	l Return/Repor Benefit Plan	t of Small Emp	oyee	OMB Nos. 1210-0110 1210-0089
ini	Department of Labor	This form is required to be filed	under sections 104 and	4065 of the Employee F	Retirement	2018
Employee	Benefits Security Administration	income Security Act of 1974 (	ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the	Internal	This Form is Open to
Pension	Benefit Guaranty Corporation	Complete all entries in a		•	F00 0F	Public Inspection
Part	Annual Report	dentification Information	condance with the mst	ructions to the Form 5	500-SF.	
For calen	idar plan year 2018 or fis	CONTRACTOR OF THE OWNERS STORE AND A DESCRIPTION OF THE OWNERS AND A D	01/01/2018	and ending	12/3	1/2018
	eturn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	(Filers check	ing this box must attach a
		a one-participant plan	list of participating er	nployer information in a	ccordance wi	ith the form instructions.)
B This re	eturn/report is	the first return/report	the final return/report			
		an amended return/report		n/report (less than 12 m		
C Check	box if filing under:			inteport (less than 12 m	ionths)	
e oncon	toox in minig under.	Form 5558	automatic extension		DFVC pr	ogram
D		special extension (enter descrip				
Part II	Basic Plan Infor	mation-enter all requested info	rmation			
<b>1a</b> Name DEF		E RETIREMENT PLAN			1b Three plan r (PN)	number
					1c Effect	ive date of plan
2a Plan	snonsor's name (employe	er, if for a single-employer plan)			01/	01/2004
Mailin	ng address (include room	, apt., suite no. and street, or P.O. , country, and ZIP or foreign postal	Box) code (if foreign, see inst	ructions)	2b Emplo (EIN)	oyer Identification Number 91-1466973
DEFI	RANCO INSURANCE	, INC.	oodo (ii foreigi), ace inst	lucions)	2c Spons	sor's telephone number
P.0	. BOX 18227					- 723 - 1680 ess code (see instructions)
SEA	TTLE	WA 98118			5046	
3a Plan a	administrator's name and	address X Same as Plan Spons	or		5242	istrator's EIN
					30 Admin	istrator's Ein
					3c Admin	istrator's telephone number
4 If the	name and/or EIN of the p	plan sponsor or the plan name has	changed since the last re	eturn/report filed for	4b EIN	
uns p	lian, enter the plan spons	sor's name, EIN, the plan name and	the plan number from t	ne last return/report.		
C Plan N					<b>4d</b> PN	
5a Total	number of participants at	the beginning of the plan was				
b Total	number of participants at	t the beginning of the plan year			5a	4
C Numb	per of participants with ac	t the end of the plan year count balances as of the end of the			5b	4
comp	lete this item)		e pian year (only defined	contribution plans	5c	4
<b>d(1)</b> Tot	al number of active partie	cipants at the begInning of the plan	vear		5d(1)	3
d(2) Tot	al number of active partie	cipants at the end of the plan year			5d(2)	3
e Numi	per of participants who te	rminated employment during the p	an year with accrued be	nefits that wore less		4
ulan	TOU 70 Vested			The second se	5e	0
SB or Sche	edule MB completed and	Incomplete filing of this return/n r penalties set forth in the instruction signed by an enrolled actuary, as the	ne I doelaro that I have	ownerstand their actions.	CONTRACTOR OF A CONTRACTOR	The second
SIGN	+ 10	nameno	8-12-2019	John DeFranco		
HERE	Signature of plan adr	10				
SIGN	a second and a second	CHINE OF MILLION	Date	Enter name of individu	ual signing as	s plan administrator
HERE	Signature of employe					

UEDE				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual similar and the second	
For Paperw	ork Reduction Act Notice and the Instantion of a	Date	Enter name of individual signing as employer or plan sponsor	
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.			Form 5500-SF (2018)	
			v 171027	

с	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th	an indepen and condition not use For Insurance pr	dent qualified public accountant (IQP ons.)	A) X Yes ☐ No form 5500.
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1,136,750	1,155,210

a	l otal plan assets	7a	1,136,750	1,155,210
b		7b		1,155,210
C	Net plan assets (subtract line 7b from line 7a)	7c	1,136,750	1,155,210
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	and the second
a	Contributions received or receivable from: (1) Employers	8a(1)	44,072	(b) Total
	(2) Participants	8a(2)	9,300	
	(3) Others (including rollovers)	8a(3)		the second s
b	Other income (loss)	8b	-33,727	1 3 1 1 2 2 3 1 1 1 3 T
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		19,645
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	17,045
e	Certain deemed and/or corrective distributions (see instructions)	8e	CSU V	
f_	Administrative service providers (salaries, fees, commissions)	8f	1,185	
g	Other expenses	8g		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,185
i	Net income (loss) (subtract line 8h from line 8c)	81		18,460
j	Transfers to (from) the plan (see instructions)	8i	5.94	
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2K 2T 3D	feature codes	from the List of Plan Characteristic C	odes 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
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	Amount
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
<u>с</u>	Was the plan covered by a fidelity bond?	10c	x		150,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
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.).	10e	x		5,438
f	Has the plan failed to provide any benefit when due under the plan?	10f		x	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			x	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g		x	
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	101			Contraction of the

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Part	/I Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instructions and complete Sci (Form 5500) and line 11a below)	nedule S	B	Yes []	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	110		1	-
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 202 a	ı ıf	Yes X	No
2	te votr outplote and the of and the tet, the tet, the below, as applicable.)				
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver	d enter Da		of the letter ruling Year	J
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
	Inter the minimum required contribution for this plan year	12b			
CE	inter the amount contributed by the employer to the plan for this plan year	12c			
α	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	1
Part \				Interest Land	
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 which assets or liabilities were transferred.	) to	1		
1:	3c(1) Name of plan(s): 13c(2	) EIN(s)		13c(3) PN(s)	)
_					