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		Identification Information						
For calend	dar plan year 2018 or fis	cal plan year beginning 01/01/20)18	and ending 12	2/31/2018			
A This re	eturn/report is for:	X a single-employer plan		olan (not multiemployer) (employer information in ac	_			
		a one-participant plan	a foreign plan					
B This ret	turn/report is	the first return/report	the final return/report					
		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 progr	am		
	_	special extension (enter descrip	,					
Part II	Basic Plan Info	rmation—enter all requested info	ormation					
1a Name OPSAHL DA	of plan AWSON & COMPANY,	P.S., 401(K) PLAN			1b Three-diplan num (PN) ▶	=		
					1c Effective	e date of plan 01/01/2013		
		ver, if for a single-employer plan)	Roy)			r Identification Number		
City o	r town, state or province	e, country, and ZIP or foreign posta		structions)	(EIN) 2c Sponsor	80-0305279 's telephone number		
OPSAHL DAWSON & COMPANY, P.S.					360-425-2000			
959 11TH AVE., STE. A					2d Business code (see instructions)			
LONGVIEW						541211		
3a Plan a	administrator's name an	d address X Same as Plan Spons	sor.		3b Administ	rator's EIN		
		<u> </u>			3c Administ	rator's tolophone number		
					JC Administ	rator's telephone number		
4 If the	name and/or FIN of the	plan sponsor or the plan name has	s changed since the last	roturn/roport filed for	4b EIN			
this p	olan, enter the plan spor	nsor's name, EIN, the plan name ar						
•	sor's name				4d PN			
C Plan I	Name							
5a Total	number of participants	at the beginning of the plan year			5a	27		
b Total	number of participants	at the end of the plan year			5b	28		
	· ·	account balances as of the end of th		·	5c	27		
d(1) To	tal number of active par	ticipants at the beginning of the pla	n year		5d(1)	24		
		ticipants at the end of the plan year			5d(2)	24		
		terminated employment during the			5e	0		
Caution:	A penalty for the late of	or incomplete filing of this return/	report will be assesse	d unless reasonable cau				
SB or Sch		ner penalties set forth in the instruct ad signed by an enrolled actuary, as plete.						
SIGN	Filed with authorized/	valid electronic signature.	09/11/2019	JENNIFER DAWSON				
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	ual signing as p	olan administrator		
SIGN	Filed with authorized/	valid electronic signature.	09/11/2019	JENNIFER DAWSON				
HERE Signature of employer/plan sponsor Date Enter name of individ				individual signing as employer or plan sponsor				

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C If the plan is a defined benefit plan, is it covered under the PBGC 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a	account	ant (IC	(PA)			Yes No
7 Plan Assets and Liabilities	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)?	[Yes No	<u> </u>	determined nstructions.)
a Total plan assets	Pa	rt III Financial Information								
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Er	d of Year	•
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a	133	27521				14550	098
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 62462 (2) Participants	b	Total plan liabilities	7b							
a Contributions received or receivable from: (1) Employers (2) Participants	<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	133	27521				14550)98
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
(3) Others (including rollovers)	<u>а</u>		8a(1)		62462					
b Other income (loss)		(2) Participants	8a(2)	14	47766					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		5072					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>b</u>	Other income (loss)	8b	7	82744					
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses			8c						1325	556
f Administrative service providers (salaries, fees, commissions)	d 		8d		1617					
g Other expenses	_ е	Certain deemed and/or corrective distributions (see instructions)	8e			_				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		23					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		3339					
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						49	979
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></u>		8i						1275	577
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D		, , , , , ,	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 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? 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.) 100										
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)	9a 		feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the ir	structions	:
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	es from the List of Pla	n Chara	acterist	tic Cod	des in the ins	tructions:	
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)	10	During the plan year:				Yes	No		Amount	:
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?	b		`		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?	С	Was the plan covered by a fidelity bond?			10c	X				140000
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	10d		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides som	ne or all of	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.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
2520.101-3.)	<u> </u>				10g	X				23583
If 10h was answered "Vee" shock the boy if you either provided the required notice or one of the	h	2520.101-3.)	· ·····		10h		Χ			
exceptions to providing the notice applied under 29 CFR 2520.101-3	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 (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

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.

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		t Identification Information	1			
For	calendar plan year 2018 or f	iscal plan year beginning	01/01/2018	and ending	12/31/201	.8
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-employer plan (a list of participating empl a foreign plan the final return/report a short plan year return/re	oyer information in	accordance with the	
(1 <u>144</u> 33)						
С	Check box if filing under:	∑ Form 5558	automatic extension		DFVC p	rogram
		special extension (enter desc	cription)			
_	art II Basic Plan Inf	ormation enter all requested	d information			
Та	Name of plan				1b Three-digit	
	Opsahl Dawson & Co	ompany, P.S., 401(k) Pla	an		(PN) ▶	001
					1c Effective d	
2a	Mailing Address (include ro	oloyer, if for a single-employer plan oom, apt., suite no, and street, or P	O. Box)	* 077900A3	2b Employer	Identification Number
	Opsahl Dawson & Co	nce, country, and ZIP or foreign po	stal code (if foreign, see instruct	ions)	2c Sponsor's	telephone number
	opsain bawson a co	mpany, F.S.			The state of the s	25-2000
	959 11th Ave., Ste	e. A			2d Business of 541211	code (see instructions)
	US Longview WA 98632					
3a		and address X Same as Plan S	ponsor		3b Administra	tor's EIN
					3c Administra	tor's telephone number
4		he plan sponsor or the plan name			4b EIN	
_		onsor's name, EIN, the plan name	and the plan number from the la	st return/report.	4d PN	
c	Sponsor's name Plan Name				4u PN	
·	rian Name					
5a	Total number of participant	ts at the beginning of the plan year			5a	27
b		ts at the end of the plan year				28
С	Number of participants with	n account balances as of the end o	f the plan year (only defined con	tribution plans	5c	27
d(1) Total number of active pa	articipants at the beginning of the p	olan year		5d(1)	24
d(2) Total number of active pa	articipants at the end of the plan ye	ear		5d(2)	24
е		o terminated employment during th			5e	0
Ca	ution: A penalty for the lat	e or incomplete filing of this retu	ırn/report will be assessed un	less reasonable c	ause is establishe	ed.
SE	nder penalties of perjury and B or Schedule MB completed lief, it is true, correct, and co	other penalties set forth in the instr I and signed by an enrolled actuary implete.	ructions, I declare that I have ex- r, as well as the electronic version	amined this return/ n of this return/repo	report, including, if ort, and to the best	applicable, a Schedule of my knowledge and

Date

9/11/2019

Jennifer Dawson

Jennifer Dawson

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Signature of plan administrator

HERE Signature of employer/plan sponsor

SIGN HERE

SIGN

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (Se	e instructions.)						X Yes	ПNо
	Are you claiming a waiver of the annual examination and report of ar									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditions	5.)						X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan canno									
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance prog	ram (see ERISA section	on 402	21)?		Yes	No	Not d	letermined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pren	nium filing for this year					(S	ee instru	ctions.)
Pa	irt III Financial Information				1					
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r		(b) End o	f Year	11.0
а	Total plan assets	7a	1,32	27,5	21				1,455	,098
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1,32	27,5	21				1,455	,098
	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)		62,4	62					
	(2) Participants	8a(2)		47,7				Special constitution		
-	(3) Others (including rollovers)	8a(2)		5,0						
b	Other income (loss)	8b	(83	2,74						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	(02	_,,,,					132	EEC
d	Benefits paid (including direct rollovers and insurance premiums	00							132	,556
	to provide benefits)	8d		1,6	17					
1411000	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			23					
g	Other expenses	8g		3,3	39					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					THE .		4	,979
i	Net income (loss) (subtract line 8h from line 8c)	8i							127,	,577
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 fe	ature codes	from the List of Plan C	harac	terist	ic Cod	les in the	instructio	ns:	
	2E 2F 2G 2J 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes f	om the List of Plan Ch	aracte	eristic	Code	s in the i	nstruction	ns:	
	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Д	mount	
а	Was there a failure to transmit to the plan any participant contribut		COLD TO THE PROPERTY OF THE PARTY OF THE PAR							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)			40-		x				
b	9			10a						
	reported on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c	Х				1	40,000
d 	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		x				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of the	benefits under	10e		х				
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					23,583
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instructi	ons and 29 CFR	10h		х				
i	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 n	otice or one of the	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 instructio (Form 5500 and line 11a below)	ns and complete S	chedule SB	Yes X No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) lin		11a	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 ERISA?			Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, granting the waiver		nd enter the o	date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	to line 13.		
b Enter the minimum required contribution for this plan year.		12b	
c Enter the amount contributed by the employer to the plan for the plan year		12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sig negative amount)		12d	
e 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?		Y	es X No
IS INC. of the state of the sta		13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, control of the PBGC?	or brought under th	ne _	Yes X No
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s which assets or liabilities were transferred. (See instructions.)	s), identify the plan	(s) to	×
13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)