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	Annual Report	Identification Information									
For calend	lar plan year 2018 or f	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018						
A This re	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.										
		a one-participant plan	a foreign plan								
B This ret	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retu	a short plan year return/report (less than 12 months)							
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	am					
		special extension (enter descri	' '								
Part II	Basic Plan Info	ormation—enter all requested inf	ormation								
1a Name CONLEY 40	of plan 01(K) PROFIT SHARIN	NG PLAN			1b Three-dig plan num (PN) ▶	·					
					1c Effective	date of plan 01/01/1981					
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O	. Box)		2b Employer (EIN)	Identification Number 91-1625261					
City or		ce, country, and ZIP or foreign posta		tructions)	2c Sponsor's	s telephone number					
						09-966-0730 code (see instructions)					
14307 SUMI	MITVIEW EXTENSION	N				541330					
YAKIMA, W	A 96906										
3a Plan a	administrator's name a	nd address 🏻 Same as Plan Spor	sor.		3b Administr	ator's EIN					
					3c Administr	ator's telephone number					
					7 (411)	a.c. 0 10.0p.10110 11a.11201					
		e plan sponsor or the plan name ha			4b EIN						
		onsor's name, EIN, the plan name a	nd the plan number from t	the last return/report.	4d PN						
a Spons C Plan N	sor's name Name				40 PN						
5a Total	number of participants	s at the beginning of the plan year			5a	24					
		s at the end of the plan year			5b	21					
		account balances as of the end of t		· ·	5c	21					
d(1) Tot	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	23					
d(2) Total number of active participants at the end of the plan year				5d(2)	20						
than	100% vested	terminated employment during the			5e	0					
		or incomplete filing of this return									
SB or Sch		ther penalties set forth in the instruc and signed by an enrolled actuary, a aplete.									
SIGN	Filed with authorized	d/valid electronic signature.	09/12/2019	PATRICK L. CONLEY	,						
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pl	lan administrator					
SIGN											
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individual signing as employer or plan spo							

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b An you claiming a ware of the annual examination and report of an independent qualified public accountant (IOPA)	6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Ye	s No		
If you answered "No" to either line 6 aor line 8b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b								X Ye	s П No	
Part III Financial Information Financial Information										о _П о	
Part III Financial Information 7 Plan Assets and Liabilities	С										
7 Plan Ássels and Liabilities (a) Beginning of Year (b) End of Year a Total plan assels		If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r			(See instr	uctions.)	
7 Plan Ássels and Liabilities (a) Beginning of Year (b) End of Year a Total plan assels	Pa	rt III Financial Information									
a Total plan assets	7			(a) Beginning	of Year			(b) En	nd of Year		
b Total plan liabilities	a		7a	` '				()			
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (5) Other income (loss) (6) Other income (loss) (7) Others (including rollovers) (8) Bb -104259 (8) Other income (loss) (8) Other inc	b										
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Net plan assets (subtract line 7b from line 7a)	7c	44	78532				3784201		
(2) Participants	8			(a) Amoun	ıt			(b)) Total		
(2) Participants	а			4	00000						
(3) Other including rollovers)			` '								
b Other income (loss)					21000						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,		4	04050						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)				-11	04259				70744		
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses			80						79741		
f Administrative service providers (salaries, fees, commissions)		. ,									
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 774072 i Net income (loss) (subtract line 8h from line 8c) 8i -694331 j Transfers to (from) the plan (see instructions) 8j 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: 2A 2E 2G 2J 2K 3D 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 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 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? 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). 10g X f Has the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X I If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3.) 10h x yes check the box if you either provided the required notice or one of the	f	ministrative service providers (salaries, fees, commissions) 8f									
i Net income (loss) (subtract line 8h from line 8c)	g	er expenses									
Transfers to (from) the plan (see instructions)	h	tal expenses (add lines 8d, 8e, 8f, and 8g)					774072				
Part IV Plan Characteristics	i_		ncome (loss) (subtract line 8h from line 8c)						-694331		
Sample If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	<u>j</u>	ransfers to (from) the plan (see 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: 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.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	Pa	rt IV Plan Characteristics									
Description	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:		
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		eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the ins	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 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.)											
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)		<u> </u>				Yes	No		Amount		
Program)	а										
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					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? 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.) 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	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			500	000	
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	·	-		10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	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					X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
2520.101-3.)	9				10g		Х				
	h	· · · · · · · · · · · · · · · · · · ·	•		10h		X				
	i				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	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling
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	× N	0
	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

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.

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information Part I 12/31/2018 01/01/2018 and ending For calendar plan year 2018 or fiscal plan year beginning a multiple-employer plan (not multiemployer) (Filers checking this box must attach a a single-employer plan list of participating employer information in accordance with the form instructions.) A This return/report is for: a foreign plan a one-participant plan B This return/report is the final return/report the first return/report an amended return/report a short plan year return/report (less than 12 months) automatic extension DFVC program C Check box if filing under: Form 5558 special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number CONLEY 401(K) PROFIT SHARING PLAN 001 (PN) > 1c Effective date of plan 01/01/1981 2b Employer Identification Number 2a Plan sponsor's name (employer, if for a single-employer plan) (EIN) 91-1625261 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) 2c Sponsor's telephone number CONLEY ENGINEERING, INC. 509-966-0730 2d Business code (see instructions) 14307 SUMMITVIEW EXTENSION 98908 YAKIMA 541330 3b Administrator's EIN 3a Plan administrator's name and address X Same as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN a Sponsor's name c Plan Name 24 5a 5a Total number of participants at the beginning of the plan year 5b 21 b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 21 complete this item) 23 5d(1) d(1) Total number of active participants at the beginning of the plan year 20 5d(2) d(2) Total number of active participants at the end of the plan year Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 0 than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct-and complete: PATRICK L. CONLEY SIGN HERE Enter name of individual signing as plan administrator

Date

Date

Signature of plan administrator

SIGN HERE

Enter name of individual signing as employer or plan sponsor

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μ	20	0	

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b	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	an indeper and conditi	ndent qualified public actions.)	counta	nt (IQF	PA) 	X Yes No		
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA sec	tion 40	21)? .	Ц	Yes No Not determined		
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this pla	in year			. (See instructions.)		
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Year		
	Total plan assets	7a	4,4	78,5	32		3,784,201		
	Total plan liabilities	7b							
-	Net plan assets (subtract line 7b from line 7a)	7c	4,4	78,5	32		3,784,201		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from: (1) Employers	8a(1)		163,0	000				
	(2) Participants	8a(2)		21,(000				
-	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)			104,2	259		72 741		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					79,741		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	-	772,	704				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			-				
f	Administrative service providers (salaries, fees, commissions)	. 8f		3 3 60					
g	Other expenses	8g	1,368			774,07			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)						-694,33		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)						-034,331		
j	Transfers to (from) the plan (see instructions)				L				
Pa	rt IV Plan Characteristics		X 1 E PM			tio Co	dee in the instructions:		
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare	feature co	des from the List of Plar	n Chara	acteris	tic Cod	es in the instructions:		
Pa	rt V Compliance Questions					·			
10	During the plan year:				Yes	No	Amount		
6	Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary	Fiduciary Correction	10a		х			
	 Were there any nonexempt transactions with any party-in-interereported on line 10a.) 	st? (Do not	t include transactions	10b		Х			
	Was the plan covered by a fidelity bond?			10c	Х		500,000		
	Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	's fidelity b	ond, that was caused	10d		Х			
	 Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.) 	other perso ome or all c	ns by an insurance of the benefits under	10e		Х			
-	f Has the plan failed to provide any benefit when due under the p			10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount			10g		Х			
	h If this is an individual account plan, was there a blackout period 2520.101-3.)	? (See inst	ructions and 29 CFR	10h		Х			
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	I the requir	ed notice or one of the	10i					

	Form 5500-SF (2018) Page 3-					the principle consequence of the constraint of the deliver of the consequence of the cons
Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)		edule Sl	В		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 CERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ode or section				es 🗓 No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insgranting the waiver.	structions, and Month	l enter t Day	he date	of the lette Year	r ruling
lf	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			
	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 negative amount)	left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part						
	Has a resolution to terminate the plan been adopted in any plan year?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	ı 🛛 N	0
e-autománeo más	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 broucontrol of the PBGC?				Yes 🛚	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred.	tify the plan(s)) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)
	ſ					