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**

		Identification Information									
For calendar	plan year 2018 or fis	scal plan year beginning 01/01/2	2018		and ending 12	2/31/201	3				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must list of participating employer information in accordance with the form instruc											
	·	a one-participant plan	a foreign plan								
B This return	n/report is	the first return/report									
		an amended return/report									
C Check bo	x if filing under:	X Form 5558	aut	tomatic extension		DFV	program				
		special extension (enter descri	cription)								
Part II	Basic Plan Info	rmation—enter all requested in	nformatio	n							
1a Name of	plan	1K PROFIT SHARING PLAN				pl	nree-digit an number N)	001			
						1c Effective date of plan 01/01/1997					
		yer, if for a single-employer plan) n, apt., suite no. and street, or P.C	O Boy)					fication Number			
		e, country, and ZIP or foreign post		(if foreign, see instru	uctions)			498637			
ROBINSON W	INDWORD, INC.				,	2c Sponsor's telephone number 509-536-1617					
						2d Bu	isiness code ((see instructions)			
2503 S. GEIGE SPOKANE, WA							3399	900			
3a Plan adr	ninistrator's name an	d address Same as Plan Spor	nsor.			3b Administrator's EIN					
ROBINSON W	INDWORD, INC.	2503 S. G				91-1498637					
		SPUKAN	NE, WA 9	99224-5410		3c Administrator's telephone number 509-536-1617					
							000 000	3 1017			
		plan sponsor or the plan name hasor's name, EIN, the plan name a				4b EI	N				
a Sponsor		ioor o mamo, am, and plan mamo o	a ,		o last rotally ropoli.	4d PN					
C Plan Na	me										
52 Total nu	mbar of participants	at the beginning of the plan year				5a		13			
_		at the end of the plan year				5b		11			
C Number	of participants with a	account balances as of the end of	f the plan	year (only defined	contribution plans	5c		8			
•	,	ticipants at the beginning of the pl				5d(1)	1	11			
	·		•			5d(2)	-	9			
d(2) Total number of active participants at the end of the plan yeare Number of participants who terminated employment during the plan year with accrued benefits that were less											
than 10	00% vested										
		or incomplete filing of this return									
SB or Sched		ner penalties set forth in the instrud and signed by an enrolled actuary, a plete.									
SIGN HERE	Filed with authorized/	valid electronic signature.		08/12/2019	JOHN D. ROBINSON						
TILKE	Signature of plan ac	dministrator		Date	Enter name of individ	ual signir	ng as plan adr	ministrator			
SIGN											
HERE	Signature of employer/plan sponsor Date Enter name of					lividual signing 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.) 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.								
	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 (See instructions.)	
Pa	rt III Financial Information								
	Plan Assets and Liabilities		(a) Beginning				(b) En	d of Year	
	Total plan assets	7a	10	09631				99197	
	Total plan liabilities	7b		22224				00407	
	Net plan assets (subtract line 7b from line 7a)	7c		09631				99197	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		2110					
	(2) Participants	8a(2)		8427					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b		-6793					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3744	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		13027					
е	Certain deemed and/or corrective distributions (see instructions)	8e		901					
f	Administrative service providers (salaries, fees, commissions)	8f		250					
g	Other expenses	8g	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						14178		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-10434	
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics	٠,							
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	cterist	tic Cod	des in the inst	ructions:	
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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a	X			6039	
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				Χ			
С	Was the plan covered by a fidelity bond?			10c	X			15000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					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	f Has the plan failed to provide any benefit when due under the plan?					X			
<u> </u>	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Χ			
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Χ			
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	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
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	× 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 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).

1210-0089

2018

OMB Nas. 1210-0110

This Form is Open to Public Inspection

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

Part I Annual Repor	rt Identification Information	cordance with the in	structions to the Form	5500-SF.	- abile mapechor				
For calendar plan year 2018 or		1/01/2018	and ending	10/31	72010				
A This return/report is for:		a multiple-employer	plan (not multiemployer)	(Filers chacking	/2018 g this box must attach a				
B This return/report is	a one-participant plan	list of participating employer information in accordance with the form instructions.) a foreign plan							
	_ ' <u>_</u>								
C Check box if filing under:	₩ r	_	turn/report (less than 12 a						
Special extension automatic extension DFVC program									
Part II Basic Plan Inf	ormation—enter all requested inform	on)							
1a Name of plan	ormation—enter all requested inform	nation							
	D, INC. 401K PROFIT SHA	RING PLAN		1b Three-copian number (PN)	mber				
			,	1c Effective	e date of plan				
waning address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Be	ox)		2b Employe	er Identification Number				
Robinson Windword	Ce, country, and ZIP or foreign postal or	ode (if foreign, see in:	structions)	(EIN) 91-1498637 2c Sponsor's telephone number					
2503 S. Geiger Blvd.					36-1617 s code (see instructions)				
Spokane				The state of the s					
				339900					
3a Plan administrator's name and address Same as Plan Sponsor. ROBINSON WINDWORD, INC.				3b Administrator's EIN 91-1498637					
2503 S. GEIGER BLVD.					3c Administrator's telephone number				
SPOKANE 4 If the name and/or FIN of the	WA 99224-5410			509-5	7 36–1617				
	e plan sponsor or the plan name has chansor's name, EIN, the plan name and t	nanged since the last he plan number from	return/report filed for the last return/report	4b EIN	70 1017				
a Sponsor's name C Plan Name			and an analysis of the second	4d PN					
• rich Hanne									
5a Total number of participants	at the beginning of the plan year			5a					
or rotal number of participants	at the end of the plan year				13				
complete this item)	account balances as of the end of the p	olan year (only defined	d contribution plans	5b 5c					
u(1) Total number of active par	rticipants at the begi⊓ning of the plan ve	ear	1	5d(1)					
Number of participants who	rticipants at the end of the plan year			5d(2)					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					9				
Under penalties of perturyland of	Per penalties out forth in the inches	OLL MILL DE SESSEG	uniess reasonable cau	ise is establish	ed.				
SB or Schedule MB completed an belief, it is true correct, and comp	nd signed by an enrolled actuary, as we plete.	Il as the electronic ve	examined this return/report	oort, including, it , and to the bes	applicable, a Schedule t of my knowledge and				
SIGN HERE		8-12-19	John D. Robins	on					
Signature of plan au	aministrator	Date	Enter name of individu	ıal signing as pl	an administrator				
HERE Signature of employ	ver/plan sponsor	Det-							
or Paperwork Reduction Act Notice	e, see the instructions for Form 5500-SF.	Date	Enter name of individu	al signing as er	nployer or plan sponsor				

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								_ _ -	
6a b	Were all of the plan's assets during the plan year invested in elig	ible assets	? (See instructions.).					X Yes	Пи
_	under 29 CFR 2520.104-46? (See instructions on waiver eligibility								_
		INOT USA F	Arm 5500.QC and					X Yes	: [] N
C	" The plants a defined benefit plan, is it covered under the PBGC	insurance	Drogram (see ERISA	Footion	40041	•] Nat dat	
	If "Yes" is checked, enter the My PAA confirmation number from t	the PBGC	premium filing for this	plan ve	ar			Not dete	
Pi	art III Financial Information			p=====			·\	See instru	ctions.
7	Plan Assets and Liabilities								
a	Total plan assets	. 7a	(a) Beginning				(b) End of		
b	Total plan liabilities	7b		109	, 631	 	 _		99,19
C		7c		100	631				
8	Income, Expenses, and Transfers for this Plan Year				, 631	<u> </u>			99,19
а	Contributions received or receivable from:	Sales Sales	(a) Amou	ınt		7897	(b) Tot	al .	
_	(1) Employers	8a(1)		2	,110				
	(2) Participants	. 8a(2)		8	427				
	(3) Others (including rollovers)	. 8a(3)							
<u>_b</u>	Other income (loss)	. 8b		-6	, 793		3 H 72 H. 32.4.		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			265	Name of the state			3,74
ď	Benefits paid (including direct rollovers and insurance premiums				3.7 . 20.0				J, /4
е	to provide benefits)	. 8d	13,027			77 AM 22 12 12 12 12 12 12 12 12 12 12 12 12			
f	Administrative service providers (soleties force instructions)	- 8e	901						
g	Administrative service providers (salaries, fees, commissions)		250						
	Other expenses (add lines 2d 2n 05 n 10	. 8g							
÷	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				14,17			
Ť	Net income (loss) (subtract line 8h from line 8c)	. 8i				-10,43			0,43
Day		8j							
9a									
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F	feature co	des from the List of P	lan Cha	racter	istic C	odes in the instruc	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare f								
		oaibie coc	es nom the List of Pia	an Char	acteris	tic Co	des in the instruction	ons:	
Par				_	-				
<u>10</u>	During the plan year:				Yes	No	Am	unt	
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	tions within	n the time period						
	Program)	Oluntary F	iduciary Correction	10a	x	1			c 001
b	viole triefly any nonexempt transactions with any narty-in-interact	2/13	malarda taran 11	Iva	-	-	 		6,039
	roported diffilie Tua.)		1418111144814484444	10b	İ	Х			
_ 	was the plan covered by a fidelity bond?		*******	10c	Х			1	5,000
d	Did the plan have a loss, whether or not reimbursed by the planta	fidalih, ha-				, v			
е	- ,			10d		X			
	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions)								
_	the plant (des instructions.)	************		10e		Х			
Т	has the plan falled to provide any benefit when due under the plan?					Х			
9	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	nd.)	10g		X			
h	If this is an individual account plan, was there a blackout period?	Sac insta.	-ti	<u>*</u> .		х			
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the parties.			10h		^			
	exceptions to providing the notice applied under 29 CFR 2520.101	1-3	nouce or one of the	10i					
				. 41	L				\$20 FB

	Form 5500-SF (2018)					
	rage J-			- <u> </u>		
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)	d complete Sch	nedule S		Ye	s No
_11a	Exercise displace minimum required contributions for all years from Schedule SP (Form FECO) in a 40		1	1		
12	ERISA?	Code or section	n 302 o	.,,,,,,,,,,	└─	s 🛭 No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	nstructions, and	d enter Day	the date	e of the letter re Year	uling
	you completed the 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	n 13.		/	1641	
	Enter the minimum required contribution for this plan year		12b			
<u>c</u>	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		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	***************************************		Yes	No	h4/4
Part	Plan Terminations and Transfers of Assets			163		N/A
13a	Has a resolution to terminate the plan been adopted in any plan year?					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	***************************************		Ye	s X No	
b	were all the plan assets distributed to participants or bandicipants at bandicipants		13a			
					Yes X N	No
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identification assets or liabilities were transferred.	tify the plan(s)	to			
,	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)
_						-
			_	_		
				e e		· .
						