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		Identification Information								
For calend	lar plan year 2018 or fi	scal plan year beginning 01/01/2	2018	and ending 1	2/31/2018					
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a 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	urn/report (less than 12 m	nonths)					
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progr	am				
		special extension (enter desc	· ′							
Part II		rmation—enter all requested in	formation		T					
1a Name MICHAEL A	•	NEY AT LAW, INC., P.S. RETIREM	MENT PLAN		1b Three-dig plan num (PN) ▶					
					1c Effective	date of plan 01/01/2011				
		yer, if for a single-employer plan)	D. Barri			Identification Number				
		m, apt., suite no. and street, or P.0 e, country, and ZIP or foreign pos		structions)	(EIN)	91-1943067				
		IEY AT LAW, INC., P.S.	3, 111	,		s telephone number 60-336-3321				
					2d Business	code (see instructions)				
1204 CLEVE	ELAND AVE. RNON, WA 98273				541110					
WOONT VE	KNON, WA 30273									
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spo	nsor.		3b Administr	rator's EIN				
					3c Administr	rator's telephone number				
					7 turminot	ator o telephone namber				
4					41					
		e plan sponsor or the plan name h nsor's name, EIN, the plan name a			4b EIN					
a Spons	sor's name				4d PN					
C Plan N	Name									
5a Total	number of participants	at the beginning of the plan year.			. 5a	3				
b Total	number of participants	at the end of the plan year			. 5b	6				
C Numb	per of participants with	account balances as of the end of	the plan year (only define	ed contribution plans	. 5c	5				
d(1) Tot	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	3				
d(2) Total number of active participants at the end of the plan year				5d(2)	5					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca						
SB or Scho		her penalties set forth in the instru nd signed by an enrolled actuary, b blete.								
SIGN		/valid electronic signature.	09/15/2019	MICHAEL A. WINSLO	DW WC					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as p	lan administrator				
SIGN										
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	of individual signing as employer or plan spor					

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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.)	X Yes No						
If you answered "No" to either line 6a or line 6b, 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)? Yes If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) a Total plan assets							
Part III Financial Information Financial Information Part III Financial Information							
Part III Financial Information 7 Plan Assets and Liabilities	No Not determined						
7 Plan Assets and Liabilities (a) Beginning of Year (b) a Total plan assets	(See instructions.)						
a Total plan assets							
a Total plan assets) End of Year						
C Net plan assets (subtract line 7b from line 7a)	544244						
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 16665 (2) Participants 8a(2) 52808 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 34856 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 410 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h							
a Contributions received or receivable from: (1) Employers 8a(1) 16665 (2) Participants 8a(2) 52808 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 34856 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h	544244						
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(2) Participants							
(3) Others (including rollovers)							
b Other income (loss) 8b 34856 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 410 g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	104329						
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h							
g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h							
h Total expenses (add lines 8d, 8e, 8f, and 8g)							
i Net income (loss) (subtract line 8h from line 8c)	410						
	103919						
j Transfers to (from) the plan (see instructions)							
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 2R 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						
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?	40000						
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4000						
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 exceptions to providing the notice applied under 29 CFR 2520.101-3							

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1 3.111 3333 3.1 (23.13)	i ago 🗸 📑

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	o
	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).

▶ 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 Repor	t Identification Information	ordanio With the mot	ruotions to the Form se	, , , , , , , , , , , , , , , , , , ,						
		fiscal plan year beginning 01/01/2018		and ending 12/3	1/2018						
A This re	A This return/report is for: X a single-employer plan										
		a one-participant plan									
B This re	turn/report is										
		an amended return/report									
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program						
Dort II	Pagis Dlan Infe	special extension (enter description									
Part II		ormation—enter all requested inform	nation		4 h = =						
1a Name MICHAEL A		NEY AT LAW, INC., P.S. RETIREMEN	T PLAN		1b Three- plan no (PN)	umber	001				
-					1c Effective 01/01/		plan				
Mailin	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Bo	ox)		The state of the s	yer Identifi 91-194306	cation Number 7				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MICHAEL A. WINSLOW, ATTORNEY AT LAW, INC., P.S.					2c Spons		none number 336-3321				
					2d Business code (see instructions)						
1204 CLEVELAND AVE.					541110						
	RNON, WA 98273										
3a Plan a	administrator's name a	nd address X Same as Plan Sponsor			3b Administrator's EIN						
3c Administrator's tele						elephone number					
4 If the	name and/or EIN of the	e plan sponsor or the plan name has cl nsor's name, EIN, the plan name and t	hanged since the last re	eturn/report filed for	4b EIN						
	or's name	risor s name, Env, the plan hame and t	ne plan number nom u	ne iast return/report.	4d PN						
c Plan N	lame										
5a Total	number of participants	at the beginning of the plan year			5a		3				
b Total	number of participants	at the end of the plan year			5b		6				
		account balances as of the end of the			5c		5				
		rticipants at the beginning of the plan y			. 5d(1) 3						
		rticipants at the end of the plan year			5d(2)		5				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e 0						
Under pena SB or Sche	alties of perjury and ot	or incomplete filing of this return/repher penalties set forth in the instruction and signed by an enrolled actuary, as wellete.	s, I declare that I have	examined this return/rep	oort, including	a, if applica	able, a Schedule knowledge and				
SIGN HERE	MA	ehle	9/17/2019	Michael A. Winslow							
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as	s plan adm	ninistrator				
SIGN /	nch	the pres	9/17/225								
Signature of employer/plan sponsor Date Enter name of individual					dual signing as employer or plan sponsor						

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets'	? (See instructions.)					X Yes No
D	Are you claiming a waiver of the annual examination and report of an independent qualified public a under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						 5500	X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th							(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities	<u> </u>	(a) Paringing	- f V			/L\ E-	
a	Total plan assets	7a	(a) Beginning	44032			/p) =111	d of Year 544244
	Total plan liabilities	1		44002	~~			J44244
	Net plan assets (subtract line 7b from line 7a)	· · · · · · · · · · · · · · · · · · ·		44032	25			544244
8	Income, Expenses, and Transfers for this Plan Year	/6	(a) Amour		-0		(b)	Total
	Contributions received or receivable from:		(a) Amour	11			(D)	iotai
	(1) Employers	8a(1)		1666	35			
	(2) Participants	8a(2)		5280	08			
	(3) Others (including rollovers)	8a(3)			0			
b	Other income (loss)	8b		3485	56			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						104329
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		41	10			
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						410
i_	Net income (loss) (subtract line 8h from line 8c)	8i						103919
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics	t						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2R 3D	feature co	odes from the List of PI	an Cha	racteri	stic Cod	des in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Code	es 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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10a		×		
c				10c	X			40000
d		fidelity bo	nd, that was caused	10d		×		
е	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.)	ner person ne or all of	s by an insurance the benefits under	10e		×		
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	s of year-	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	·		10h		×		
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			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 comple (Form 5500) and line 11a below)	Scl	nedule	SB		Yes 🗌	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or ERISA?	ectio	n 302 d	of		Yes X	No
	(ii Tes, complete line 12a of 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, see instruction granting the waiver	s, an	d enter Da		e of the le Yea		
If	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				
	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)							
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part	/II 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 the control of the PBGC?					Yes	⊠ No	***
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)						
1		3c(2) EIN(s)	130	(3) PN(s)	
