-	m 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
Inter	nal Revenue Service	This form is required to be file	d under sections 104 and			2018
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		Internal	This Form is Open to Public Inspection
	enefit Guaranty Corporation	Complete all entries in		tructions to the Form 55	500-SF.	
Part I		dentification Information			100/0040	
For calenda	ar plan year 2018 or fisc				9/30/2019 Filora chock	king this box must attach a
A This ret	urn/report is for:	X a single-employer plan	list of participating e			with the form instructions.)
B This retu	rn/report is	a one-participant plan	a foreign plan			
		the first return/report	the final return/report			
-	l	an amended return/report	X a short plan year retu	rn/report (less than 12 mo	onths)	
C Check b	box if filing under:	Form 5558	automatic extension		DFVC p	rogram
		special extension (enter desc				
Part II	Basic Plan Infor	mation—enter all requested in	formation		-	
1a Name	•				1b Three	e-digit number
5K, LLC 401	(K) PLAN 401(K)				(PN)	
					1c Effec	tive date of plan
2a Plan sr	oonsor's name (employe	er, if for a single-employer plan)			2h Empl	01/01/2007 oyer Identification Number
Mailing	address (include room	, apt., suite no. and street, or P.C			EIN)	
5K, LLC	town, state or province,	, country, and ZIP or foreign post	ai code (if foreign, see ins	tructions)	2c Spor	nsor's telephone number 509-575-3600
					2d Busir	ness code (see instructions)
104 SOUTH YAKIMA, WA						334110
3a Plan ad	dministrator's name and	l address 🛛 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
4 If the r	ame and/or EIN of the	plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN	
this pla	an, enter the plan spons	sor's name, EIN, the plan name a				
a Sponso C Plan N	or's name				4d PN	
	lame					
5a Total r	number of participants a	t the beginning of the plan year.			5a	2
		t the end of the plan year			5b	0
		ccount balances as of the end of			5c	0
•	,	cipants at the beginning of the pl		ľ	5d(1)	0
d(2) Tota	al number of active parti	icipants at the end of the plan ye	ar		5d(2)	0
		erminated employment during the			5e	0
Caution: A	penalty for the late or	r incomplete filing of this retur	n/report will be assessed	d unless reasonable caι		
SB or Sche	alties of perjury and othe edule MB completed and true, correct, and comple	er penalties set forth in the instruct d signed by an enrolled actuary, a etc.	ctions, I declare that I have as well as the electronic ve	e examined this return/repersion of this return/report	port, includi t, and to the	ng, if applicable, a Schedule best of my knowledge and
SIGN		alid electronic signature.	09/30/2019	JOHN MCKEAN		
HERE	Signature of plan ad		Date	Enter name of individu	ual signing :	as plan administrator
SIGN		alid electronic signature.	09/30/2019	JOHN MCKEAN	gg	
HERE	Signature of employ	5	Date	-	ual signing :	as employer or plan sponsor
For Paperwo		, see the Instructions for Form 5500				Form 5500-SF (2018)

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6a b c		an indeper and condit ot use Fo surance p	ndent qualified public accountant (IQPA) ions.) rm 5500-SF and must instead use Form 55 program (see ERISA section 4021)?	X Yes No
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	625	0
b	Total plan liabilities	7h		

b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c		625			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b		0			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					0
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		625			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					625
i	Net income (loss) (subtract line 8h from line 8c)	8i					-625
j	Transfers to (from) the plan (see instructions)	8j		0			
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension $2F$ 2G 2J 3D 2E	feature co	odes from the List of Pla	an Chai	racteris	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Plar	n Chara	acterist	ic Cod	es in the instructions:
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		Х	
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х	

	reported on line 10a.)	10b	^	
С	Was the plan covered by a fidelity bond?	10c	×	
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	
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.)	10g	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 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 complete rm 5500) and line 11a below)			SB			Y	es	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 Code or se SA?			of			Y	es 🗙	No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions nting the waiver			rth ay			letter ear	rulinę	g
lf	you o	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 left of a ative amount)		12d						
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/.	A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes		No)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?					× Ye	es	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	an(s)) to						
1	3c(1) Name of plan(s): 13	c(2)	EIN(s	5)		13c(3) PN(s			5)

Form 5500-SF	Short Form Annua	•	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file		065 of the Employee R	etirement	2018
Department of Labor Employee Benefils Security Administration	Income Security Act of 1974	Benefit Plan filed under sections 104 and 4065 of the Employee Retirement 974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). In accordance with the Instructions to the Form 5500-SF.			This Form is Open to
Pension Benefit Guaranty Corporation	 Complete all entries in a 	accordance with the instr	uctions to the Form 5	500-SF.	Public Inspection
Part I Annual Report	t Identification Information				· //·····
For calendar plan year 2018 or 1		01/01/2019	and ending	09/3	0/2019
A This return/report is for:	X a single-employer plan	list of participating em			ing this box must attach a ith the form instructions.)
m	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	X the final return/report			
	an amended return/report	🗙 a short plan year retur	n/report (less than 12 m	nonths)	
C Check box if filing under:	Form 5558	automatic extension			rogram
	special extension (enter descri	iption)		Lord	
Part II Basic Plan Info	ormation-enter all requested inf	formation			
1a Name of plan			······································	1b Three	e-digit
5K, LLC 40	1(k) Plan 401(k)			plan	number
				(PN)	
					tive date of plan 01/2007
2a Plan sponsor's name (empl	oyer, if for a single-emptoyer plan)				oyer Identification Number
	om, apt., suite no. and street, or P.O		n ottomo)		20-2074566
5K, LLC	ce, country, and ZIP or foreign post	a code (a toreign, see insti	ucuons)		isor's telephone number - 575 - 3600
104 South 6th Av	e			I	ness code (see instructions)
	- •				
Yakima	WA 9890)2		334	110
3a Plan administrator's name a	and address 🛛 Same as Plan Spor	ISOF.		3b Admi	nistrator's EIN
				3c Admi	nistrator's telephone number
	ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN	84 4 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
a Sponsor's name	shoor o hanne, Ent, the plat haine a	and the plan noniber nonit t	le last returnireport.	4d PN	
C Plan Name					
5a Total number of participant	s at the beginning of the plan year			5a	2
	s at the end of the plan year			5b	
c Number of participants with	account balances as of the end of t	the plan year (only defined	contribution plans	5c	
	articipants at the beginning of the pla			5d(1)	0
	articipants at the end of the plan yea			5d(2)	0
e Number of participants who	b terminated employment during the	plan year with accrued be	nefits that were less		
than 100% vested	*******			<u>5</u> e	0
Under penalties of perjury and o	or incomplete filing of this return ther penalties set forth in the instruc- and signed by an enrolled actuary, a polete.	tions. I declare that I have	examined this return/re	nort, includu	no, if applicable, a Schedule
	Mi Ween	9/30/2019	John Mckean		****
HERE Signature of plan		Date	Enter name of individ	lual sioning :	as alan administrator
SIGN SIGN	Mullen				as pidit doministrator
HERE	oyer/plan sponsor				
	ce, see the Instructions for Form 5500	Date	Enter name of individ	ival signing a	as employer or plan sponsor Form 5500-SF (2018)

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-	Were all of the plan's assets during the plan year invested in eligible			
b	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	and conditio	ns.)	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Form	n 5500-SF and must instead use For	m 5500.
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA section 4021)?	Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pre	mium filing for this plan year	. (See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	625	C
b	Total plan liabilities	7b		
с	Net plan assets (subtract line 7b from line 7a)	7c	625	C
8	Income, Expenses, and Transfers for this Plan Year	Sec. Sec.	(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	0	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		C
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	625	
e	Certain deemed and/or corrective distributions (see instructions)	8e ·	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		625
i	Net income (loss) (subtract line 8h from line 8c)	8i		-625
j	Transfers to (from) the plan (see instructions)	8j	0	
	rt IV Plan Characteristics			

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b

Part V Compliance Questions

10	During the plan year:	Yes	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)		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	,	x	
c	Was the plan covered by a fidelity bond? 100		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?		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.)		x	
f	Has the plan failed to provide any benefit when due under the plan? 10		x	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g		x	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 101		x	
1	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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Part	/I Pension Funding Compliance			1		1		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (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 ERISA?		n 302	of		Yes X		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	and the second second			_			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.		d enter		ate of t	he let		ling
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.						
b	Enter the minimum required contribution for this plan year		12b					
C	Enter the amount contributed by the employer to the plan for this plan year		12c					
d	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)							
е	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?			X Yes 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 bro control of the PBGC?	-	ne X Yes No				0	
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred.	ntify the plan(s) to					
1	1) Name of plan(s): 13c(2)				-	13c	(3) PI	V(s)
and a								
			and all	1.00				C SP des
					-		-	
				100	_			