_	rm 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	oyee	0	MB Nos. 1210-0110 1210-0089
D	Pepartment of Labor Benefits Security Administration	This form is required to be filed Income Security Act of 1974		057(b) and 6058(a) of the I		This Fo	2018 orm is Open to
Pension B	enefit Guaranty Corporation	 Complete all entries in a 	,	,	00-SF.	Publi	c Inspection
Part I		Identification Information			10 1 10 0 1 0		
For calence	ar plan year 2018 or fis	cal plan year beginning 01/01/20		and ending 12 blan (not multiemployer) (F	<u>/31/2018</u> Filers check	king this have	must attach a
A This re	turn/report is for:	 X a single-employer plan ☐ a one-participant plan 		mployer information in acc		-	
B This ret	urn/report is	the first return/report	the final return/report				
		an amended return/report		rn/report (less than 12 mo	onths)		
C Check	box if filing under:	X Form 5558	automatic extension	Γ	DFVC p	rogram	
		special extension (enter descri	ption)	L			
Part II	Basic Plan Info	rmation—enter all requested info	ormation				
1a Name	•				1b Three	e-digit number	
VAN WINKL	_E R.E. 401(K) PLAN				(PN)		001
				-	1c Effect	tive date of 08/01	•
Mailin	g address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O		4	2b Empl (EIN)		cation Number 82423
	E R.E., INC.	e, country, and ZIP or foreign posta	a code (ir foreign, see ins	tructions)	2c Spor	nsor's teleph 425-330	one number -2085
8510 317TH STANWOOI	I PL NW D, WA 98290				2d Busir	ness code (s 5312 ⁻	see instructions)
3a Plan a	administrator's name an	d address 🛛 Same as Plan Spon	sor.		3b Admi	inistrator's E	IN
				-	3c Admi	nistrator's te	elephone number
1 If the	name and/or EIN of the	plan sponsor or the plan name ha	s changed since the last	raturn/raport filed for	4b EIN		
		nsor's name, EIN, the plan name a	5				
a Spons C Plan N	sor's name Name				4d PN		
5a Total	number of participants	at the beginning of the plan year			5a		3
		at the end of the plan year			5b		3
C Numb	per of participants with a	account balances as of the end of t	he plan year (only define	d contribution plans	5c		3
d(1) Tot	tal number of active par	ticipants at the beginning of the pla	an year		5d(1)		3
		ticipants at the end of the plan yea			5d(2)		3
than	100% vested	terminated employment during the pr incomplete filing of this return			5e	alishad	0
Under pen SB or Sch	alties of perjury and oth	ner penalties set forth in the instruc nd signed by an enrolled actuary, a	tions, I declare that I have	e examined this return/rep	ort, includi	ng, if applic	
SIGN		valid electronic signature.	10/06/2019	ROY VANWINKLE			
HERE	Signature of plan ad	dministrator	Date	Enter name of individu	al signing	as plan adm	inistrator
SIGN							
HERE	Signature of employ		Date	Enter name of individu	al signing		
For Paperw	vork Reduction Act Notice	e, see the Instructions for Form 5500	-SF.			F	orm 5500-SF (2018) v.171027

6a b c	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 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 ir If "Yes" is checked, enter the My PAA confirmation number from th	an indeper and condit ot use Fo nsurance p	ndent qualified public accountant (l tions.) orm 5500-SF and must instead us orogram (see ERISA section 4021)	QPA) X Yes No See Form 5500. Yes No Not determined ? Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	10269	12297
b	Total plan liabilities	7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	10269	12297
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	1160	
	(2) Participants	8a(2)	1710	
	(3) Others (including rollovers)	8a(3)	0	

	(2) Fanicipants	0d(2)	1710	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	-842	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		2028
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	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		0
i	Net income (loss) (subtract line 8h from line 8c)	8i		2028
j	Transfers to (from) the plan (see instructions)	8j		
Pa	t IV Plan Characteristics			
<u> </u>				

9a	If the	plan j	provide	es pe	ension	benef	fits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction	s:
	2A	2E	2J	2K	2F	2G	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
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) 10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		х	
С	Was the plan covered by a fidelity bond? 10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		х	
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.)		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	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		х	
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			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	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 ative 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Foi	rm 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
	ntment of the Treasury mal Revenue Service	This form is required to be filed un	der sections 104 and 4			2018
Employee B	epartment of Labor lenefits Security Administration enefit Guaranty Corporation		venue Code (the Code).		This Form is Open to Public Inspection
		Complete all entries in acco	ordance with the instr	uctions to the Form 5	500-SF.	
Part		dentification Information	101 /2010	and onding	10/2	31/2018
For calend	ar plan year 2018 or fisc		/01/2018	and ending		king this box must attach a
A This re	tum/report is for:	x a single-employer plan				<i>i</i> th the form instructions.)
B This ret	um/report is		the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 m	ionths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descriptio	n)			
Part II	Basic Plan Infor	mation-enter all requested inform	ation			
1a Name Van	ofplan Winkle R.E. 40	01(k) Plan			· · · · · · · · · · · · · · · · · · ·	number
						tive date of plan
2a Plans	ponsor's name (employ	er, if for a single-employer plan)				loyer Identification Number
Mailing	g address (include room	, apt., suite no. and street, or P.O. Bo				91-2082423
-	rtown, state or province Winkle R.E., I	, country, and ZIP or foreign postal co inc .	de (if foreign, see instr	uctions)		nsor's telephone number - 330 - 2085
8510) 317TH PL NW				2d Busin	ness code (see instructions)
Star	wood	WA 98290			531	210
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor	ā.		3b Admi	inistrator's EIN
					3c Admi	inistrator's telephone number
		plan sponsor or the plan name has cl			4b EiN	
	lan, enter the plan spons sor's name	sor's name, EIN, the plan name and t	he plan number from th	ne last return/report.	4d PN	
C Plan №	lame					
5a Total	number of participants a	t the beginning of the plan year			5 a	
		t the end of the plan year			5b	
		ccount balances as of the end of the			5c	
• •		icipants at the beginning of the plan y			5d(1) 5d(2)	
		icipants at the end of the plan year erminated employment during the pla			50(2) 5e	
than	100% vested				· · · · · · · · · · · · · · · · · · ·	Lichad
Under pen SB or Sche	alties of perjury and othe edule MB completed and	r incomplete filing of this return/rep er penalties set forth in the instruction d signed by an enrolled actuary, as w	s. I declare that I have	examined this return/re	eport, includi	ing, if applicable, a Schedule
SIGN	true, correct, and compl		10/6/19	Roy VanWinkle		
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	lual signing	as plan administrator
SIGN						
HERE	Signature of employ	or/plan enoneor	Date	Enter name of individ	lual signing	as employer or plan sponsor

SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
For Paperwo	ork Reduction Act Notice, see the Instructions for Form 5500-SF.	n	Form 5500-SF (2018) v.171027

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
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 [] No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
Pa	rt III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) E	nd of Ye	ar	
а	Total plan assets	7a		10,2	269				12	,297
_	Total plan liabilities	7b								
_	Net plan assets (subtract line 7b from line 7a)	7c		10,3	269				12	,297
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(1	o) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		1,						
	(2) Participants	8a(2)		1,	710				_	
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		- 3	342					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	,028
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	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								C
:	Net income (loss) (subtract line 8h from line 8c)	8i							2	,028
I.										
j Pa		8j feature co	des from the List of Pla	an Cha	acteris	stic Co	des in the	instructio	ns:	
j Pa 9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan plane.	feature co								
j Pa 9a b Pa	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare for applicable welfare for rt V Compliance Questions	feature co			icterist	ic Cod		nstruction	s:	
j Pa 9a D Pa	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan plane.	feature cod eature cod tions withi /oluntary F	es from the List of Plan n the time period iduciary Correction						s:	
j Pa 9a b Pa 10 a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Note: Section	feature cod eature cod itions withi /oluntary F	n the time period include transactions	n Chara	icterist	ic Cod		nstruction	s:	
j Pa 9a b Pa 10 a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare f rt V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest	feature co eature cod itions withi /oluntary F t? (Do not	es from the List of Plan n the time period iduciary Correction include transactions	n Chara	icterist	ic Cod No		nstruction	s:	
j Pa 9a b Pa 10 a	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare f rt V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	feature cod eature cod itions withi /oluntary F t? (Do not fidelity bo	n the time period include transactions nd, that was caused	n Chara 10a 10b	icterist	ic Cod No X X		nstruction	s:	
j Pa 9a b Pa 10 a t c c	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan year: If 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) If Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? If the plan have a loss, whether or not reimbursed by the plan's	feature cod eature cod itions withi /oluntary F t? (Do not fidelity bo her person ne or all of	n the time period include transactions include transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c	icterist	ic Cod No X X X		nstruction	s:	
j Pa 9a b Pa 10 a t	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare f rt V Compliance Questions During the plan year: 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) Owere there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son	feature cod eature cod itions withi /oluntary F t? (Do not fidelity bo her person ne or all of	n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d	icterist	No X X X X X		nstruction	s:	
j Pa 9a b Pa 10 a t c c	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan year: If 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) If Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Vere there any covered by a fidelity bond? If bid the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? If Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	feature cod eature cod itions withi /oluntary F t? (Do not fidelity bo her person ne or all of	n the time period include transactions include transactions nd, that was caused s by an insurance the benefits under	n Chara 10a 10b 10c 10d 10e	icterist	No X X X X X X		nstruction	s:	
j Pa Pa 10 a t c c c f	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free free plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Id the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	feature cod eature cod ations withi /oluntary F t? (Do not fidelity bo her person ne or all of as of year-4 (See instru-	es from the List of Plan n the time period fiduciary Correction include transactions nd, that was caused s by an insurance the benefits under end.)	10a 10b 10c 10d 10e 10f	icterist	No X X X X X X X X X		nstruction	s:	

Form 5500-SF (2018)

Page 3-

Part	/I 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)			B				Yes	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		l1a						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		302 c	of 				Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			41					
	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 e	Da	the y	date	ofth	Year	ter ru	ling
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						
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?			Y	'es		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	X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the				<u>ا</u>	⁄es	XN	10
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.	in(s) to	0						
1	3c(1) Name of plan(s):	c(2) E	IN(s)			13c	(3) P	N(s)