Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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				
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018	
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac		
		a one-participant plan	a foreign plan	, ,		,
B This retu	urn/report is	the first return/report	the final return/repo			
		an amended return/report	a short plan year re	turn/report (less than 12 m	onths)	
C Check b	oox if filing under:	Form 5558	automatic extensio	n	DFVC progr	am
D4 II	Daria Blancia	special extension (enter desc	1 /			
Part II		ormation—enter all requested in	formation			. 1
1a Name	of plan ANIELLE 401(K) PLA	AN			1b Three-dig plan num (PN) ▶	-
					1c Effective	date of plan 01/01/2017
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)		2b Employe (EIN)	r Identification Number 46-3080103
	town, state or provir	nce, country, and ZIP or foreign post	tal code (if foreign, see ir	nstructions)	2c Sponsor	's telephone number
						code (see instructions)
PO BOX 721						446190
MANSON, W	7A 98831					
3a Plan ad	dministrator's name	and address 🛛 Same as Plan Spo	nsor.		3b Administr	rator's EIN
					3c Administr	rator's telephone number
					7 tarring	rator o telepriorio riamber
		he plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN	
a Sponse	or's name				4d PN	
C Plan N	lame					
5a Total r	number of participant	ts at the beginning of the plan year.			5a	2
b Total r	number of participant	ts at the end of the plan year			5b	2
		h account balances as of the end of			5c	2
•	,	participants at the beginning of the p			5d(1)	2
d(2) Tota	al number of active p	participants at the end of the plan ye	ar		5d(2)	2
		no terminated employment during the			5e	0
Caution: A	penalty for the late	e or incomplete filing of this retur	n/report will be assess	ed unless reasonable ca	use is establisl	hed.
Under pena SB or Sche	alties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I ha	ive examined this return/re	port, including,	if applicable, a Schedule
SIGN		d/valid electronic signature.	10/09/2019	SAMUEL KEELER		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as p	lan administrator
SIGN	Filed with authorize	ed/valid electronic signature.	10/09/2019	SAMUEL KEELER		
HERE	Signature of emp	lover/plan sponsor	Date	Enter name of individ	ual signing as e	mployer or plan sponsor

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Part III Financial Information Financial Informa	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 of the you answered "No" to either line 6a or line 6b, the plan cannulf the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condit not use Fo	ndent qualified public ations.)orm 5500-SF and mus	account st instea	ant (IC	QPA) • Form	n 5500.	. X Y	
7 Plan Assets and Liabilities		·		• ,		,			ш	
a Total plan assets	Pa	rt III Financial Information								
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
C Net plan assets (subtract line 7b from line 7a). 7c 68400 134621 8 Income, Expenses, and Transfers for the Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers. 8a(1) 33000 (2) Participants. 8a(2) 77000 (3) Others (including rollovers). 8a(3) b Other income (loss). 8b 3778 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8b 3778 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 106221 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8e c Certain deemed and/or corrective distributions (see instructions). 8e f Administrative service providers (salarise, fees, commissions). 8f g Other expenses. 8g h Total expenses (add lines 8d, 8e, 8f, and 8g). 8h 40000 h Total expense	а	Total plan assets	7a		68400				13462	1
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 33000 (2) Participants. 8a(2) 77000 (3) Others (including rollovers). 8a(3) (b) Other income (loss). 8a(3) (c) Descriptions (including rollovers). 8a(3) (d) Descriptions (including rollovers). 8a(3) (e) Descriptions (including rollovers). 8a(3) (e) Descriptions (including rollovers). 8a(3) (f) Descriptions (including rollovers). 8a(3) (g) Other synchrolides (salaries, fees, commissions). 8a(3) (g) Experimental (including direct rollovers and insurance premiums to provide benefits). 8a(4) (g) Other expenses. 8a(4) (g) Other	b	Total plan liabilities	7b							
a Contributions received or receivable from: (1) Employers (2) Participants	С	Net plan assets (subtract line 7b from line 7a)	7c		68400				13462	1
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total	
(3) Others (including rollovers)	<u>а</u>		8a(1)		33000					
b Other income (loss)		(2) Participants	8a(2)		77000					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 40000 6 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)	<u>b</u>	Other income (loss)	8b		-3779					
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f g Other expenses			8c						10622	1
f Administrative service providers (salaries, fees, commissions)	d		8d		40000					
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions) \dots	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
i Net income (loss) (subtract line 8h from line 8c)		·								
Part IV Plan Characteristics Part IV Plan Characteristic	<u>h</u>								4000	0
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: 2E 2F 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: 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.) 10a X f Has the plan failed to provide any benefit when due under the plan? 9 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	÷		8i						6622	1
Second Part V Compliance Questions	J		8j							
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.). 100 X 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.). 10a X 10b X 10c X 10c X 10d X 10d X 10e X					. 01			1 1 1 1		
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	Эa		reature co	odes from the list of Pi	ian Cha	racteri	Stic Co	odes in the ir	istructions:	
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.)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:	
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.)	Par	t V Compliance Questions								
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)						Yes	No		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	102		×			
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions						
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	c	Was the plan covered by a fidelity bond?			10c		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.)	d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused			Х			
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 oth carrier, insurance service, or other organization that provides som	her person ne or all of	s by an insurance the benefits under	10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
, , , , , , , , , , , , , , , , , , ,	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 (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 Code or se ERISA?		of	Yes 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, granting the waiver	and enter Da		e of the letter ruling Year
lf y	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?		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 🔀 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 control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

P	art I Annual Repor	t Identification Information	1		-	
For	calendar plan year 2018 or f	iscal plan year beginning	01/01/2018	and ending	12/31/201	8
	This return/report is for: This return/report is:	x a single-employer plana one-participant planthe first return/report	a multiple-employer plan (a list of participating emploration a foreign plan the final return/report			
		an amended return/report	a short plan year return/re	port (less than 12 m	nonths)	
С	Check box if filing under:	x Form 5558 special extension (enter desc	automatic extension		DFVC p	rogram
Р	art II Basic Plan Inf	ormation enter all requested	I information			
1a	Name of plan Doctor Danielle 40	Ol(k) Plan			1b Three-digit plan number (PN) ▶	
					1c Effective da 01/01/2	
2a	Mailing Address (include ro	loyer, if for a single-employer plan) nom, apt., suite no. and street, or P nce, country, and ZIP or foreign pos		ons)		dentification Number -3080103
	Doctor Danielle LI			,	(206) 2	
	PO Box 721				2d Business of 446190	ode (see instructions)
_	US Manson WA 98831					
3 a	Plan administrator's name a	and address 🗓 Same as Plan Sp	oonsor		3b Administra 3c Administra	tor's EIN
4		ne plan sponsor or the plan name honsor's name, EIN, the plan name	•	•	4b EIN	
a C	Sponsor's name Plan Name				4d PN	
 5a	Total number of participant	s at the beginning of the plan year	••••••		5a	2
b		s at the end of the plan year			5b	2
С		account balances as of the end of			5c	2
d	(1) Total number of active pa	articipants at the beginning of the p	an year	•••••	5d(1)	2
d	(2) Total number of active pa	articipants at the end of the plan ye	ar	••••••	5d(2)	2
е		terminated employment during the	•		5e	0
Ca	aution: A penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed unl	ess reasonable ca	use is established	d.
Ur	nder penalties of perium and	other penalties set forth in the instr	uctions. I declare that I have eva	mined this return/re	anort including if a	nnlicable 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.

,	Sun AD Kul	40/00/0040	O-mark Market
SIGN	Samuel D. Keeler	10/09/2019	Samuel Keeler
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Samuel D. Keeler	10/09/2019	Samuel Keeler
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	•••••	•••••	••••••		•••••	XYes	No
b	Are you claiming a waiver of the annual examination and report of ar	•	•		•	,				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan cannot		•					••••••	x Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC ins					_		□No	□ Not de	termined
•	If "Yes" is checked, enter the My PAA confirmation number from the	•	• ,		,				See instruc	
		. Doo pic	Simuli ming for the year					\		
Pa	art III Financial Information		T			_				
<u>7</u>	Plan Assets and Liabilities		(a) Beginning of			-		(b) End		
<u>a</u>	Total plan assets	7a	6	8,4	00				134,	621
<u>b</u>	Total plan liabilities	7b				+				
C	Net plan assets (subtract line 7b from line 7a)	7c		8,4	00			(b) T	134,	621
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(b) T	otai	
	(1) Employers	8a(1)	3	3,0	00					
	(2) Participants	8a(2)	7	77,0	00					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	(3	77	9)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							106,	221
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4	10,0	00					
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							40,	000
ī	Net income (loss) (subtract line 8h from line 8c)	8i							66,	221
j	Transfers to (from) the plan (see instructions)	8j								
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instruction	ons:	
	2E 2F 2G 2J 2K 2R 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	ristic (Codes	in the	instructio	ns:	
Pá	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributi	ions withir	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fic	duciary Correction							
	Program)			10a		Х				
k	 Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) 			10b		x				
				10c		х				
	by fraud or dishonesty?	-		10d		х				
е		er persons	s by an insurance							
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e		х				
f	1			10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
r	If this is an individual account plan, was there a blackout period? (See instru	ctions and 29 CFR							
	2520.101-3.)			10h		х				
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						
	exceptions to providing the notice applied under 25 of N 2520.101	J		101		L				

Form 5500-SF 2018		

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500 and line 11a below)		SB Yes X 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 302 of ERISA? (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, an	d enter	the date of the letter ruling				
	granting the waiver Month Month	_ Da	y Year				
If y	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 the 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 X 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 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.)	s) to					
13	c(1) Name of plan(s): 13c(2) El	N(s)	13c(3) PN(s)				

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