	rm 5500-SF	Short Form Annu	nual Return/Report of Small Employee OMB Nos. 1210-0 1210-0						
	artment of the Treasury rnal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee Retirem							
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of t Employee Benefits Security Administration Revenue Code (the Code).						the Internal This Form is Open t Public Inspection			
	Complete all entries in accordance with the instructions to the Form 5500-SF.								
For calend		Identification Information scal plan year beginning 01/01/2	018	and ending 12	/31/2018				
	aal plan year 2010 of h			plan (not multiemployer) (F		king this box	must attach a		
A This return/report is for:									
B This return/report is □ a foreign plan □ a foreign plan									
	·	the first return/report	the final return/report	t urn/report (less than 12 mc	onths)				
C Check	box if filing under:			r	_				
• Oneok	box in hining under.	Form 5558	automatic extension	L	DFVC p	rogram			
Part II	Basic Plan Info	special extension (enter descr rmation —enter all requested inf	, ,						
1a Name		Fination —enter all requested ini	ormation		1b Three	e-diait			
	•	ORPORATE PROFIT SHARING P	LAN		plan	number			
				-	(PN)	▶ tive date of p	001		
						/10/08/01			
Mailin	g address (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		structions)	2b Employer Identification Number (EIN) 82-0463026				
	NSTRUCTION, INC.	e, country, and zin or foreign pose	ai code (il loreign, see ins	Structions)	2c Sponsor's telephone number 509-241-3555				
					2d Business code (see instructions)				
	OADWAY AVE VALLEY, WA 99016					23611	0		
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's El	N		
	3c Administrator's telephone number						lephone number		
4 If the	name and/or EIN of the	e plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN				
this p	olan, enter the plan spo	nsor's name, EIN, the plan name a							
C Plan N	sor's name Name				4d PN				
5a Total	number of participants	at the beginning of the plan year			5a		39		
		at the end of the plan year			5b		38		
C Numb	per of participants with	account balances as of the end of	the plan year (only define	ed contribution plans	5c		19		
•	,	rticipants at the beginning of the pla			5d(1)		37		
d(2) Tot	tal number of active pa	rticipants at the end of the plan yea	ar		5d(2)		33		
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e		0		
Caution: /	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable cau			hle a Schodula		
SB or Sch	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, 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.								
SIGN	Filed with authorized	/valid electronic signature.	10/11/2019	WENDELL OLSON OF	R RYAN OL	SON			
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing a	as plan admi	nistrator		
SIGN									
HERE	Signature of emplo		Date	Enter name of individu	al signing				
For Paperw	vork Reduction Act Notic	e, see the Instructions for Form 5500	-SF.			Fo	rm 5500-SF (2018) v.171027		

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
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.)								
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	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.)								
Do	Part III Financial Information								
- Га 7	Plan Assets and Liabilities		(a) Destinging of Veen	(b) Find of Voor					
<u> </u>		7-	(a) Beginning of Year 2024589	(b) End of Year 1035204					
	Total plan assets Total plan liabilities	7a 7b	1810	1033204					
	Net plan assets (subtract line 7b from line 7a)	76 7c	2022779	1035204					
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount	(b) Total					
	Contributions received or receivable from:			(b) Total					
	(1) Employers	8a(1)	33133						
	(2) Participants	8a(2)	60980						
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-44885						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		49228					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1030037						
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	6766						
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1036803					
i	Net income (loss) (subtract line 8h from line 8c)	8i		-987575					
j	Transfers to (from) the plan (see instructions)	8j							
Ра	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$	feature cod	es from the List of Plan Characteristic	c Codes in the instructions:					
b	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	Durir	ng the plan year:		Yes	No	Amount
а	deso	there a failure to transmit to the plan any participant contributions within the time period cribed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction gram)	10a		X	
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions rted on line 10a.)	10b		X	
C	Was	the plan covered by a fidelity bond?	10c	Х		225000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused aud or dishonesty?	10d		x	
е	carrie	e any fees or commissions paid to any brokers, agents, or other persons by an insurance er, insurance service, or other organization that provides some or all of the benefits under an? (See instructions.)	10e		×	
f	Hast	the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		x	
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Part	VI	Pension Funding Compliance						
11	1 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)							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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						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	13c(1) Name of plan(s): 13c(2) E					130	:(3) PN	l(s)

Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan						C	0MB Nos. 1210-0110 1210-0089		
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee R					etirement	2018			
Employee E	Department of Labor Benefits Security Administration Benefit Guaranty Corporation	ty Administration Revenue Code (the Code).							
	· · · · · · · · · · · · · · · · · · ·	Complete all entries in accord	ance with the instr	ructions to the Form 55	500-SF.		ic Inspection		
Part I		dentification Information							
For calend	lar plan year 2018 or fisc		01/2018	and ending		31/2018			
A This re	A This return/report is for: a one-participant plan a one-participant 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 foreign plan								
B This ret	This return/report is								
the first return/report the final return/report an amended return/report an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:		utomatic extension			rogram			
	с Г	special extension (enter description)				logiali			
Part II	Basic Plan Infor	mation—enter all requested informati	on						
1a Name					1b Three	e-diait			
		n, Inc. Corporate Profi	t Sharing Pl	an		number	001		
					1C Effec	plan			
2a Plan s	nonsor's name (employe	r, if for a single-employer plan)				01/1993			
Mailin	g address (include room,	apt., suite no. and street, or P.O. Box)			2b Employer Identification Number (EIN) 82-0463026				
	r town, state or province, ing Constructio	country, and ZIP or foreign postal code	e (if foreign, see instr	ructions)	2c Sponsor's telephone number				
		,			509-241-3555				
1942	25 E Broadway A	ve			2d Business code (see instructions)				
Spok	ane Valley	WA 99016			236110				
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor.			3b Administrator's EIN				
	3c Administrator's telephone number						elephone number		
4 If the i	name and/or EIN of the p	lan sponsor or the plan name has char	nged since the last re	eturn/report filed for	4b EIN				
	or's name	or's name, EIN, the plan name and the	pian number from tr	ie last return/report.	4d PN				
C Plan N	lame								
5a Total	number of participants at	the beginning of the plan year			5a		39		
-		the end of the plan year		r	5b		38		
C Numb	er of participants with ac	count balances as of the end of the pla	n year (only defined	contribution plans	5c		19		
		pipants at the beginning of the plan yea			5d(1)		37		
d(2) Tot	d(2) Total number of active participants at the end of the plan year						33		
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e		0		
Caution: A	penalty for the late or	incomplete filing of this return/report	t will be assessed	unless reasonable cau	ise is estab	lished			
Under pena SB or Sche	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and there 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.								
SIGN Wendell Olson or Ryan Olson									
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	_				
SIGN	100					- piùn dull			
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	al signing a	as employe	or plan sponsor		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2018)

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 determine								
	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 of Year		r	(b) End of Year			
<u>a</u>	Total plan assets	7a	2,	024,	589		1,035,204		
b	Total plan liabilities	7b		1,810					
C	Net plan assets (subtract line 7b from line 7a)	7c	2,	,022,779			1,035,204		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)			133				
	(2) Participants	8a(2)			980				
	(2) Others (including rollovers)	8a(3)				;			
b	Other income (loss)	8b		-44,	885				
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				·	49,228		
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d	1,	030,	037				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		6,	766		· · ·		
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1,036,803		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-987,575		
	Transfers to (from) the plan (see instructions)	8j				-	Second Second Second Second		
Pa	t 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:						odes in the instructions:			
b	2E 2F 2G 2J 2K 2T 3D								
0	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	lic Coc	les in the instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a		tions withi	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			х			
—	Program)			10a					
L.	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		х			
c	Was the plan covered by a fidelity bond?			10c	x		225,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused			x			
	by fraud or dishonesty?			10d					
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	e or all of	the benefits under			x			
f	the plan? (See instructions.)			10e		х			
	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.)			101		x			
	If this is an individual account plan, was there a blackout period? (1	10g		~	······································		
	2520.101-3.)		1000113 anu 23 05 M	10h		х			
i	If 10h was answered "Yes," check the box if you either provided th	e required	notice or one of the						
	exceptions to providing the notice applied under 29 CFR 2520.101	-3		10i					