-	Tm 5500-SF	Short Form Annua	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089					
Inter	nal Revenue Service	This form is required to be filed	d under section				2018			
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (d sections 605 ode (the Code)		Internal	This Form is Open to Public Inspection			
	enefit Guaranty Corporation	Complete all entries in a	accordance v	with the instru	uctions to the Form 5	500-SF.	Fublic inspection			
Part I		Identification Information	04.0		and another at					
For calenda	ar plan year 2018 or fis	cal plan year beginning 01/01/20			0	2/31/2018	L'an della bassaria da de abra			
A This ret	urn/report is for:	a single-employer plan	list of pa	articipating em			king this box must attach a vith the form instructions.)			
B This retu	urn/report is	a one-participant plan	a foreigr							
		the first return/report		return/report						
_		an amended return/report	a short p	lan year return	/report (less than 12 m	onths)				
C Check b	box if filing under:	Form 5558		ic extension		DFVC p	program			
		special extension (enter descri								
Part II	Basic Plan Info	rmation—enter all requested info	ormation			P				
1a Name						1b Thre	•			
YAKIMA GR	INDING COMPANY PI	ROFIT SHARING PLAN				plan (PN)	number 001			
						. ,	ctive date of plan			
22 Dian a	noncor'o nomo (omnio)	ver, if for a single-employer plan)				2h ⊑aa	01/01/1978 loyer Identification Number			
Mailing	address (include roon	n, apt., suite no. and street, or P.O.				EIN)	-			
-	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AKIMA GRINDING COMPANY				uctions)	2c Sponsor's telephone number 509-248-0364				
						2d Busi	ness code (see instructions)			
PO BOX 210 YAKIMA, WA							423100			
3a Plan a	dministrator's name an	d address Same as Plan Spon	isor.			3b Adm	inistrator's EIN			
YAKIMA GRI	INDING COMPANY	PO BOX 2 YAKIMA, V				3c Adm	91-0856516 inistrator's telephone number			
			WA 30307				509-248-0364			
4 If the r	name and/or EIN of the	plan sponsor or the plan name ha	as changed si	nce the last re	turn/report filed for	4b EIN				
•		sor's name, EIN, the plan name ar	nd the plan n	umber from th	e last return/report.	4d PN				
C Plan N	or's name lame					HU PN				
5a Total r	number of participants	at the beginning of the plan year				5a	65			
b Total r	number of participants	at the end of the plan year				5b	75			
		account balances as of the end of the	• •	• •		5c	29			
d(1) Tota	al number of active par	ticipants at the beginning of the pla	an year			5d(1)	64			
• •		ticipants at the end of the plan yea				5d(2)	73			
than '	100% vested	terminated employment during the				5e	0			
Caution: A	penalty for the late of	or incomplete filing of this return	n/report will l	be assessed u	unless reasonable cau					
SB or Sche	alties of perjury and oth edule MB completed an true, correct, and comp	ner penalties set forth in the instruct ad signed by an enrolled actuary, as alete.	tions, I decla is well as the	re that I have e electronic vers	examined this return/re sion of this return/repor	port, includi t, and to the	ing, if applicable, a Schedule e best of my knowledge and			
SIGN		valid electronic signature.	10/13	/2019	KEVIN PITZER					
HERE	Signature of plan a	dministrator	Date	1	Enter name of individ	ual signing	as plan administrator			
SIGN										
HERE	Signature of employ	yer/plan sponsor	Date		Enter name of individ	ual signing	as employer or plan sponsor			

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

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6a b c	 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 "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium liling for this plan year	(See instructions.)				
Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
a	Total plan assets	7a	1513663	1225314				
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	1513663	1225314				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from:							

(2) P (3) O b Other C Total d Benef to pro e Certa f Admir g Other	Employers Participants Dthers (including rollovers) r income (loss) income (add lines 8a(1), 8a(2), 8a(3), and 8b) fits paid (including direct rollovers and insurance premiums povide benefits) in deemed and/or corrective distributions (see instructions) nistrative service providers (salaries, fees, commissions)	8a(2) 8a(3) 8b 8c 8d 8e	51500 -80621 265712 3085	-18711
 (3) O b Other c Total d Benefito pro e Certa f Admir g Other 	others (including rollovers)	8b 8c 8d 8e	265712	-18711
 b Other c Total d Benefito pro e Certai f Admir g Other 	r income (loss) income (add lines 8a(1), 8a(2), 8a(3), and 8b) fits paid (including direct rollovers and insurance premiums ovide benefits) in deemed and/or corrective distributions (see instructions)	8c 8d 8e	265712	-18711
d Benef to pro e Certa f Admir g Other	fits paid (including direct rollovers and insurance premiums ovide benefits) in deemed and/or corrective distributions (see instructions)	8d 8e		-18711
to pro e Certa f Admir g Other	by the benefits) by deemed and/or corrective distributions (see instructions)	8e		
f Admir g Other			3085	
g Other	nistrative service providers (salaries, fees, commissions)			
_		8f		
	r expenses	8g	841	
n Total	expenses (add lines 8d, 8e, 8f, and 8g)	8h		269638
Net in	ncome (loss) (subtract line 8h from line 8c)	8i		-288349
T rans	sfers to (from) the plan (see instructions)	8j		
art IV	Plan Characteristics			
	e plan provides pension benefits, enter the applicable pension f 2J 2K 2G 3D 3H 2F 2T	feature codes	from the List of Plan Characteristic Coo	les in the instructions:
b If the	e plan provides welfare benefits, enter the applicable welfare fe	ature codes	rom the List of Plan Characteristic Code	es in the instructions:

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	X		13099
b		10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		200000
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	
e	carrier, insurance service, or other organization that provides some or all of the benefits under	10e	Х		6146
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.)	10h		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	10i			

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				
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 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)

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Form 5500-SF	Short Form Annua			oyee	OMB Nos. 1210-0110 1210-0089		
Department of the Trossury Internal Revenue Service		Benefit Plan	•	Attramont	2018		
Department of Labor Employee Banefits Security Administra	This form is required to be filed Income Security Act of 1974 ((ERISA), and sections 64 (ERISA), and sections 64 Revenue Code (the Cod	057(b) and 6058(a) of the	Internal	This Form is Open to Public Inspection		
Pension Benefit Guaranty Corporat	lon Complete all entries in a	ccordance with the ins	tructions to the Form 5	500-SF.	Funct mapeedion		
Part I Annual Rep	ort Identification Information						
For calendar plan year 2018	or fiscal plan year beginning	01/01/2018	and ending		31/2018		
A This return/report is for:	X a single-employer plan	list of participating e	plen (not multiemployer) (employer information in ad	(Filers chéc scordancé v	king this box must attach a with the form instructions.)		
675	a one-participant plan	a foreign pløn					
B This retum/report is	the first return/report	the final return/repor	t				
	an amended return/report	a short plan year rate	um/roport (less than 12 m	ionths)			
C Check box if filing under:	X Form 5558	automatic extension	1	DFVC p	orogram		
KALLAN MARKAN MARKAN AND AND AND AND AND AND AND AND AND A	special extension (enter descri		nanarasanananananananananananananananana	ninining you			
Carmandada	nformation—enter all requested info	ormation		1b Thre	n alla li		
1a Name of plan	g Company Profit Sharing	nelg r		1	number		
Iakima Giinuing	g company riorit onaring	3 1 1 0.17		(PN)	001.		
					ctive date of plan /01/1978		
Mailino address (include	nployer, if for a single-employer plan) room, apt., suite no. and street, or P.O.	. Box)			loyer Identification Number) 91-0856516		
City or town, state or pro Yakima Grinding	vince, country, and ZIP or foreign posta	structions)	2c Sponsor's telephone number 509-248-0364				
PO Box 210				2d Busi	ness code (see instructions)		
Yakima	WA 9890	-7					
	AL ALMONTON		19 4		Inistrator's EIN		
3a Plan administrator's nam Yakima Grinding	lanut.	sor.		91-	inistrator s cina 0856516 inistrator's telephone number		
PO Box 210				JC AUM	niisusion e leiethuone ununco		
Yakima	WA 98907			509	-248-0364		
4 If the name and/or EIN c	of the plan sponsor or the plan name ha	s changed since the last	t return/report filed for	4b EIN			
	sponsor's name, EIN, the plan name ar	nd the plan number from	the last return/report.	4d PN			
 B Sponsor's name C Plan Name 							
5a Tatol aumher of anti-	ants at the beginning of the plan year			5a	65		
	ants at the end of the plan year				75		
	with account balances as of the end of the			50	A		
complete this item)				·	29		
d(1) Total number of active	e participants at the beginning of the pla	an year	******		64		
	e participants at the end of the plan yea			5d(2)	73		
	who terminated employment during the			5e	٥		
Caution: A penalty for the I	ate or incomplete filing of this return	/report will be assesse	d uniess reasonable ca	use is esta	blished.		
Under penalties of perjury an SB or Schedule MB complete belief, it is true, contact and c	d other penaltiles set forth in the instructed and signed by an enrolled actuary, as complete	tions, I declare that I hav s well as the electronic v	ve examined this return/re version of this return/repoi	port, includ t, and to th	ing, if applicable, a Schedule a best of my knowledge and		
SIGN SIGN		IDIIA	Kevin Pitzer	•••••			
HEPE	an administrator	Date	Enter name of individ	lual sloning	as plan administrator		
SIGN	1						
Signature of on	nployer/plan sponsor Notice, see the Instructions for Form 5500-	Date SF.	Enter name of individ	lual signing	as employer or plan sponsor Form 5500-SF (2018) v.171027		

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a katolika	Form 5500-SF (2018)		Page 2	in the second		anterio	
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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepei and condit ot use Fo	ndent qualified public a ions.) rm 5500-SF and musi	ccounte t instea	int (IQ d use	Form	X Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	program (see ERISA se premium filing for this pl	iction 41)21)? .	····· []	Yes No Not determined
Pa	rt III, Financial Information	l			T		(b) End of Year
	Plan Assets and Llabilities		(a) Beginning o	513,			1,225,314
<u>a</u>		7a				00000000000000000000000000000000000000	
-	Total plan liabilities	7b	l1	513,	663	Roman Andrea Co	1,225,314
delicitation and	Net plan assets (subtract line 7b from line 7a)	7c					(b) Total
8	Income, Expenses, and Transfers for this Plan Year	abaai siyoo maaaaada	(a) Amoun				
a	Contributions received or receivable from: (1) Employers	8a(1)		10,	410		and the second
ALTERCOCCULUM	(2) Participants	8a(2)		51,	500	in the second	11 January 1 Constant of the Day of the
	(3) Others (including rollovers)	8a(3)			5.5		
h	Other income (loss)	8b	**************************************	-80,	621		
provident Philippe	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				h hind in the her bar	-18,711
d	Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	8 <u>d</u>	f hun i le cummentatistismen ante comme and alle	265,	712		
e	Certain deemed and/or corrective distributions (see instructions)	80		3,	085		
f	Administrative service providers (salaries, fees, commissions)	81				مىلىدىنىڭ	and the second
q	Other expenses	8g			841		
X	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					269,638
	Net income (loss) (subtract line 8h from line 8c)	8i		<u></u>			-288,349
	Transfers to (from) the plan (see instructions)			hidiotomenutionsta		ir	
[m	rt IV Plan Characteristics		1		ł.	and Constant on Constant of Constant	and a second
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2J$ $2K$ $2G$ $3D$ $3H$ $2F$ $2T$						
b	If the plan provides walfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	icteris	tic Coo	des in the instructions:
Pa	rt V Compliance Questions			****	-	*	e van de descentationeriekseutysspecielieuroor va
10	During the plan year.				Yes	No	Amount
2	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's N Program)	/oluntary l	Fiduclary Correction	10a	x		13,099
1	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	Include transactions	10b		x	
(Was the plan covered by a fidelity bond?			10c	X	Ļ	200,000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d	ļ	x	
	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of	f the benefits under	10e	x		. 6,146
1	Has the plan failed to provide any benefit when due under the pla	an?		107	ļ	X	
	g Did the plan have any participant loans? (If "Yes," enter amount a		and the second	10g		X	
	1 If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x	
	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require)1-3	d notice or one of the	101	l		

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Form 5500-SF (2018)

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		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****					49201
Part					Norman Andrews		nin an	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sch	edule	SB		.[] Ye	3 🗍 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		118					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (Code or section	n 302	of] [] Yea	a X No
COMAZONINIA MANARA	(If "Yes," complete line 12a or lines 12b. 12c, 12d, and 12e below, as applicable.)	-ta-ations and		- +h	o data	ofthel	attor r	ulina
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the walver.	Month		ey_		Ye	ar	
<u>If y</u>	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-	kin		441 04 04512444	0
b	Enter the minimum required contribution for this plan year	*****	12b	\downarrow		****		
	Enter the amount contributed by the employer to the plan for this plan year		12c	_		492.000.000.000.000.000.000.000.000.000.0		~**
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)						7.1	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes			N/A
Part	III Plan Terminations and Transfers of Assets							
1: Elin Manuela	3a Has a resolution to terminate the plan been adopted in any plan year?						No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	****	13a			-		
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred.	tify the plan(s) to			peter from the second	erentur tanta e	
1	3c(1) Name of plan(s):	13c(2)	c (2) EIN(s)			1:	ic(3) F	PN(s)
di nisi wi sina di su su su			utraan mutrach Albeidd					
		****		840946		,		populari and a second
				999 1 1111				
			9970 0000000000000000000000000000000000		annaiste Currie fa			