## 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 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** 

Parti	Annuai Repor	t identification information								
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/	2018	and ending 12	2/31/2018					
A This ret	turn/report is for:	a single-employer plan		plan (not multiemployer) ( employer information in ac	_					
D == :		a one-participant plan	a foreign plan	ign plan						
<b>B</b> This retu	urn/report is	the first return/report	X the final return/report							
		an amended return/report	nended return/report							
C Check b	box if filing under:	DFVC program	m							
		special extension (enter desc	ription)		_					
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name		•			1b Three-digi	t				
	•	ST LTD. 401(K) PROFIT SHARING	PLAN		plan numb					
		,			(PN) ▶	001				
					1c Effective d	late of plan				
						01/01/1999				
2a Plan s	ponsor's name (emp	loyer, if for a single-employer plan)			2b Employer	Identification Number				
		om, apt., suite no. and street, or P.0			(EIN)	91-1490821				
		nce, country, and ZIP or foreign pos	tal code (if foreign, see ii	nstructions)	<b>2c</b> Sponsor's	telephone number				
INTERIOR D	EVELOPMENT EAS	SI, LID			•	9-327-7150				
					2d Business of	code (see instructions)				
921 W BROA						541400				
SPOKANE, V	NA 99201					341400				
3a Plan a	dministrator's name	and address 🛛 Same as Plan Spo	nsor.		<b>3b</b> Administra	tor's EIN				
		<del>-</del>								
					<b>3c</b> Administra	tor's telephone number				
4 If the r	name and/or EIN of t	he plan sponsor or the plan name h	as changed since the las	st return/report filed for	<b>4b</b> EIN					
this pl	an, enter the plan sp	onsor's name, EIN, the plan name	and the plan number fror	n the last return/report.						
<b>a</b> Spons	or's name				4d PN					
C Plan N	lame									
		ts at the beginning of the plan year.			5a	2				
		ts at the end of the plan year			5b	0				
		h account balances as of the end of			5c	0				
<b>d(1)</b> Tota	al number of active p	participants at the beginning of the p	lan year		5d(1)	2				
<b>d(2)</b> Tota	al number of active p	participants at the end of the plan ye	ar		5d(2)	0				
e Number of participants who terminated employment during the plan year with accrued benefits that were less						0				
than f	100% vested	e or incomplete filing of this retur	n/ranart will be access	ad unless reasonable sou	5e	nd .				
		other penalties set forth in the instru								
SB or Sche	edule MB completed	and signed by an enrolled actuary,	as well as the electronic	version of this return/repor	t, and to the best	of my knowledge and				
belief, it is t	true, correct, and cor	mplete.		<u> </u>		<i>,</i>				
SIGN	Filed with authorize	ed/valid electronic signature.	10/15/2019	DALE STEVENS						
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator				
SIGN										
HERE	Signature of own	lover/plan enoneor	Data	Enter name of individ	ual cianina ao ao	polovor or plan apanas				
	i Signature or emp	loyer/plan sponsor	Date	Enter name of individ	uai siyriiriy as eff	nployer or plan sponsor				

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b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes No		
С	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 the					_		Not determined . (See instructions.)		
Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year		
а	Total plan assets	7a		05708			• •	0		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	220	05708			0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) T	(b) Total		
а	Contributions received or receivable from:  (1) Employers	8a(1)		913						
	(2) Participants	8a(2)		2000						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-22	22867						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-219954		
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	198	1985599						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	h					1985754		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						-2205708		
J	Transfers to (from) the plan (see instructions)	8j								
	rt IV   Plan Characteristics			01		0				
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2R 3D	reature co	ides from the List of Pi	an Cna	racteri	Stic Co	des in the inst	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the instru	uctions:		
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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?	Was the plan covered by a fidelity bond?						245000		
d						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.)					X				
f	f Has the plan failed to provide any benefit when due under the plan?					X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		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 cor (Form 5500) and line 11a below)			В	. Y	es 🗌 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 instrugranting the waiver		d enter t Day		of the letter Year _	ruling			
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 negative amount)	of a	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?			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 brought control of the PBGC?				X Yes	No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)	) to						
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Berefit 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 Report	Identification Information	- 2		_ 1			
For calendar plan year 2018 or fi	scal plan year beginning	01/01/		and ending		12/31/2018	
A This return/report is for:	X a single-employer plan	a mul list o	t ple-employer plan f participating empl	(not multiemployer) ( oyer information in ac	Filers cord	checking this box ance with the form	must attach a instructions.)
D. T. C.	a one-participant plan	a fore	ign plan			24	
B This return/report is	the first return/report						
	an amended return/report	a sho	rt plan year return/r	eport (less than 12 m	onth	)	
C Check box if filing under:	X Form 5558		natic extension			FVC program	
	special extension (enter desc				_		7
Part II Basic Plan Info	ormation—enter all requested in	formation			46	Tt	
1a Name of plan INTERIOR DEVELOP	MENT EAST LTD. 401(K)	PROFI	r sharing P	LAN	10	Three-digit plan number (PN)	001
					1c	Effective date of 01/01/1999	
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)			2b	Employer Identif	
City or town, state or provin	ce, country, and ZIP or foreign pos	tal code (if	foreign, see instruc	ctions)	20		hone number
921 W BROADWAY					20		
		0.7					
SPOKANE	WA 992	(A)			21	541400	-INI
3a Plan administrator's name a	and address 🏻 Same as Plan Spo	onsor.			31	Administrator's	=IN
		w.			30	Administrator's	telephone number
4 If the name and/or EIN of t	he plan sponsor or the plan name	has change	ed since the last ret	urn/report filed for	41	EIN	
this plan, enter the plan sp <b>a</b> Sponsor's name	onsor's name, EIN, the plan name	and the pi	an number nom un	, last lotalin opera	40	<b>I</b> PN	
c Plan Name						- 1	
5a Total number of participan	ts at the beginning of the plan year	·			``	5a	2
<b>b</b> Total number of participan	ts at the end of the plan year					5b	0
c Number of participants wit	h account balances as of the end o	of the plan	year (only defined o	contribution plans		5c	0
	participants at the beginning of the				5	d(1)	2
	participants at the end of the plan y					d(2)	0
e Number of participants wi	no terminated employment during t	he plan ye	ar with accrued ber	nefits that were less		5e	0
than 100% vested	incomplete filing of this retu	ırn/renort	will be assessed i	ınless reasonable c	 ause	is established.	
Under penalties of perjury and SB or Schedule MB completed	other penalties set forth in the instr and signed by an enrolled actuary	ructione I	Moclare that I have t	examined this return/i	repoil	L. Including, if appl	icable, a Schedule by knowledge and
belief, it is true, correct, and co	mplete of all		10/15/19	Patricia Luc		100	
HEDE A	administrator/)		Date	Enter name of indiv	idual	signing as plan ac	Iministrator
SIGN AMALES	1004		10/15/19	Patricia Luc	ka		
HERE Signature of emp	oloyer/plan sponsor		Date	Enter name of indiv	idual	signing as employ	ver or plan sponsor Form 5500-SF (2018)
For Paperwork Reduction Act No	tice, see the Instructions for Form 5	500-SF.					v.171027

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D	Were all of the plan's assets during the plan year invested in eligit 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 can 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 the	an ind and c not us nsurar	eper onditi e For	dent qualified public ons.)rm 5500-SF and must rogram (see ERISA s	account st inste	tant (IC ad use IO21)?	QPA) Fon	m 5500.	X Ye	es No
Pa	rt III Financial Information						$\dashv$			
7	Plan Assets and Liabilities			(a) Beginning	of Year	. T		(b) En	d of Year	
a	Total plan assets	. 7			205,			(		
b	Total plan liabilities	. 7			U.					
c	Net plan assets (subtract line 7b from line 7a)	7		2,	205,	708				(
_8_	Income, Expenses, and Transfers for this Plan Year			(a) Amou	nt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(				913				
	(2) Participants	8a(	1		2,	000				
	(3) Others (including rollovers)	_								
b	Other income (loss)	. 8		<u> </u>	-222,	867				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8	П					-219,954		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	80		1,985,599						
e	Certain deemed and/or corrective distributions (see instructions)	86								
f	Administrative service providers (salaries, fees, commissions)	8								
g	Other expenses	80	155							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	_						1,985,75		
i_	Net income (loss) (subtract line 8h from line 8c)	8				-2,205,708				
<u>j</u>	Transfers to (from) the plan (see instructions)	8				1		1,000,000		
	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2R 3D	featur	e cod	des from the List of P	lan Cha	racteri	stic C	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature	code	es from the List of Pla	n Chara	acterist	tic Co	des in the ins	tructions:	150
Par	t V Compliance Questions									
10	During the plan year:					Yes	No		Amount	500
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's National Program)	/olunt	ry Fi	duciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do	not in	nclude transactions	10b		Х			
С	2700 NO		_		10c	Х			2	245,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelit	y bon	d, that was caused	10d	7	Х			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner pe ne or a	sons	by an insurance he benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	ın?			10f		Х			File and Section 1
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of y	ar-e	nd.)	10g		Х		<del></del>	
h	If this is an individual account plan, was there a blackout period? 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 2520.10	he red	uired	notice or one of the	10i					

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Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (Form 5500) and line 11a below)	(If "Yes," see instructions and	l complete Sch	dule S	В	Yes	s No
11a	Enter the unpaid minimum required contributions for all years from Scho	dule SB (Form 5500) line 40.		11a		1	
12	Is this a defined contribution plan subject to the minimum funding requi	rements of section 412 of the	Code or section	302 0	f	Yes	s X No
	(If Yes, complete line 12a or lines 12b, 12c, 12d, and 12e below, as a	pplicable.)					
	If a waiver of the minimum funding standard for a prior year is being am granting the waiver.		Month	enter t Day		of the letter r	uling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB						
b	Enter the minimum required contribution for this plan year			12b			1,0
c	Enter the amount contributed by the employer to the plan for this plan ye	r		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)	sult (enter a minus sign to the	e left of a	12d			
e	Will the minimum funding amount reported on line 12d be met by the fur				Yes	No	N/A
Part '							
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 employ	er this year		13a			(
b	Were all the plan assets distributed to participants or beneficiaries, transcontrol of the PBGC?	ferred to another plan, or bro	ught under the	X Yes No			Vo
С	If, during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred.	is plan to another plan(s), ider	ntify the plan(s)	to			
1	3c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) P	N(s)
No. William Co.						, , , , , , , , , , , , , , , , , , ,	
				<del>                                     </del>	-+		
-				-			
	*						