-	m 5500-SF	of Small Emplo	OMB Nos. 1210-01 1210-00						
	rtment of the Treasury nal Revenue Service	This form is required to be file				2018			
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the instr	uctions to the Form 55	Public Inspection				
Part I		dentification Information							
For calenda	ar plan year 2018 or fisc	cal plan year beginning 01/01/2			2/31/2018				
A This ret	urn/report is for:	X a single-employer plan	list of participating em			king this box must attach a tith the form instructions.)			
B This rot	urn/report is	a one-participant plan	a foreign plan						
		the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C Check	box if filing under:	X Form 5558	automatic extension	[DFVC p	rogram			
		special extension (enter descr	iption)						
Part II	Basic Plan Infor	mation—enter all requested inf	ormation						
1a Name	of plan				1b Three	0			
THEATER C	NE 401(K) PLAN				plan (PN)	number 001			
				-	()	tive date of plan			
						01/01/2017			
	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)				2b Employer Identification Number (EIN) 37-1545970				
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HEATER ONE, INC.				2c Sponsor's telephone number				
				-	2d Busir	ness code (see instructions)			
	HAVENUE CT. E					517000			
PUYALLUP,	VVA 98374								
3a Plan a	dministrator's name and	l address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN			
				-	3c Admi	nistrator's telephone number			
A 16.0					41				
		plan sponsor or the plan name ha sor's name, EIN, the plan name a			4b EIN				
•	or's name				4d PN				
C Plan N	lame								
5a Totalı	number of participants a	at the beginning of the plan year			5a	3			
		at the end of the plan year			5b	3			
	· ·	ccount balances as of the end of			5c	3			
•	,	icipants at the beginning of the pla		F	5d(1)	3			
d(2) Tot	al number of active part	icipants at the end of the plan yea	ar		5d(2)	3			
		erminated employment during the			5e	0			
Caution: A	penalty for the late of	r incomplete filing of this return	n/report will be assessed	unless reasonable cau	ise is estal	olished.			
Under pena SB or Sche	alties of perjury and othe edule MB completed and	er penalties set forth in the instruc d signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/rep	oort, includi	ng, if applicable, a Schedule			
SIGN	belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 10/14/2019 LAURA GEORGE								
HERE	Signature of plan ad	Ŭ	Date	Enter name of individu	ial signing -	as plan administrator			
SIGN	Signature of plan au								
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ial signing -	as employer or plan sponsor			
		er/plan sponsor			an signing a	as employer or plan sponsor			

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

Form 5500-SF (2018) v.171027 h Total expenses (add lines 8d, 8e, 8f, and 8g)

i Net income (loss) (subtract line 8h from line 8c)

2K 2T

Part IV Plan Characteristics

2G 2J

Transfers to (from) the plan (see instructions).....

3D

j

9a

b

2E 2F

	Ware all of the plan's exects during the plan year invested in aligib	la agasta?	(See instructions)	X Yes No
6a	Were all of the plan's assets during the plan year invested in eligib			
b	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			
U				
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this plan year	(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	31584	64256
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	31584	64256
~				<i>a</i> . –
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<u>8</u> a	Contributions received or receivable from:			(b) Total
		8a(1)	(a) Amount	(b) Total
	Contributions received or receivable from:	8a(1) 8a(2)		(b) Total
	Contributions received or receivable from: (1) Employers	. ,	5344	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(2)	5344	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(2) 8a(3)	5344 31133	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b	5344 31133	
a b 	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b	5344 31133	
a b 	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c	5344 31133	
a b c d	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c 8d	5344 31133	

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

3

32672

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	X		123
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	Was the plan covered by a fidelity bond?	10c		X	
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	
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.)	10e		X	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
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)

ा <u>ज</u> ्ज	rm 5500-SF	Short Form Annua	al Return/Report Benefit Plan	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
	artment of the Treasury email Revenue Service	This form is required to be filed	under sections 104 and	4065 of the Employee R	etirement	2018
	Department of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Code	57(b) and 6058(a) of the	Internal	This Form is Open to
	Benefit Guaranty Corporation					Public Inspection
Part I	Annual Report	 Complete all entries in a Identification Information 	ccordance with the inst	ructions to the Form 5	500-SF.	The state of the second st
			01/01/2018	and ending	12/3	1/2018
		X a single-employer plan				ng this box must attach a
A This re	eturn/report is for:	a single-employer plan	list of participating er	nployer information in ac	cordance wi	th the form instructions.)
B This rel	turn/report is	the first return/report	the final return/report			
		an amended return/report		n/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter descri	ption)			
Part II	Basic Plan Info	rmation—enter all requested info	ormation			and the second
1a Name					1b Three	-digit
Thea	ater One 401(k	:) Plan			Alter Manual	umber
					(PN)	
						ive date of plan 01/2017
2a Plan s	sponsor's name (emplo	yer, if for a single-employer plan)	-		2b Emplo	yer Identification Number
City o	g address (include rooi r town, state or provinc	m, apt., suite no. and street, or P.O. e, country, and ZIP or foreign posta	. Box) I code (if foreign, see inst	nuctions)		37-1545970
	ater One, Inc.		n oode (in foreign, see mar	ructions)		or's telephone number -232-8787
152	09 107th Avenu	le Ct. E			2d Busine	ess code (see instructions)
	allup	WA 9837			5170	00
3a Plan a	administrator's name ar	nd address 🛛 Same las Plan Spons	SOF.		3b Admin	istrator's EIN
					3c Admin	istrator's telephone number
		e plan sponsor or the plan name has			4b EIN	
	llan, enter the plan spoi sor's name	nsor's name, EIN, the plan name ar	nd the plan number from t	he last return/report.	Ad pu	······································
C Plan N					4d PN	
5a Total	number of participants	at the beginning of the star			5-	
- C - C - C - C - C - C - C - C - C - C		at the beginning of the plan year			5a	3
C Numb	per of participants with a	at the end of the plan year account balances as of the end of th	ne plan year (only defined	contribution plans	5b 5c	3
		rticipants at the beginning of the pla			5d(1)	3
		rticipants at the end of the plan year			5d(2)	3
		terminated employment during the				د
than	100% vested				5e	0
Caution: #	A penalty for the late of	or incomplete filing of this return/	report will be assessed	unless reasonable cau	use is establ	ished.
SB or Sch	edule MB completed ar true, correct, and completed ar	ner penalties set forth in the instruct nd signed by an enrolled actuary, as plete.	well as the electronic ver	examined this return/report sion of this return/report	oort, including t, and to the l	g, if applicable, a Schedule best of my knowledge and
SIGN	78	\mathcal{L}	10/14/19	Laura George		
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as	plan administrator
SIGN						
HERE	Signature of employ		Date	Enter name of individu	ual signing as	employer or plan sponsor
For Paperw		e, see the Instructions for Form 5500-	SF.	La ser		Form 5500-SF (2018)

v.171027

 6a Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot 	in indepen Ind conditio	dent qualified public accountant (IQP/ ons.)	A) X Yes 🗌 No
C If the plan is a defined benefit plan, is it covered under the PBGC ins If "Yes" is checked, enter the My PAA confirmation number from the			
Part III Financial Information		ernem ning for this part year	(See instructions.)
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	31,584	64,256
		and the second	

b	Total plan liabilities	7b						And the second
	Net plan assets (subtract line 7b from line 7a)	7c		31,	584			64,256
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)			344			
	(2) Participants	8a(2)		31,	133			
	(3) Others (including rollovers)	8a(3)			İ			
b	Other income (loss)	8b		-3,	802			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						32,675
0-21	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f			3			
g	Other expenses	8g						
h		8h						3
1	Net income (loss) (subtract line 8h from line 8c)	8i						32,672
j	Transfers to (from) the plan (see instructions)	8j						
	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteri	stic Codes i	n the instructions	5:
b	2E 2F 2G 2J 2K 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plai	n Char	acterist	tic Codes in	the instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amoun	t
a	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)	oluntary F	iduciary Correction	10a	x			123
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	include transactions	10b		x		
C	Was the plan covered by a fidelity bond?			10c		X		
d						x		
e	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.)	er person: e or all of	s by an insurance the benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? ((See instru	ictions and 29 CFR	404		X		

10h

101

2520.101-3.)

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

Form 5500-SF (2018)

Page 3-

_							
Part	VI Pension Funding Compliance				Served and the Serve		
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (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						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?	n 302 o	f		Yes 2	x No	
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				1		
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc granting the waiver	tions, and h	d enter Da		of the let Year		g
lf	you 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				
	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 onegative amount)	ofa	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?			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 u control of the PBGC?	inder the	L		Yes	X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred.) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)		s)
			100 and 100 and 100 and 100				
			-				