-	rm 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Employee Benefit Plan				
Inte D	artment of the Treasury rnal Revenue Service Pepartment of Labor	This form is required to be file Income Security Act of 1974	d under sections 104 and	057(b) and 6058(a) of the Inte	ement ernal	2018 This Form is Open to	
	Benefits Security Administration Benefit Guaranty Corporation	de). tructions to the Form 5500	This Form is 0 Public Inspe				
Part I	-	Identification Information	accordance with the ins	tructions to the Form 5500	-3г.		
		scal plan year beginning 03/01/2	018	and ending 12/3	1/2018		
A This re	turn/report is for:	<ul> <li>☑ a single-employer plan</li> <li>☐ a one-participant plan</li> </ul>		olan (not multiemployer) (File mployer information in accor		•	
<b>B</b> This ret	urn/report is	the first return/report	the final return/report	:			
_		an amended return/report	X a short plan year retu	rn/report (less than 12 mont	hs)		
C Check	box if filing under:	Form 5558	automatic extension	×	DFVC pro	ogram	
		special extension (enter descr	. ,				
Part II		rmation—enter all requested inf	ormation	4	<b>b T</b> 1	19-21	
1a Name LYNCH OIL	of plan COMPANY INC. 401K	PLAN		1	•	umber	
				1	(PN) C Effecti	▶ 001 ve date of plan	
<b>2a</b> Dian a	popeor's pama (ampla	yer, if for a single-employer plan)		2	<b>b</b> Emplo	03/01/1999 yer Identification Number	
Mailin	g address (include roor	n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		structions)	(EIN)	82-0322621	
•	COMPANY INC.			2	<b>c</b> Spons	or's telephone number 208-678-9009	
P.O. BOX 79	20			2	<b>d</b> Busine	ess code (see instructions)	
BURLEY, ID						324190	
3a Plan a	administrator's name an	nd address 🛛 Same as Plan Spor	nsor.	3	<b>b</b> Admin	istrator's EIN	
				3	<b>C</b> Admin	istrator's telephone number	
		plan sponsor or the plan name ha			<b>b</b> EIN		
•	lan, enter the plan spor sor's name	nsor's name, EIN, the plan name a	nd the plan number from		<b>d</b> PN		
C Plan N	Name						
5a Total	number of participants	at the beginning of the plan year			5a	80	
		at the end of the plan year			5b	81	
		account balances as of the end of t			5c	16	
<b>d(1)</b> Tot	tal number of active par	rticipants at the beginning of the pla	an year		5d(1)	77	
• •	•	rticipants at the end of the plan yea			5d(2)	77	
than	100% vested	terminated employment during the			5e	0	
		or incomplete filing of this return ner penalties set forth in the instruc					
SB or Sch		nd signed by an enrolled actuary, a					
SIGN HERE	Filed with authorized/	valid electronic signature.	11/20/2019	CADE JONES			
HEKE	Signature of plan a	dministrator	Date	Enter name of individual	signing a	s plan administrator	
	L						
HERE	Signature of employ		Date	Enter name of individual	signing a	s employer or plan sponsor	
For Paperw	vork Reduction Act Notic	e, see the Instructions for Form 5500	-51.			Form 5500-SF (2018) v.171027	

6a b	Were all of the plan's assets during the plan year invested in eligible 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 If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and conditi	dent qualified public accountant (IC ons.)	QPA)	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 the				Not determined (See instructions.)			
Pa	rt III Financial Information							
7	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year							
<b>a</b> Total plan assets								

a Total plan assets	. 7a	103	33470			1063971
<b>b</b> Total plan liabilities	. 7b		0			
<b>C</b> Net plan assets (subtract line 7b from line 7a)	. 7c	103	33470			1063971
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
a Contributions received or receivable from: (1) Employers	. 8a(1)	;	34141			
(2) Participants	. 8a(2)	Ę	56310			
(3) Others (including rollovers)	. 8a(3)					
<b>b</b> Other income (loss)	. 8b	-{	54564			
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					35887
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
e Certain deemed and/or corrective distributions (see instructions).	. 8e					
f Administrative service providers (salaries, fees, commissions)	. 8f		5386			
g Other expenses	. 8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					5386
i Net income (loss) (subtract line 8h from line 8c)	. 8i					30501
j Transfers to (from) the plan (see instructions)	. 8j					
Part IV Plan Characteristics						
9a       If the plan provides pension benefits, enter the applicable pension         2E       2F       2G       2J       2K       2T       3D       3H         b       If the plan provides welfare benefits, enter the applicable welfare						
Part V Compliance Questions						
<b>10</b> During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		Х	
<b>b</b> Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х	
<b>C</b> Was the plan covered by a fidelity bond?			10c	X		250000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?	,	·	10d		Х	
e Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e		х	
f Has the plan failed to provide any benefit when due under the pl	an?		10f		Х	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount	as of vear-	end)	10		Х	
			10g		~	

2520.101-3.) .....

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 .....

i

Х

Х

10h

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 o	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)

Form 5500-SF	Short Form Annu	al Return/Repo Benefit Plan	rt of Small Employ	yee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file			rement	2018
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974			This Form is Open to	
Pension Benefit Guaranty Corporation	Complete all entries in a		structions to the Form 550	D-SF.	Public Inspection
Part I Annual Report	t Identification Information				
For calendar plan year 2018 or	fiscal plan year beginning	03/01/2018	and ending	12/3	1/2018
A This return/report is for:	$\underline{X}$ a single-employer plan		plan (not multiemployer) (Fil employer information in acco		-
	a one-participant plan	a foreign plan			
<b>B</b> This return/report is	the first return/report	the final return/repor	t		
	an amended return/report	🗙 a short plan year ret	urn/report (less than 12 mon	ths)	
C Check box if filing under:	Form 5558	automatic extension	n X	DFVC pr	ogram
	special extension (enter desci	ription)			
Part II Basic Plan Info	ormation—enter all requested int	formation			
1a Name of plan			1	b Three	-
LYNCH OIL COMPAN	Y INC. 401K PLAN			plan i (PN)	number ▶ 001
			1	<u> </u>	tive date of plan
					01/1999
	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	), Box)	2		oyer Identification Number 82-0322621
City or town, state or provin	ce, country, and ZIP or foreign post		structions)		sor's telephone number
LYNCH OIL COMPAN	Y INC.				-678-9009
P.O. BOX 790			2	d Busin	ess code (see instructions)
BURLEY	ID 8331	18		324	190
3a Plan administrator's name a	and address 🛛 Same as Plan Spor	nsor.	3		histrator's EIN
			3	<b>C</b> Admir	nistrator's telephone number
	ne plan sponsor or the plan name ha			<b>b</b> EIN	
this plan, enter the plan spa <b>a</b> Sponsor's name <b>c</b> Plan Name	onsor's name, EIN, the plan name a	and the plan number from		d PN	
5a Total number of participant	s at the beginning of the plan year			5a	80
	s at the end of the plan year			5b	81
	account balances as of the end of			5c	16
<b>d(1)</b> Total number of active pa	articipants at the beginning of the pl	an year		5d(1)	77
	articipants at the end of the plan yea			5d(2)	77
	o terminated employment during the			5e	0
Caution: A penalty for the late Under penalties of perjury and o SB or Schedule MB completed a	or incomplete filing of this return ther penalties set forth in the instruc- and signed by an enrolled actuary, a	n/report will be assesse ctions, I declare that I hav	d unless reasonable cause re examined this return/report	rt, includir	lished. ng, if applicable, a Schedule
belief, it is true, correct, and con		11/20/19	CADE JONES		
HERE Signature of plan	administrator	Date	Enter name of individual	signing c	e nian administrator
Signature of plan	ammistatur			ារប្រាជាម្នាខ្ល	
HERE	oyer/plan sponsor	Date	Enter name of individual	signing	is employer or plan sponsor
	ice, see the Instructions for Form 5500			- anglinning C	Form 5500-SF (2018)

v.171027

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.	
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.)
Pa	rt III Financial Information	

7 Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End	d of Year	
a Total plan assets	7a	1,0	)33,4	170			1	,063,97
<b>b</b> Total plan liabilities	7b			0				
c Net plan assets (subtract line 7b from line 7a)	7c	1,0	)33,4	470			1	,063,971
8 Income, Expenses, and Transfers for this Plan Year	1	(a) Amount				(b)	Total	
a Contributions received or receivable from: (1) Employers	8a(1)		34,2	141				bendet at
(2) Participants	8a(2)		56,3	310				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		-54,5	564				
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	100 March 100 Ma	100.00					35,887
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f		5,3	386		11	1.00	S. 1. 27
g Other expenses	8g						1	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5,386
i Net income (loss) (subtract line 8h from line 8c)	8i		100					30,501
j Transfers to (from) the plan (see instructions)	8j							
Part IV     Plan Characteristics       9a     If the plan provides pension benefits, enter the applicable pension 2E       2F     2G     2J     2K     2T     3D     3H	feature coo							:
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension         2E       2F       2G       2J       2K       2T       3D       3H         b       If the plan provides welfare benefits, enter the applicable welfare from the applicable welfare f	feature coo							
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H         b       If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan plane.         Part V       Compliance Questions	feature coo							
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H         b       If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan generic set of the plan provides welfare benefits, enter the applicable welfare for the plan generic set of the plan generic set of the plan generic set of the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	feature code	es from the List of Plan		cteris	ic Codes		ructions:	
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H         b       If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan	feature code eature code itions withir /oluntary Fi	es from the List of Plan the time period duciary Correction	Chara	cteris	ic Codes		ructions:	
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H         b       If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan year:         10       During the plan year:         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)         b       Were there any nonexempt transactions with any party-in-interest	feature code eature code ntions withir /oluntary Fi	es from the List of Plan the time period duciary Correction nclude transactions	Chara	cteris	No X		ructions:	
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H         b       If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)         b       Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	feature code eature code tions withir /oluntary Fi 	as from the List of Plan the time period duciary Correction Include transactions	Chara 10a 10b	Yes	No X		ructions:	
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H         b       If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for Part V         Compliance Questions         10       During the plan year:         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)         b       Were there any nonexempt transactions with any party-in-interest 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	feature code eature code itions withir /oluntary Fi /oluntary fi /olun	as from the List of Plan the time period duciary Correction Include transactions Ind, that was caused is by an insurance the benefits under	Chara 10a 10b 10c	Yes	No X X		ructions:	
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H         b       If the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)         b       Were there any nonexempt transactions with any party-in-interest 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 by fraud or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	feature cod eature cod eature cod ntions withir /oluntary Fi /oluntary	as from the List of Plan the time period duciary Correction nclude transactions id, that was caused s by an insurance the benefits under	Chara 10a 10b 10c 10d	Yes	No X X X X		ructions:	
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H         b       If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for Part V         Compliance Questions         10       During the plan year:         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)         b       Were there any nonexempt transactions with any party-in-interest 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 by fraud or dishonesty?         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.)         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 a participant loans?	feature cod eature cod eature cod ntions withir foluntary Fi (Do not i fidelity bor fidelity bor ner persons ne or all of fi n?	as from the List of Plan the time period duciary Correction nclude transactions id, that was caused is by an insurance the benefits under	Chara 10a 10b 10c 10d	Yes	No X X X X X X		ructions:	
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H         b       If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan year:         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)         b       Were there any nonexempt transactions with any party-in-interest 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 by fraud or dishonesty?         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.)         f       Has the plan failed to provide a	feature code eature code ntions withir /oluntary Fi fidelity bor fidelity bor ner persons ne or all of fi ns of year-e (See instru	as from the List of Plan the time period duciary Correction nclude transactions id, that was caused is by an insurance the benefits under ind.)	Chara 10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X		ructions:	

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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 an (Form 5500) and line 11a below)	d complete Sch	edule S	B	Ye	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 ERISA?			f	Ye	es 🛛 No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see i granting the waiver.	. Month	d enter t Day		of the letter Year	ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year		12b			
C	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 negative 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?			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 brocontrol of the PBGC?			[	Yes 🛛	No
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred.	ntify the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
				Î		