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

Part I	Annual Repor	t Identification Information	1						
For calend	dar plan year 2018 or	fiscal plan year beginning 08/01/	2018	and ending 0	7/31/2019				
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac					
		a one-participant plan	a foreign plan	. , . ,		,			
B This ref	turn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC prog	gram			
D 11	Desir Blee In	special extension (enter desc	. ,						
Part II		formation—enter all requested in	nformation			1			
1a Name	•	NC. 401K PROFIT SHARING PLAN	1		1b Three-d plan nu (PN) ▶	mber			
			1c Effective	e date of plan 08/01/1998					
	sponsor's name (emp		2b Employe	er Identification Number					
		oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		structions)	(EIN)	91-0847972			
-	ISON INSURANCE, I		g,	,	2c Sponso	r's telephone number 206-937-3050			
					2d Business code (see instructions)				
14822 8TH . BURIEN, W	AVE SW A 98166-9151					524210			
3a Plan a	administrator's name	and address 🛛 Same as Plan Spo	onsor.		3b Adminis	trator's EIN			
					3c Adminis	trator's telephone number			
						·			
4 If the	name and/or EIN of t	he plan sponsor or the plan name h	nas changed since the last	return/report filed for	4b EIN				
this p	olan, enter the plan sp	ponsor's name, EIN, the plan name							
a Spons c Plan I	sor's name				4d PN				
• Halli	vairie								
5a Total	number of participan	ts at the beginning of the plan year			5a	4			
		ts at the end of the plan year			5b	3			
		h account balances as of the end of			5c	2			
d(1) To	tal number of active p	participants at the beginning of the p	olan year		5d(1)	3			
		participants at the end of the plan ye			5d(2)	3			
than	100% vested	no terminated employment during th			5e	0			
		e or incomplete filing of this retu							
SB or Sch	edule MB completed true, correct, and cor	other penalties set forth in the instru and signed by an enrolled actuary,	as well as the electronic v	rersion of this return/repor	t, and to the be	est of my knowledge and			
SIGN		ed/valid electronic signature.	02/18/2020	MARK SWANSON					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as	plan administrator			
SIGN					<u> </u>				
HERE	Signature of emp	lover/plan sponsor	Date	Enter name of individ	ual signing as	employer or plan sponsor			

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) 								
С	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 in If "Yes" is checked, enter the My PAA confirmation number from the	n ot use Fo nsurance p	orm 5500-SF and mus program (see ERISA se	t instea ection 4	ad use 021)?	Forn	n 5500.] Yes	X Yes No Not determined (See instructions.)	
Pai	rt III Financial Information	_							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
а	Total plan assets	7a	1	12165				90156	
<u>b</u>	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	1	12165				90156	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) T	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)		1156					
	(2) Participants	8a(2)		1200					
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b		597					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2953	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	;	21240	_				
e	Certain deemed and/or corrective distributions (see instructions)	8e		3722					
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						24962	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						-22009	
	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes 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 Co	des in the instru	ictions:	
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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X			
C	Was the plan covered by a fidelity bond?			10c	X			25000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X		2000	
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			485	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g				10g		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 complete Sche (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 ERISA?		:	Y	es X No
	(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 instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling
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			
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 of a negative 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?		Yes	× N	0
	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 under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	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 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

Rart Annual Repor	t Identification Information		actions to all I dim o	300-01	
For calendar plan year 2018 or	fiscal plan year beginning 08/01/2018		, and ending 07/3	31/2019	
A This return/report is for:	X a single-employer plan	a multiple-employer planting em	an (not multiemployer) (uployer information in a	(Filers checking to accordance with the	this box must attach a ne form instructions.)
	a one-participant plan	a foreign plan			,
B This return/report is	[] the first return/report	the final return/report			
	an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C Check box if filing under:	Form 5558 [special extension (enter descript	automatic extension	#/ Ki	DFVC progra	am
Part II Basic Plan Inf	ormation—enter all requested infor				
1a Name of plan	officiation—enter all requested infor	mation		45 -	
•	NC. 401K PROFIT SHARING PLAN	¥	7	1b Three-dig plan num (PN) ▶	
		*		1c Effective 08/01/19	
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. E ice, country, and ZIP or foreign postal	Box)		2b Employer (EIN) 91-	Identification Number 0847972
DON SWANSON INSURANCE, I	NC.	code (ii foreign, see msu	uctions)		s telephone number (206) 937-3050
				2d Business	code (see Instructions)
14822 8TH AVE SW		G e		524210	
BURIEN, WA 98166-9151					
3a Plan administrator's name a	and address 🛛 Same as Plan Sponso	or.	- Andrews	3b Administr	ator's EIN
		9	27.		
				3C Administr	ator's telephone number
	4		5		
4 If the name and/or EIN of the this plan, enter the plan sp	ne plan sponsor or the plan name has onsor's name, EIN, the plan name and	changed since the last re the plan number from the	eturn/report filed for ne last return/report.	4b EIN	***************************************
a Sponsor's name	C			4d PN	
C Plan Name			V-v-v-		
5a Total number of participant	s at the beginning of the plan year		***************************************	5a	4
b Total number of participant	s at the end of the plan year		1	5b	3
complete this Item)	account balances as of the end of the			5c	2
d(1) Total number of active p	articipants at the beginning of the plan	year	***************	5d(1)	3
d(2) Total number of active p	articipants at the end of the plan year.	*****************		5d(2)	3
than 100% vested	o terminated employment during the p			5e	· 0
Gaution: A penalty for the late	or incomplete filling of this return/r other penalties set forth in the instruction	eport will be assessed	unless reasonable ca	use is establish	red.
SB or Schedule MB eempleted a belief, it is true, correct and con	and signed by an enrolled actuary, as t	well as the electronic ver	sion of this return/repor	t, and to the bes	t of my knowledge and
HERE Signature of plan	Lane	2/18/20	MARK SWANSON		
rsign	administrator	Date	Enter name of individ	iual signing as p	lan administrator
Signature of empl	oyer/plan sponsor	Date	Enter name of individ	lual signing as e	mployer or plan sponsor
For Paperwork Reduction Act Not	ice, see the Instructions for Form 5500-S	F.		7,2,3	Form 5500-SF (2018)

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Form	5500	-SE	/2N1	B.

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oa	Were all of the plan's assets during the plan year invested in eligib	lo accote?	(Socinetructions)					X Yes	No
b	Are you claiming a waiver of the annual examination and report of		,						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)					X Yes	No
	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 in						_	Not determ	ined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea				_ (See instruction	ons.)
Par	t III Financial Information		·						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
a	Total plan assets	7a		11216	5			90156	
b_	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		11216	5			90156	
88	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it			(b)	Total	
	Contributions received or receivable from:			445					
	(1) Employers	8a(1)		115	_				-
	(2) Participants	8a(2)		120	0	-			
	(3) Others (including rollovers)	8a(3)			_				-
	Other income (loss)	8b		59	17	V-I	100		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2953	-
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2124	0				
	Certain deemed and/or corrective distributions (see instructions)	8e		372	2		J'IST		× -
_	Administrative service providers (salaries, fees, commissions)					70.00			11
020	Other expenses						100		91, -
	Total expenses (add lines 8d, 8e, 8f, and 8g)							24962	
	Net income (loss) (subtract line 8h from line 8c)	81			1.10			-22009	
	Transfers to (from) the plan (see instructions)	81					n (5)	3050	
<u> </u>	t IV Plan Characteristics	l oj							
1 CII									
9a	lif the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of PI	an Cha	racteri	stic Coo	des in the ins	structions:	_
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Cod	des in the ins	structions:	
9a b									
b	2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f								
b	2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions				acteris	tic Code		ructions	
b Part	2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year:	eature coo	des from the List of Pla						
b	2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions	eature coo	des from the List of Pla		acteris	tic Code		ructions	
Part 10 a	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 for the plan provides a failure to transmit to the plan any participant contributes of the plan and policy the program of the plan and policy the pla	eature cod utions with Joluntary F	des from the List of Pla in the time period Fiduciary Correction		acteris	No No		ructions	
Part 10 a	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 for the plan provides welfare for the plan provides and plan provides plan provides plan provides plan provides plan provides program plan provides plan provides plan provides program plan provides p	tions with /oluntary f	in the time period Fiduciary Correction include transactions	n Chara	acteris	No No		ructions	
Part 10 a	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 for the pl	tions with oluntary f	des from the List of Pla in the time period Fiduciary Correction include transactions	10a	Yes	No X		ructions: Amount	25000
Part 10 a 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 for the pl	tions with Joluntary I	des from the List of Pla in the time period Fiduciary Correction include transactions	n Chara	acteris	No X		ructions: Amount	25000
Part 10 a	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 for the pl	itions with /oluntary f	in the time period Fiduciary Correction include transactions	10a	Yes	No X		ructions: Amount	25000
Part 10 a 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 for the plan provides welfare for the plan and participant contributes of the plan participant contributes of the plan provides and policy of the plan provides and policy of the plan provides for the plan provides and policy of the plan provides and	itions with /oluntary l t? (Do not fidelity both	in the time period Fiduciary Correction include transactions and, that was caused	10a 10b	Yes	No X		ructions: Amount	25000
Part 10 a 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 for the pl	tions with /oluntary f t? (Do not	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance of the benefits under	10a 10b 10c	Yes	No X		ructions: Amount	
b Part 10 a b c d e	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 for the plan any participant contributes of the plan provides and DOL's Normal Program. Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides son the plan? (See instructions.)	itions with /oluntary f t? (Do not ifidelity bother personne or all of	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance if the benefits under	10a 10b 10c 10d	Yes	No X X		ructions: Amount	
b Part 10 a b c d e	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 for the plan provides welfare for the plan any participant contributes of the plan and participant contributes of the plan and participant contributes of the program. Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides son the plan? (See instructions.)	tions with /oluntary for t? (Do not fidelity become or all of	in the time period Fiduciary Correction include transactions and, that was caused the benefits under	10a 10b 10c 10d	Yes	No X X X		ructions: Amount	
b Part 10 a b c d e	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 for the plan provides welfare for the plan provides welfare for the plan any participant contributed by the plan program. Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	itions with /oluntary if t? (Do not fidelity be her person ne or all of	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance if the benefits under	10a 10b 10c 10d	Yes	No X X X X X		ructions: Amount	
b Part 10 a b c d e	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 for the plan provides welfare for the plan any participant contributes of the plan and participant contributes of the plan and participant contributes of the program. Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides son the plan? (See instructions.)	tions with foluntary f t? (Do not fidelity bo her persor ne or all of	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance if the benefits under end.)	10a 10b 10c 10d	Yes	No X X X		ructions: Amount	
b Part 10 a b c d e	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 for the plan provides welfare for the plan provides welfare for the plan any participant contributes of the plan participant contributes of the plan provides and DOL's very program. Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period?	itions with /oluntary f t? (Do not fidelity bo her persor ne or all of an? (See instr	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance if the benefits under end.) uctions and 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X		ructions: Amount	250000

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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 co (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		11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc ERISA?				Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiverMo		enter t Day		of the le Yea		ng ——
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
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							
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)							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		I/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 under the control of the PBGC?					Yes	X 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.)	y the plan(s)	to				
1	13c(1) Name of plan(s):	13c(2) EIN(s)			130	c(3) PN	(s)