		Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089			
		This form is required to be filed		1065 of the Employee Re	etirement	2018	
			(ERISA), and sections 605	57(b) and 6058(a) of the		This Form is Open to	
Pension Ben	efit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	500-SF.	Public Inspection	
Part I							
For calenda	r plan year 2018 or fisc	al plan year beginning 09/01/20					
A This retu	rn/report is for:	X a single-employer plan	list of participating em			-	
P This nation		a one-participant plan	a foreign plan				
	n/report is	the first return/report	the final return/report				
	l	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)		
C Check be	ox if filing under:	Form 5558	automatic extension		DFVC p	rogram	
		special extension (enter descri	ption)				
Part II	Basic Plan Infor	mation—enter all requested info	ormation				
1a Name o	•						
VAN WELL N	URSERY, INC. PROFI	T SHARING PLAN					
					1c Effect	•	
<b>2a</b> Plan sp	onsor's name (employe	ar if for a single-employer plan)			2h Empl		
Mailing	address (include room,	, apt., suite no. and street, or P.O.				-	
•		ructions)	<b>2c</b> Sponsor's telephone number 506-886-8189				
					2d Busir	ness code (see instructions)	
P.O. BOX 133 WENATCHEE						111400	
	,						
3a Plan ad	ministrator's name and	address 🛛 Same as Plan Spon	sor.		<b>3b</b> Admi	nistrator's EIN	
					3c Admi	nistrator's telephone number	
					4b EIN		
<b>a</b> Sponso					<b>4d</b> PN		
C Plan Na	ime						
5a Total ni	umber of participants a	t the beginning of the plan year			5a	91	
_					5b	99	
C Numbe	r of participants with ac	ccount balances as of the end of t	he plan year (only defined	d contribution plans 5c			
•	,				5d(1)	65	
					5d(2)	69	
					5e	2	
Caution: A	penalty for the late or	r incomplete filing of this return	/report will be assessed	unless reasonable cau	use is estat	olished.	
SB or Sched	lule MB completed and	signed by an enrolled actuary, as					
			03/13/2020	SUZANNE M. VAN W	ELL		
HERE	III SOUCST mid if a Taylor       Staff FORM FAILURE ACCOUNT REPORT OF START ELIPPOYEE Benefit Plan       1210.0080         III Source if a single-analysis and staff of the instructions of the instructions.)         Annual Report Identification Information       and ending       063/12019         Indiverse instructions       a single-employer plan       and ending       063/12019         Indiverse instructions       a one-participant plan       is for participant entrum/report       and ending       063/12019         Inter Charles instructions       a one-participant plan       is for participant entrum/report       a bring plan         Inter Charles instruction       gautomatic extension       DFVC program         Ipplan       automatic extension       DFVC program         Ipplan       and ending one anal structions)       001         IC       Effective and address in the plan name has changed since the last return/report field of the single-analysing postal code (if foreign, see instructions)       20       Engloyer Identification Number (chi) 40 PN         INSERV, INC.       Son and address in the pl						
SIGN	gradie of plan du		2410				
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual signing :	as employer or plan sponsor	
					aar orgining i		

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

Form 5500-SF (2018) v.171027

	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 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		·	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section 4021)?	Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the			
<b>D</b> -		•	· · · ·	
Pa	rt III   Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	3015658	2956408
b	Total plan liabilities	7b	4174	0
С	Net plan assets (subtract line 7b from line 7a)	7c	3011484	2956408
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	160000	
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-47393	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		112607
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	132616	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	35067	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		167683
i	Net income (loss) (subtract line 8h from line 8c)	8i		-55076
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 3D	feature cod	es from the List of Plan Characteristic	Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Characteristic	Codes in the instructions:
Pa	t V Compliance Questions			
10	During the plan year:		Yes	Amount

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	
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		450000
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		×	
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		x	
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			

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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				
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?			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 Annua	al Retur	n/Report	of Small Emplo	oyee	0	MB Nos. 1210-0110 1210-0089		
Department of the Treasury internal Revenue Service	etiremen	+	2018						
Department of Labor Employee Benefits Security Administration	This form is required to be filed Income Security Act of 1974	(ERISA), an Revenue C	id sections 60: Code (the Code	67(6) and 6058(a) of the e).	memar	This Fo	orm is Open to c inspection		
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance	with the inst	ructions to the Form 5	500-SF.				
Part I Annual Repor	t Identification Information fiscal plan year beginning 09/01/201	18		and ending 08/3	1/2019				
A This return/report is for:	X a single-employer plan	la multir	ele-employer poarticipating er	ian (not multiemployer) ( nployer information in ac	Filers ch	ecking this box with the form	must attach a instructions.)		
	a one-participant plan	a foreig	yn plan						
B This return/report is	the first return/report		I return/report						
	an amended return/report			m/report (less than 12 m					
C Check box if filing under:	Form 5558	لسبل	atic extension			C program			
	special extension (enter descr	concertion of the particular design of the second se		and a strange of the state of the			and a subscription of the		
Part II Basic Plan Int 1a Name of plan /AN WELL NURSERY, INC. PR	OFIT SHARING PLAN	formation			p	hree-digit lan number	001		
YAN WELL NURDER (, INC. )					1c E	PN) Effective date o 05/12/1972	f plan		
Mailing addrage (include th	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.C	O. Box)			2b E		fication Number 56		
City or town, state or provi /AN WELL NURSERY, INC.	nce, country, and ZIP or foreign post	tal code (if f	oreign, see ins	structions)	2c Sponsor's telephone number (506) 886-8189				
P.O. BOX 1339					1	Business code	(see instructions)		
WENATCHEE, WA 98807									
	and address X Same as Plan Spo	onsor.			3b /	Administrator's	EIN		
							telephone number		
<ul> <li>4 If the name and/or EIN of this plan, enter the plan s</li> <li>a Sponsor's name</li> </ul>	the plan sponsor or the plan name h ponsor's name, EIN, the plan name	has changed and the pla	t since the last n number from	t return/report filed for the last return/report.	4b 4d				
C Plan Name									
5a Total number of participa	nts at the beginning of the plan year				. 58		91		
b Total number of participa	nts at the end of the plan year ith account balances as of the end o		,				<u>99</u> 97		
complete this item)							65		
d(1) Total number of active	participants at the beginning of the	plan year					69		
A Number of participants y	participants at the end of the plan y who terminated employment during the	he plan year	r with accrued	benefits that were less	5		2		
than 100% vested	the second of the second states and the second	maleanast u	dil ha sesses	d unless reasonable o	2030 13	established.			
	I other penalties set forth in the instr d and signed by an enrolled actuary,	auntione I de	solare that i ha	ve examinen mis relum/		ILIUUIII, IL DIPP	icable, a Scheduk ny knowledge and		
SIGN fre	- Dm Urcel		3133	Suzanne M. Van We			an a		
HERE Signature of pla		C	)ate	Enter name of indiv	idual sig	ining as plan a	dministrator		
SIGN HERE	and dama and a star free dama and a star and		N_4.	Enter name of indiv	idual eic	ning as emplo	ver or plan sponso		
i Signature of en	ployer/plan sponsor ofice, see the instructions for Form 55		)ate		ioual al	trange of outpild	Form 5500-SF (201 v.1710		

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Form 5500-SF (2018)

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		Yes No
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	
h	Are you claiming a waiver of the appual examination and report of an independent qualified public accountant (IQPA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	
	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)?	
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)

Pa	t III Financial Information				-		(b) End of Year
7	Plan Assets and Liabilities		(a) Beginning of		+		(b) End of Year 2956408
a	Total plan assets	7a	3	015658			0
b	Total plan liabilities	7b		4174			2956408
C	Net plan assets (subtract line 7b from line 7a)	7c	3	011484			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		160000	<u> </u>		
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					······
b	Other income (loss)	8b		-47393	3		
and the second se	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					112607
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		13261	6		
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f		3506	7		
g	Other expenses	. 8g				·	407000
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					167683
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					-55076
J	Transfers to (from) the plan (see instructions)						
Pa	rt IV Plan Characteristics						
9a	2E 3D						
ь 							····
	rt V Compliance Questions				Yes	No	Amount
10	During the plan year:				165	NU	Amoun
	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	Fiduciary Correction	10a		×	
	b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	st? (Do no	t include transactions	10b		х	
	C Was the plan covered by a fidelity bond?			10c	X		450000
	Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	s fidelity b	ond, that was caused	10d		x	·····
	<ul> <li>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.)</li></ul>					x	
	f Has the plan failed to provide any benefit when due under the p	ian?		1 <b>0f</b>	<b> </b>	X	
	g Did the plan have any participant loans? (If "Yes," enter amount			10g		X	
	h If this is an individual account plan, was there a blackout period 2520.101-3.)			10h	<b> </b>	X	
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the requir	red notice or one of the	10i			

Form 5500-SF (2018)

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Part \	/I Pension Funding Compliance					
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)	<u> </u>	3 		Yes 📋	No
11a	Estas the unpoid minimum required contributions for all years from Schedule SB (Form 5500) line 40	<u>11a</u>			<u></u>	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	302 of	•••••		Yes X	No
	of likes it appendix inc. 120 or lines 120, 120, 12d, and 12e below, as applicable.)			<u> </u>		
	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	enter t Day	he date	Year	er ruing	<u></u>
If 1	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
	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 of a negative amount)	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	٠ 
Part						
	Has a resolution to terminate the plan been adopted in any plan year?			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?	<u></u>	ļ	Yes	X No	
C	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.)				(0) [2) 1/-	
	13c(1) Name of plan(s): 13c(2)	EIN(s)		130	<b>(3)</b> PN(s	)
, 	I3c(1) Name of plan(s):			<u></u>		

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