Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

Part I		t Identification Information	1				
For calend	dar plan year 2018 or	fiscal plan year beginning 12/01/2	2018	and ending 1	1/30/2019		
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 ret	turn/report is	the first return/report	the final return/report	t			
		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 progra	m	
		special extension (enter desc	•				
Part II	Basic Plan Inf	ormation—enter all requested in	formation		T		
1a Name MOHR AND	of plan ASSOCIATES, INC.	401(K) PLAN			1b Three-diging plan numb (PN) ▶		
					1c Effective of	date of plan	
2a Plan s	enoneor's name (empl	loyer, if for a single-employer plan)			2h Employer	12/01/2014	
Mailin	g address (include ro	om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post		etructions)	(EIN)	Identification Number 91-1466926	
	ASSOCIATES, INC.		tai code (ii foreign, see ins	structions)		telephone number 09-946-0941	
					2d Business	code (see instructions)	
1440 AGNES STREET RICHLAND, WA 99352-3918				335900			
,							
3a Plan a	administrator's name	and address X Same as Plan Spo	nsor.		3b Administra	ator's EIN	
					3c Administra	ator's telephone number	
						•	
		he plan sponsor or the plan name h			4b EIN		
	olan, enter the plan sp sor's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN		
C Plan N					10 110		
		ts at the beginning of the plan year.			5a	26	
		ts at the end of the plan year			5b	22	
	· ·	n account balances as of the end of		•	5c	14	
d(1) Tot	tal number of active p	articipants at the beginning of the p	lan year		5d(1)	26	
d(2) Total number of active participants at the end of the plan year			5d(2)	22			
than	100% vested	o terminated employment during the			5e	0	
		or incomplete filing of this retur					
SB or Sch		other penalties set forth in the instru and signed by an enrolled actuary, a nolete					
SIGN		d/valid electronic signature.	04/13/2020	CHARLES L. MOHR			
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator	
SIGN							
HERE	Signature of emp	lover/plan sponsor	Date	Enter name of individ	ual signing as en	nplover or plan sponsor	

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C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							X Yes X Yes	No No
7	С						_			
a Total plan assets	Pa	rt III Financial Information								
D Total plan liabilities 7b 0 0 C Net plan assets (subtract line 7b from line 7a) 7c 284301 355688 B Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from:	7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End o	f Year	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	28	84301				355658	
8 income. Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b	Total plan liabilities	7b		0				0	
a Contributions received or receivable from: (1) Employers (2) Participants	С	Net plan assets (subtract line 7b from line 7a)	7c	28	84301				355658	
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) To	tal	
(3) Other (including rollovers)	a		8a(1)		0					
b Other income (loss)		(2) Participants	8a(2)	4	44076	_				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0	_				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b	;	36141					
e Certain deemed and/or corrective distributions (see instructions) 8e 0 0 f Administrative service providers (salaries, fees, commissions) 8f 525 g Other expenses 8g 0 0 h Total expenses (add lines 8d, 8e, 8f, and 8g)			8c						80217	
f Administrative service providers (salaries, fees, commissions)	d	. ` `	8d		8335					
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)								
i Net income (loss) (subtract line 8h from line 8c)		'	expenses							
j Transfers to (from) the plan (see instructions)	<u>h</u>	. ,								
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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)	-								71357	
9a	_ <u>_</u>	, , , , ,	8j		0					
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 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 fidelity bond, that was caused by fraud or dishonesty? e 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.) 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 as of year-end.) 10			f t	also form the List of Di	01			ada a Sautha Saatoo		
Part V Compliance Questions 10 During the plan year: Yes No Amount a 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 c Was the plan covered by a fidelity bond? 10c X 28430 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 e 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 62 f Has the plan failed to provide any benefit when due under the plan? 10e X 62 f 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		2A 2E 2F 2G 2J 2K 2T 3D 3H								
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 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 fidelity bond, that was caused by fraud or dishonesty? e 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.) 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 as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in the instruc	ctions:	
a 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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		• •				Yes	No	A	mount	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		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? • 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.). • 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 of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b		•		10b		X			
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X			284	30
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.)	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			
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 X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	е	carrier, insurance service, or other organization that provides some	ne or all of	the benefits under	10e	X			(62
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the plan?			10f		X			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u> </u>			·	10g		Χ			
· · · · · · · · · · · · · · · · · · ·	h	2520.101-3.)	· ·····		10h		X			
	i	·			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 (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 Code or se ERISA?		of	Yes 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, granting the waiver	and enter Da		e of the letter ruling Year
lf y	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 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?		Ye	s 🔀 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 control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(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

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	n			
For calenda	ar plan year 2018 or	fiscal plan year beginning 12/01/20)18	and ending 11/30	0/2019	
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) (F ployer information in acc	170	
D This not		a one-participant plan	a foreign plan			
D This rett	ırn/report is	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	oox if filing under:	Form 5558	automatic extension		DFVC program	n
D	D : D! ! !	special extension (enter desc				
Part II	L	ormation—enter all requested in	nformation	——————————————————————————————————————	46 T	
1a Name		404/2) 🖺 401			1b Three-digit plan numb	
MOHR AND	ASSOCIATES, INC	. 401(K) PLAN			(PN) >	001
			ē		1c Effective d 12/01/201	· ·
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.				dentification Number
		nce, country, and ZIP or foreign pos		uctions)	(EIN) 91-1	
MOHR AND	ASSOCIATES, INC				The state of the s	telephone number 509) 946-0941
						ode (see instructions)
1440 AGNES	STREET				335900	
RICHLAND,	WA 99352-3918	A second				
3a Plan a	dministrator's name	and address 🛛 Same as Plan Spo	onsor.		3b Administra	tor's EIN
					3c Administra	tor's telephone number
4 If the r	name and/or EIN of t	he plan sponsor or the plan name h	nas changed since the last re	eturn/report filed for	4b EIN	
0.000		onsor's name, EIN, the plan name	and the plan number from th	e last return/report.	4d PN	
c Plan N	or's name ame				4u PN	
5a Total r	number of participan	ts at the beginning of the plan year			5a	26
D ₩ 000 DENTA 60 80		ts at the end of the plan year			5b	22
C Numb	er of participants wit ete this item)	account balances as of the end o	f the plan year (only defined	contribution plans	5c	14
	13.50	participants at the beginning of the p		Γ	5d(1)	26
		participants at the end of the plan ye			5d(2)	22
		no terminated employment during the			5e	0
Caution: A	penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed	unless reasonable cau	se is establishe	d.
SB or Sche	alties of perjury and dule MB completed true, correct, and co	other penalties set forth in the instru and signed by an enrolled actuary,	uctions, I declare that I have as well as the electronic vers	examined this return/rep sion of this return/report	oort, including, if and to the best	applicable, a Schedule of my knowledge and
SIGN	Charles i	I moh	4/13/2020	Charles L. Mohr		
HERE	Signature of plan		Date	Enter name of individu	ual signing as pla	n administrator
SIGN				=		
HERE For Paperne		loyer/plan sponsor tice, see the Instructions for Form 550	Date	Enter name of individu	ual signing as em	ployer or plan sponsor Form 5500-SF (2018)

~	-
300E	1

	Were all of the plan's assets during the plan year invested in eligib 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	an indepen and conditi	dent qualified public a	ccount	ant (IC	PA)		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	nsurance pi	rogram (see ERISA se	ection 4	021)?		Yes No	Not determined . (See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities	1000	(a) Beginning	of Year			(b) End	of Year
а	Total plan assets	7a		28430)1			355658
b	Total plan liabilities	7b			0			0
С	Net plan assets (subtract line 7b from line 7a)	7c		28430)1			355658
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) 1	Total .
a	Contributions received or receivable from: (1) Employers	8a(1)			0			
-	(2) Participants	8a(2)		4407	76			
	(3) Others (including rollovers)	8a(3)	Un and the second secon		0			
b	Other income (loss)	8b		3614	1			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						80217
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		833	35			
e	Certain deemed and/or corrective distributions (see instructions) \dots	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f		52	25			
g	Other expenses	8g			0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							8860
i	Net income (loss) (subtract line 8h from line 8c)	8i					-10,000,000,000,000	71357
j	Transfers to (from) the plan (see instructions)	· 8j 0						
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D 3H	feature cod	des from the List of Pla	an Cha	racteri	stic Cod	es in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan	n Chara	acterist	ic Code	s in the instr	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 Fi	duciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)		Andrew Andrew Company of the Company	10b		Х		
C	Was the plan covered by a fidelity bond?			10c	Х			28430
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		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.)	ne or all of t	he benefits under	10e	Х			62
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g		Х		
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 required	notice or one of the	10i				

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Form 5500-SF (2018)

				The second second second second			
Part \	/I Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
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 instructions, and granting the waiver	enter t Day		of the letter Year	ruling		
lf y	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					
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)	12d					
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				No	N/A		
Part \	/II Plan Terminations and Transfers of Assets		34				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No)		
24(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.)						
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)		
		augumatokolomikokok delakto		Address Agency Agency also	11.00.000.000.000.000.000.000.000.000.0		