Thereal interval service         2018           Description         This form is required to be lifed under sections 104 and 4065 of the Employee Retirement         2018           Description         This form is sequired to be lifed under sections 104 for 4056 of the Employee Retirement         This form is open to Public Insection           Percent there description         Complete all entries in accordance with the Instructions to the Form 5508.5F.         The Form is open to Public Insection           Percent there description         Instructions (1001/2018)         and ending         Open/2019           Percent there description         Instructions (1001/2018)         Instructions (1001/2018)         Instructions (1001/2018)           Percent there description         Instructions (1001/2018)         Instructions (1001/2018)         Instructions (1001/2018)         Instructions (1001/2018)           Percent is description         Instructions (1001/2018)         Instructions (1001/2018)         Instructions (1001/2018)           Percent is description         Instructis (1001/2018)         Instructis (1001/2018) <th></th> <th>m 5500-SF</th> <th colspan="4">Short Form Annual Return/Report of Small Employed Benefit Plan</th> <th colspan="3">OMB Nos. 1210-0110 1210-0089</th>		m 5500-SF	Short Form Annual Return/Report of Small Employed Benefit Plan				OMB Nos. 1210-0110 1210-0089				
Integration         Evenue Code (the Code)         This Point is discussion.         This Point is discussion.           Part III         Annual Report Identification Information         - Complete all thres is naccodance with the Instructions to the Form 5500-SF.         This Point is discussion.           For calendar pian yoar 2018 or field blav year beginning.         1001/0218         and endine.         - Complete all thres is naccodance with the form instructions.)         a disclered in thres of anticipating employer information in accordance with the form instructions.)           A         This return/report is         a one-participant plan         a foreign plan         one participant plan         b foreign plan           B         This instrum/report is         a nameded return/report         a shore phan year return/report (see than 12 months)         DPVC program           C         Check thox if filing under:         © from 5568         untomatic extension         DPVC program           B         This and plan year 2010 (see than 12 months)         10         Three-cligit plan (see than 12 months)         10           C         Check thox if filing under:         © from 5568         untomatic extension         DPVC program           B         This instrum/report         a single-employer plan (montomatic)         10         There-cligit plan (montomatic)           C         Check thox if filing under:         © from	Department of the Treasury Internal Revenue Service						2018				
Part I         Anomplete all entries in accordance with the instructions to the Form 5500 SF.           Part I         Annual Report Identification Information         and ending         detCord           For allender plan year 2016 or fiscal plan year beginning         1001/2018         and ending         detCord           A         This return/report is for:         a single employer plan         ist of participating employer information in accordance with the form instructions.)           B         This return/report is         a single employer plan         a single employer information in accordance with the form instructions.)           C         Check box if filing under:         a single employer plan         a single employer plan         DFVC program           Part II         Bastic Plan Information—enter all requested information         Information         DFVC program           Part II         Bastic Plan Information—enter all requested information         Information         DFVC program           Part II         Bastic Plan Information_enter all requested information         DFVC program         DFVC program           This return/report         In a amended return/report         In a minibile employer plan (monther information)         DFVC program           To Attempt of plan         Rot software detect plan some sone of the an anone sone of the an anone detect of PO. Dex)         DFVC program         DFVC program <t< td=""><td colspan="5"></td><td>Internal</td><td></td></t<>						Internal					
For calendar plan year 2018 or filted plan year beginning       1001/2015       and enting       0002/2015         A This return/report is for:	Pension Be	nefit Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 5	500-SF.	Public inspection				
A This return/report is for: <ul> <li>a single-employer plan for multiem/poyer (First exclusing this box must attach a tist of participating employer plan for multiem/poyer (First exclusing this box must attach a tist of participating employer plan for multiem/poyer (First exclusions.)</li> <li>B This return/report is</li> <li>a one-participant plan</li> <li>a foreign plan</li> <li>a foreign plan</li> <li>b for fait mum/report</li> <li>a short plan year return/report (less than 12 months)</li> </ul> C Check box if filing under:         IP for 5558         a utomatic exclanation         IP FVC program           a special extension (enter description)         IP Three-digit plan number (RN) (RO PROFIT SHARING PLAN AND TRUST         ID Three-digit plan number (RN) (PROFIT SHARING PLAN AND TRUST         ID Three-digit plan number (RN) (RO PROFIT SHARING PLAN AND TRUST         ID Three-digit plan number (RN) (PROFIT SHARING PLAN AND TRUST         ID Three-digit plan number (RN) (RO PROFIT SHARING PLAN AND TRUST         ID Three-digit plan number (RN) (PROFIT SHARING PLAN AND TRUST         ID Elson (RN) (RN) (PROFIT SHARING PLAN AND TRUST         ID Elson (RN) (RN) (PROFIT SHARING PLAN AND TRUST         ID Elson (RN) (RN) (PROFIT SHARING PLAN AND TRUST         ID Three-digit plan number (RN) (RN) (PROFIT SHARING PLAN AND TRUST         ID Elson (RN) (RN) (PROFIT SHARING PLAN AND TRUST         ID Elson (RN) (RN) (PROFIT SHARING PLAN AND TRUST         ID Elson (RN) (RN) (RN) (RN) (RN) (RN) (RN) (RN)											
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Bog BAKER WAY (ELSO, WA 98626)       330 Administrator's name and address S Same as Plan Sponsor.       3b Administrator's EIN         3a Plan administrator's name and address S Same as Plan Sponsor.       3b Administrator's telephone number         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b EIN         5a Total number of participants at the beginning of the plan year       5a       43         b Total number of participants at the edd of the plan year       5b       46         c Number of participants with account balances as of the end of the plan year       5d(1)       43         d(2) Total number of active participants at the edd of the plan year       5d(2)       38         e Number of participants with terminated employment during the plan year with accrued benefits that were less       5e       0         Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.       Under penalties of perform and other penalties set ling of thin the instructions. I declare that I have examined this return/report, and to the best of my knowledge						<b>2d</b> Business code (see instructions)					
3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b EIN         4 Sponsor's name       4d PN         5a Total number of participants at the beginning of the plan year       5a 43         b Total number of participants at the end of the plan year       5b 466         C Number of participants at the beginning of the plan year       5c 466         d(1) Total number of active participants at the beginning of the plan year       5d(1) 43         d(2) Total number of active participants at the beginning of the plan year       5d(2) 38         e Number of participants with account balances as of the end of the plan year       5d(2) 38         for (1) Total number of active participants at the beginning of the plan year       5d(2) 38         e Number of participants with account balances as of the end of the plan year with accrued benefits that were less       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule BS or Schedule MB completed at signature.       05/29/2020       TAMMIE JOHNSON	1803 BAKER					333100					
3C       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b       EIN         4       Max       4d       PN       4d       PN         5a       Total number of participants at the beginning of the plan year       5a       4a       4b       EIN         5a       Total number of participants at the end of the plan year       5b       4a       46         C       Number of participants with account balances as of the end of the plan year       5c       46         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       43         d(2)       Total number of active participants at the end of the plan year       5d(2)       38         d(2)       Total number of active participants at the end of the plan year       5d(2)       38         e       Number of participants who terminated employment during the plan year with accrued benefits that were less       5e       0         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report, and to the best of my knowledge an	KELSO, WA	98626									
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C       Plan Name         5a       Total number of participants at the beginning of the plan year       5a       43         b       Total number of participants at the end of the plan year       5b       46         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).       5c       46         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       43         d(2)       Total number of active participants at the end of the plan year       5d(2)       38         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Sign       Filed with authorized/valid electronic signature.       05/29/2020       TAMMIE JOHNSON         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator						4D EIN					
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SIGN HERE	HERE	Signature of plan ac	dministrator	Date	Enter name of individ	individual signing as plan administrator					
HERE Signature of employer/plan sponsor	SIGN										
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE			Date	Enter name of individ	individual signing as employer or plan sponsor					

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

Form 5500-SF (2018) v.171027

b	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li></ul>									
С	<b>c</b> 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 th	e PBGC pr	emium 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	2532669	2751989						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	2532669	2751989						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	61660							
	(2) Participants	8a(2)	127234							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	82702							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		271596						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	52276							
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		52276						
i	Net income (loss) (subtract line 8h from line 8c)	8i		219320						
j	Transfers to (from) the plan (see instructions)	8j								
Ра	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2T$ $3D$	feature coo	les from the List of Plan Characteristic	c Codes in the instructions:						

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

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 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	Х		200000
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		х	
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	
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	Х		72523
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		x	

Page **3-** 1

Part	VI	Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)						Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?					[	Yes	X No
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							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				
<b>d</b> 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
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	
	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 🛛 No			
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)		13	c(3) PN	۱(s)