

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation		<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  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).  ▶ <b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b>		OMB Nos. 1210-0110 1210-0089  <b>2018</b>  <b>This Form is Open to Public Inspection</b>	
<b>Part I Annual Report Identification Information</b>					
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018					
<b>A</b> This return/report is for:		<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)			
<b>B</b> This return/report is		<input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan			
		<input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report			
		<input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)			
<b>C</b> Check box if filing under:		<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input checked="" type="checkbox"/> DFVC program			
		<input type="checkbox"/> special extension (enter description)			
<b>Part II Basic Plan Information</b> —enter all requested information					
<b>1a</b> Name of plan RAFN COMPANY PREVAILING WAGE PLAN		<b>1b</b> Three-digit plan number (PN) ▶		003	
		<b>1c</b> Effective date of plan		07/01/1999	
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RAFN COMPANY C/O MARC VICTOR 1721 132ND AVE NE STE A BELLEVUE, WA 98005		<b>2b</b> Employer Identification Number (EIN)		91-1024947	
		<b>2c</b> Sponsor's telephone number		425-702-6600	
		<b>2d</b> Business code (see instructions)		236200	
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		<b>3b</b> Administrator's EIN			
		<b>3c</b> Administrator's telephone number			
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN			
		<b>4d</b> PN			
<b>5a</b> Total number of participants at the beginning of the plan year		<b>5a</b>		110	
<b>b</b> Total number of participants at the end of the plan year		<b>5b</b>		0	
<b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		<b>5c</b>		0	
<b>d(1)</b> Total number of active participants at the beginning of the plan year		<b>5d(1)</b>		104	
<b>d(2)</b> Total number of active participants at the end of the plan year		<b>5d(2)</b>		0	
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		<b>5e</b>		0	
<b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b>					
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.					
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	12/22/2020	MARC VICTOR		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	12/22/2020	MARC VICTOR		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.					
Form 5500-SF (2018) v. 17102					

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ 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.) ..... ☒ 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.**
- c** 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.)

**Part III Financial Information**

<b>7 Plan Assets and Liabilities</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	863254	0
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	863254	0
<b>8 Income, Expenses, and Transfers for this Plan Year</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	169712	
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	-80149	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		89563
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	1058	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ...	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>		
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		1058
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		88505
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	-951759	

**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:  
2C 3D
- 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**

<b>10 During the plan year:</b>		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> 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>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		1000000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> 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.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		X	
<b>i</b> 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 .....	<b>10i</b>			

**Part VI 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) ☐ 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 section 302 of ERISA? ☐ Yes ☒ 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 instructions, and enter the date of the letter ruling granting the waiver. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If 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**

**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 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? ☒ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** 0

**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

**c** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)
RAFN COMPANY 401(K) PROFIT SHARING PLAN	91-1024947	001

NUMBER OF THIS NOTICE: CP-403  
DATE OF THIS NOTICE: 10-19-2020  
TAXPAYER IDENT. NUM: 91-1024947  
FORM: 5500SF PLAN #: 003  
PLAN YEAR ENDING: 12-31-2018

RAFN COMPANY  
1721 132ND AVE NE STE MAIN  
BELLEVUE WA 98005-2246860



COMPLETE AND RETURN WITH YOUR REPLY

## Section I

Enter the information exactly as shown on the form filed with EBSA.

Name and address as shown on the form	Employer Identification Number (EIN)

Plan Year Ending

Date filed with EBSA and Acknowledgement Plan Number  
number:

Section II  
Not Required to file

Please check the box that applies to you, a form was not filed because:

- ☐ Plan in question is a Savings Incentive Match Plan for Employees of Small Employers (SIMPLE) that involves SIMPLE IRAs.
- ☐ Plan in question is a Simplified Employee Pension (SEP).
- ☒ Plan was terminated or merged into a new plan. You must still file a "Final" return showing zero end-of-year assets, zero participants, and mark "the final return filed for the plan" box in part 1 of the form.
- ☐ Other:

Section III  
Reason for not filing on time

**Explain why you did not file on time:**

• Due to the plan merger into another plan in July 2018, there was confusion on the part of our 3<sup>rd</sup> party administrator regarding the filing of the 5500-SF. As a result, our 3<sup>rd</sup> party administrator failed to file it on our behalf. I apologize for any inconvenience.

Sincerely, Marc Victor  
VP & CFO

June 21, 2018

Gregory Riggs  
Riggs Wealth Management  
12116 NE 164<sup>th</sup> St.  
Bothell, WA 98011

RE: Rafn Company Prevailing Wage Plan  
American Funds Account #63991855



Dear Greg,

I would like to inform you that as of 07/01/2018 the Rafn Company Prevailing Wage Plan will be merged into the Rafn Company 401(k) Profit Sharing Plan at Fidelity. Thereafter, Fidelity Management Trust Company (FMTTC) will assume trustee, custodian and record-keeping responsibilities for the Plan.

Asset Transfer

As a result, please liquidate all full and fractional shares of all holdings on 06/29/2018 and transfer/wire to Fidelity Investments on 07/02/2018. In addition, a wire breakdown by fund will also need to accompany the wire on the date of transfer. Please use these wiring instructions:

**Rafn Company Prevailing Wage Plan  
merging into  
Rafn Company 401(k) Profit Sharing Plan - 38996**

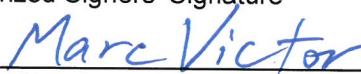
<b>Wire To:</b>	Wells Fargo 420 Montgomery Street San Francisco, CA 94104
<b>Wells Fargo Bank ABA/Routing #:</b>	121000248
<b>Credit To:</b>	FPRS Depository Account
<b>Account Number:</b>	4375693322
<b>Beneficiary Reference #:</b>	PLAN031088996
<b>FBO:</b>	Rafn Company 401(k) Profit Sharing Plan

I am authorizing you to speak directly with the Merger Team at Fidelity Investments and provide them with any information necessary to facilitate this transition. Barbara Jackson, John Hoff, Carolyn Calhoun, Kimberly Gois, Jaisimha Dharmalingam and Robert Joseph, representatives from Fidelity Investments, will be contacting you soon regarding the conversion and will work with the deconversion team regarding the upcoming transition. Approximately two weeks prior to the transfer date, you will receive wire instructions from Fidelity.

Please let me know of any information that I can provide to expedite the transfer of plan assets. I would appreciate a written response as soon as possible. Thank you for your assistance.

Sincerely,

  
\_\_\_\_\_  
Authorized Signers' Signature

  
\_\_\_\_\_  
Printed Name