Form 5500-SF		Short Form Annua	yee	OMB Nos. 1210-0110 1210-0089							
Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee R				2017					
	Pepartment of Labor Benefits Security Administration	Income Security Act of 1974	nternal	This Form is Open to							
	enefit Guaranty Corporation	tructions to the Form 550	0-SF.	Public Inspection							
For calend	Annual Report lo Ar plan year 2017 or fisc	dentification Information cal plan year beginning 01/01/2	017	and ending 12/3	31/2017						
	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a										
A This return/report is for:											
B This ret	urn/report is	the first return/report	the final return/report	1							
		an amended return/report		urn/report (less than 12 mor	nths)						
C Check	box if filing under:	Г	DFVC p	rogram							
	-	L] =: : • • •	- Grann							
Part II	Basic Plan Infor	special extension (enter descri mation—enter all requested info									
1a Name	•				1b Three						
LUX & ASSO	OCIATES, P.S. 401(K) F	PLAN			(PN)	number 001					
					1c Effec	tive date of plan 01/01/2017					
Mailing	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O			2b Empl (EIN)	oyer Identification Number 91-1880166					
•	r town, state or province, OCIATES, P.S.	, country, and ZIP or foreign posta	al code (if foreign, see ins	structions)	2c Sponsor's telephone number						
				:	2d Business code (see instructions)						
2716 ELLIO ⁻ #1002					541211						
SEATTLE, V	VA 98121										
3a Plan a	administrator's name and	:	3b Administrator's EIN								
				:	3c Administrator's telephone number						
		plan sponsor or the plan name ha		return/report filed for	4b EIN						
	lan, enter the plan spons	sor's name, EIN, the plan name a	nd the plan number from		4d PN						
C Plan N											
					F -						
_		at the beginning of the plan year			5a 5b	2					
		at the end of the plan year ccount balances as of the end of t				3					
				······	5c	3					
d(1) Tot	tal number of active parti	icipants at the beginning of the pla	an year		5d(1)	1					
• •		icipants at the end of the plan yea			5d(2)	1					
than	ber of participants who to 100% vested		5e 0								
Caution: A	A penalty for the late or	r incomplete filing of this return	/report will be assesse	d unless reasonable caus							
SB or Sche	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/v	alid electronic signature.	06/20/2018	MONNA LUX							
HERE	Signature of plan ad		Date	Enter name of individua	of individual signing as plan administrator						
SIGN	Filed with authorized/v	alid electronic signature.	06/20/2018	MONNA LUX							
HERE	Signature of employ		Date	Enter name of individua	lividual signing as employer or plan sponsor						
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2017) v.170203										

		1 490 =					
 6a Were all of the plan's assets during the plan year invested in b Are you claiming a waiver of the annual examination and repunder 29 CFR 2520.104-46? (See instructions on waiver eliging in your answered "No" to either line 6a or line 6b, the plan 	port of an independe gibility and condition a cannot use Form	ent qualified public acc ns.) n 5500-SF and must in	countant (n stead u	IQPA) se Forr	X Yes No		
C If the plan is a defined benefit plan, is it covered under the Pl If "Yes" is checked, enter the My PAA confirmation number f				-			
Part III Financial Information				-			
7 Plan Assets and Liabilities		(a) Beginning of	Year		(b) End of Year		
a Total plan assets	7a		0		74263		
b Total plan liabilities	7b		0		0		
C Net plan assets (subtract line 7b from line 7a)	7c		0		74263		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
a Contributions received or receivable from: (1) Employers		46	580				
(2) Participants		249	900				
(3) Others (including rollovers)			0				
b Other income (loss)	8b	2	783				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				74263		
d Benefits paid (including direct rollovers and insurance premit to provide benefits)			0				
e Certain deemed and/or corrective distributions (see instruction	ons) 8e		0				
f Administrative service providers (salaries, fees, commissions	s) 8f		0				
g Other expenses	8g		0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0		
i Net income (loss) (subtract line 8h from line 8c)					74263		
j Transfers to (from) the plan (see instructions)	······ 8j		0				
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable per 2A 2E 2F 2G 2J 2K 2R 3D	ension feature code	es from the List of Plan	Characte	eristic C	Codes in the instructions:		
b If the plan provides welfare benefits, enter the applicable we	elfare feature codes	from the List of Plan (Character	istic Co	odes in the instructions:		
Part V Compliance Questions							
10 During the plan year:			Ye	s No	Amount		
 Was there a failure to transmit to the plan any participant or described in 29 CFR 2510.3-102? (See instructions and D Program) 	OL's Voluntary Fid	uciary Correction	10a	x			

	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	Х		35000
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	
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	
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 complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 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 Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	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 left of a ative 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	es 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 brought under the trol of the PBGC?	•		Yes	1 ×	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	:(3) P	'N(s)

	1				OMB Nos. 1210-0110					
Form 5500-SF	Benefit Plan									
Department of the Treasury Internal Revenue Service	This form is required to be	filed under sections 104 a	and 4065 of the Employee		2017					
Department of Labor Employee Benefits Security Administration	Retirement Income Security A	ct of 1974 (ERISA), and s ernal Revenue Code (the	ection 6057(b) and 6058(a Code).	i) of This	s Form is Open to Public					
Pension Benefit Guaranty Corporation	 Complete all entries in according 		SE	Inspection						
Part I Annual Report I	dentification Information	cordance with the matte								
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017										
x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach										
A This return/report is for:										
B This return/report is: a one-participant plan i a foreign plan b This return/report is: a one-participant plan i a foreign plan b This return/report is: a one-participant plan i a foreign plan										
an amended return/report										
C Check box if filing under:	Form 5558	automatic extension			C program					
	special extension (enter descri	ption)								
Part II Basic Plan Infor	mation enter all requested in	nformation								
1a Name of plan				1b Three-c plan nu						
Lux & Associates, P	.S. 401(k) Plan			(PN) ►						
			Γ	1414	e date of plan					
	to the second second second second				/2017					
Mailing Address (include roon	rer, if for a single-employer plan) n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta	. Box) al code (if foreign, see ins	ructions)	2b Employer Identification Number (EIN) 91–1880166						
Lux & Associates, P				2c Sponsor's telephone number (253) 838-2936						
			ĺ	2d Business code (see instructions)						
2716 Elliott Ave #1002				541211						
US Seattle WA 98121										
3a Plan administrator's name and	d address 🕱 Same as Plan Spo	nsor		3b Administrator's EIN						
			-							
				3c Adminis	strator's telephone number					
4 If the name and/or EIN of the	plan sponsor or the plan name ha	s changed since the last r	eturn/report filed for	4b EIN						
this plan, enter the plan spons	sor's name, EIN, the plan name an	id the plan number from t	ne last return/report.							
a Sponsor's name				4d PN						
C Plan Name										
50 Tatal number of position	the boginning of the plan war			5a	2					
5a Total number of participants a b Total number of participants a	at the beginning of the plan year and the end of the plan year and the plan year			5a 5b	3					
	ccount balances as of the end of th			5c						
complete this item)					3					
d(1) Total number of active parti	cipants at the beginning of the pla	n year		5d(1)	1					
	cipants at the end of the plan year			5d(2)	1					
	e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested									
	or incomplete filing of this return									
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.										
F A F	-	670)(8	Nonne	INX						
SIGN HERE Signature of plan admi	inistrator	Date	Enter name of individual	signing as p	lan administrator					
IN PARIA		1222/18	Manak		a anni a a a a a a a a a a a a a a a a a					
SIGN UNR of employer	Man anonece	40000		I signing as o	mplover or plan sponsor					
HERE 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 (2017) v.170203 **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

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.)

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••••••••••••••••••••

XYes No

XYes 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.											
С	C 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 year (See instructions.)											
	art III Financial Information			.				(h) Find of Voor				
<u> </u>	Plan Assets and Liabilities	_	(a) Beginning of	rrea				(b) End of Year				
<u>a</u>	Total plan assets	7a			0	74,263						
b	Total plan liabilities	7b			0	_		0				
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c			0	_	74,263					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			_		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	4	16,5	80							
	(2) Participants	8a(2)	2	24,9	00							
	(3) Others (including rollovers)	8a(3)		-	0							
b	Other income (loss)	8b		2,7	83							
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-,,				74,263				
d	Benefits paid (including direct rollovers and insurance premiums							/4,203				
	to provide benefits)	8d			0							
е	Certain deemed and/or corrective distributions (see instructions)	8e			0							
f	Administrative service providers (salaries, fees, commissions)	8f			0							
g	Other expenses	8g			0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0				
i	Net income (loss) (subtract line 8h from line 8c)	8i				74,263						
i	Transfers to (from) the plan (see instructions)	8j		0								
, D	art IV Plan Characteristics	- ,							_			
-	If the plan provides pension benefits, enter the applicable pension fe	aturo cod	os from the List of Plan Ch	aract	orietic	Codo	e in the	instructions:				
34	2A 2E 2F 2G 2J 2K 2R 3D			araci	CIISUC	, coue	5 111 110					
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Cha	aracte	ristic	Codes	in the	instructions:				
Pa	art V Compliance Questions											
<u>10</u>	During the plan year:				Yes	No	N/A	Amount				
a	Was there a failure to transmit to the plan any participant contribut	ions withir	n the time period									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fie	duciary Correction									
	Program)			10a		x						
k	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	•		10b		x						
-				100	x			35,	000			
								·				
	by fraud or dishonesty?	•		10d		x						
e												
	carrier, insurance service, or other organization that provides some			100		x						
f	the plan? (See instructions.)		10e 10f		x							
	f Has the plan failed to provide any benefit when due under the plan?											
<u> </u>				10g		x						
r 	I 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 th exceptions to providing the notice applied under 29 CFR 2520.101			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 Schedule SB (Form 5500 and line 11a below) Yes										
11a	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?										
 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 										
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.							
b	Enter t	ne minimum required contribution for this plan year.	•••••	12b						
С	Enter t	ne amount contributed by the employer to the plan for the plan year	•••••	12c						
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the re amount)		12d						
е	Will the	e 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 i	resolution to terminate the plan been adopted in any plan year?			Yes	X N	0			
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year	••••••	13a						
b		II the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	0		י 🗌	res 🗴	No			
С	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.)									
1:	13c(1) Name of plan(s): 13c(2) E					13c(3)	PN(s)			