| Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan | | | | of Small Emplo | oyee | OMB Nos. 1210-0110 1210-0089 | | |
|--|---|---|----------------------------|---|--|---------------------------------------|--|--|
| | rtment of the Treasury nal Revenue Service | This form is required to be filed | | 065 of the Employee Re | | | | |
| | epartment of Labor enefits Security Administration | Income Security Act of 1974 (| 7(b) and 6058(a) of the). | This Form is Op | | | | |
| Pension Be | enefit Guaranty Corporation | Complete all entries in a | uctions to the Form 55 | 00-SF. | Public Inspection | | | |
| Part I | | dentification Information | | | | | | |
| For calenda | ar plan year 2017 or fisc | cal plan year beginning 01/01/20 | | | 2/31/2017 | | | |
| A This ret | turn/report is for: | | | king this box must attach a with the form instructions.) | | | | |
| B This rote | urn/report is | a one-participant plan | a foreign plan | | | | | |
| | | 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 b | box if filing under: | X Form 5558 | automatic extension | | DFVC p | rogram | | |
| | | special extension (enter descri | | | | | | |
| Part II | Basic Plan Infor | mation—enter all requested info | ormation | | | 1 | | |
| 1a Name | • | | | | 1b Three | | | |
| SBI MANAG | EMENT SERVICES 40 [°] | 1(K) PROFIT SHARING PLAN | | | pian (PN) | number 001 | | |
| | | | | | · · · / | tive date of plan 01/01/2016 | | |
| | | er, if for a single-employer plan) , apt., suite no. and street, or P.O. | Box) | | 2b Employer Identification Number | | | |
| City or | town, state or province | , country, and ZIP or foreign posta | | uctions) | (EIN) 2c Spor | 20-8093406 nsor's telephone number | | |
| KORBURGE SBI MANAGI | EMENT SERVICES | | | | | 206-367-8704 | | |
| 2150 N 1071 | TH ST., STE 205 | 2150 N 10 | 07TH ST., STE 205 | | 2d Busir | ness code (see instructions) | | |
| SEATTLE, W | | | WA 98133 | | | 541600 | | |
| 20 Diama | | | | | 2h Admi | nistrator's EIN | | |
| Ja Plan a | dministrator's name and | I address X Same as Plan Spon | sor. | | JD Admi | histrator's Ein | | |
| | | | | | 3c Administrator's telephone number | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | plan sponsor or the plan name ha sor's name, EIN, the plan name ar | | | 4b EIN | | | |
| a Spons | or's name | | | | 4d PN | | | |
| C Plan N | lame | | | | | | | |
| 5a Total r | number of participants a | t the beginning of the plan year | | | 5a | 27 | | |
| | | t the end of the plan year | | | 5b | 28 | | |
| | | ccount balances as of the end of t | | | 5c | 25 | | |
| d(1) Tota | al number of active parti | icipants at the beginning of the pla | an year | | 5d(1) | 26 | | |
| • • | | icipants at the end of the plan yea | | | 5d(2) | 25 | | |
| | | erminated employment during the | | | 5e | 0 | | |
| Caution: A | A penalty for the late or | r incomplete filing of this return | /report will be assessed | unless reasonable cau | | | | |
| SB or Sche | edule MB completed and | er penalties set forth in the instruct d signed by an enrolled actuary, as | | | | | | |
| SIGN | true, correct, and completing filed with authorized/v | ete. alid electronic signature. | 10/09/2018 | ALOPE PARDEE | | | | |
| HERE | Signature of plan ad | 0 | Date | Enter name of individu | ual signing | as plan administrator | | |
| SIGN | Signature of plan au | | 2410 | | sa aginiy | as plan administrator | | |
| HERE | Signature of employ | er/nlan sponsor | Date | Enter name of individu | ial signing | as employer or plan sponsor | | |
| | | | 2010 | | | | | |

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

Form 5500-SF (2017) v.170203

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

i

| 6a | | · · · · · · · · · · · · · · · · · · · | | |
|----|--|---------------------------------------|-----------------------|-----------------|
| 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 | | | |
| | If "Yes" is checked, enter the My PAA confirmation number from the | (See instructions.) | | |
| | | | | |
| Pa | rt III Financial Information | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
| a | Total plan assets | 7a | 352148 | 556609 |
| b | Total plan liabilities | 7b | 0 | 0 |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | 352148 | 556609 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| а | Contributions received or receivable from: | | | |
| | (1) Employers | 8a(1) | 45366 | |
| | (2) Participants | 8a(2) | 95961 | |
| | (3) Others (including rollovers) | 8a(3) | 24905 | |
| b | Other income (loss) | 8b | 73009 | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 239241 |
| d | | | 00500 | |
| | to provide benefits) | 8d | 30528 | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | 0 | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 4252 | |
| g | Other expenses | 8g | 0 | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 34780 |

| J | Transfers to (from) the plan (see instructions) | 0 | | | |
|------|---|----------|---------|-------------|----------------------|
| Par | t IV Plan Characteristics | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension feature codes from the List of P 2A 2E 2F 2G 2J 2K 2T 3D | lan Cha | racteri | stic Codes | in the instructions: |
| b | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Pla | an Chara | acteris | tic Codes i | in the instructions: |
| Part | 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 | |
| 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 | x | | 19 |
| 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 | | 26568 |
| 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 | | | |

8h

8i

204461

r

Г

Page 3- 1

| 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 | ×I | 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) F | 'N(s) |
| | | | | | | | |

| Eorm F | 500-SF | Short Form Annu | al Poturn/Ponor | t of Small Employee | OMB Nos 1210-011 |
|----------------------------------|----------------------|--|---------------------------|--|---|
| Department o | | Short Form Annu | Benefit Plan | t of Small Employee | 1210-008 |
| Internal Reve | anus Servics | | ed under sections 104 and | 4065 of the Employee Retirement | |
| Departmen Employee Benefits S | | Income Security Act of 1974 | Revenue Code (the Cod | 57(b) and 6058(a) of the Internal e). | This Form is Open to |
| Pension Benefit Gu | aranty Corporation | Complete all entries in | accordance with the inst | tructions to the Form 5500-SF. | Public Inspection |
| Part An | nual Report lo | dentification Information | | - | |
| For calendar plar | n year 2017 or fisc | al plan year beginning 01/01/ | 2017 | and ending 12/31/201 | 7 |
| A This return/re | port is for: | a single-employer plan | list of participating e | lan (not multiemployer) (Filers cl mployer information in accordanc | - |
| | l | a one-participant plan | a foreign plan | | |
| B This return/rep | ort is | the first return/report | the final return/report | | |
| | Ĩ | an amended return/report | | rn/report (less than 12 months) | |
| C Check box if f | iling under: | | | | 0 |
| O OHECK DOX II I | | Form 5558 | automatic extension | | C program |
| | | special extension (enter desc | · · · | | |
| | | mation-enter all requested in | formation | | |
| 1a Name of plar | | I(K) PROFIT SHARING PLAN | | | hree-digit lan number |
| SDUMANAGENEN | II SERVICES 401 | IQIY ENDETE SEIMAING EDAN | | | PN) 001 |
| | | | | 1c E | ffective date of plan |
| | | | | | 01/01/2016 |
| | | er, if for a single-employer plan) , apt., suite no. and street, or P.C | | | mployer Identification Number |
| | | country, and ZIP or foreign post | | tructions) | IN) 20-8093406 |
| KORBURGER, INC | | | | 20 5 | ponsor's telephone number 206-367-8704 |
| | I SERVICES | | | 2d B | usiness code (see instructions) |
| 150 N 107TH ST | | | 07TH ST:: STE 205 | | 541600 |
| SEATTLE WA 981 | 33 | SEATTLE | WA 98133 | | |
| 32 Dian orteninia | tustaria nama and | address 🕅 Same as Plan Spor | | 26.4 | dministrator's EIN |
| Ja Fian autoris | alor s hame and | audress [] Same as Fian Spor | IISOL. | 20 A | uninistrator s Env |
| | | | | 3c A | dministrator's telephone number |
| | | | | | |
| | | | | | |
| | | | 24 | | |
| | | plan sponsor or the plan name has or's name, EIN, the plan name a | | | IN |
| a Sponsor's na | | or a name, chin, the plan name o | no ne par nomber nom i | 4d P | N |
| C Plan Name | | | | | |
| | | | | | |
| 5a Total number | r of participants at | t the beginning of the plan year | | <u>5a</u> | 27 |
| b Total number | r of participants at | the end of the plan year | | 5b | 28 |
| | | count balances as of the end of | | | 25 |
| | | | | | |
| • • | | cipants at the beginning of the pl | - | | |
| | | cipants at the end of the plan yea eminated employment during the | | | 25 |
| | | annihaled employment during the | | | 0 |
| Caution: A penal | ity for the late or | Incomplete filing of this return | n/report will be assessed | unless reasonable cause is es | |
| | B completed and | signed by an enrolled actuary, a | | examined this return/report, incl rsion of this return/report, and to | |
| | AJANA | MUNIC | 10/9/14 | ALINY DILVEL | ·/ . |
| SIGN / | 10000001 | | | | |
| SIGN HERE | ations of the +- | wiwiotester | | | |
| HERE Sign | ature of plan adm | ninistrator | Date | Enter name of individual signi | |
| HERE Sign | ature of plan adm | | Date | | ng as employer or plan sponsor |

Form 5500-SF 2017

| ſ | Pa | rt III Financial Information | |
|---|----|---|-----------------------|
| | | If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year | . (See instructions.) |
| | С | 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 you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | 100 |
| | 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 |
| | | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | 🛛 Yes 🗌 No |

| 7 a | | | | | | | | | |
|---|--|--|---|--|------------|-------------|-----------------|------------|--|
| a | Plan Assets and Liabilities | | (a) Beginning d | of Yea | <u>r </u> | | (b) End of V | /ear | |
| | Total plan assets | 7a | 35 | 52148 | | | Į | 556609 | |
| b | Total plan liabilities | 7b | | 0 | | | | 0 | |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | 35 | 52148 | | | 556609 | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | t | | | (b) Tota | | |
| a | Contributions received or receivable from: (1) Employers | 8a(1) | 2 | \$5366 | | | | | |
| | (2) Participants. | 8a(2) | 9 | 95961 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | 2 | 24905 | | | | | |
| <u> </u> | Other income (loss) | 8b | 7 | 73009 | | | | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 3 | 239241 | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 30528 | | | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see Instructions) | 8e | | 0 | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 4252 | | | | | |
| <u> </u> | Other expenses | 8g | | 0 | | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 34780 | |
| _ <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 81 | | | | | 2 | 04461 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | | |
| Pa | t IV Plan Characteristics | | | | | | | | |
| | | | es from the List of Pla | in Cha | acterr | siic coues | in the instruct | ons | |
| b | 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides of the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan plan plan plan plan plan plan plan | | | | | | | | |
| Par | If the plan provides welfare benefits, enter the applicable welfare for the opplicable welfare for the compliance Questions | | | | acteris | ic Codes ir | the instructio | ns: | |
| Par 10 | If the plan provides welfare benefits, enter the applicable welfare for the opplicable welfare for the compliance Questions During the plan year: | eature code: | s from the List of Plar | | | | | ns: | |
| Par 10 a | If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | eature codes tions within for the second | s from the List of Plar | | acteris | ic Codes ir | the instructio | ns: | |
| Par 10 a | If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V | tions within for the second se | the time period uciary Correction | Chara | acteris | ic Codes in | the instructio | ns: | |
| Par 10 a | If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribudes described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | tions within for the second se | s from the List of Plar the time period uciary Correction clude transactions | 10a | acteris | No | the instructio | ns: | |
| Par 10 a | If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? | tions within f oluntary Fid ? (Do not ind | s from the List of Plar the time period uciary Correction clude transactions | 10a 10b | acteris | No No | the instructio | ns: | |
| Par 10 a b c d | If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's | tions within f oluntary Fid ? (Do not inc fidelity bond ther persons I te or all of th | s from the List of Plar the time period uciary Correction clude transactions I, that was caused by an insurance e benefits under | 10a 10b 10c | acteris | No No | the instructio | ns: | |
| Par 10 a b c d | If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som | tions within f oluntary Fid ? (Do not inc fidelity bond the persons I te or all of th | s from the List of Plar the time period uciary Correction clude transactions I, that was caused by an insurance e benefits under | 10a 10b 10c 10d | acteris | No No | the instructio | ns: | |
| Par 10 a b c d e | If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan | tions within f 'oluntary Fid ? (Do not ind fidelity bond her persons l e or all of th n? | s from the List of Plar the time period uclary Correction clude transactions I, that was caused by an insurance e benefits under | 10a 10b 10c 10d 10e 10f | acteris | No No | the instructio | ns: unt | |
| Par 10 a b c d d e | If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) | tions within f 'oluntary Fid ? (Do not ind fidelity bond fidelity bond the persons I e or all of th n? s of year-end (See instruct | s from the List of Plar the time period uciary Correction clude transactions I, that was caused by an insurance e benefits under d.) | 10a 10b 10c 10d 10e | Yes | No No | the instructio | ns: | |

Form 5500-SF 2017

| Page | 3- | 10 |
|------|----|----|
|------|----|----|

| Part | VI Pension Funding Compliance | | | | | |
|----------|--|----------------|------------------|-----|-------------|-----------|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and o (Form 5500) and line 11a below) | | | В | | Yes 🗡 No |
| _11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 24.5 Gal 2003 | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA? | ode or section | n 302 ol | f | | Yes 🕅 No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | 2.6 3834-622 | | | | |
| a | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver. | | l enter t Day | | of the lett | er ruling |
| lf | 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 I 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: | 1 🛛 | 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 broug control of the PBGC? | iht under the | | | Yes [| No |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.) | fy the plan(s) | to | | | |
| 1 | 3c(1) Name of plan(s): | 13c(2) | EIN(s) | | 13c(| 3) PN(s) |
| | | | | | | |