Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2017

This Form is Open to **Public Inspection**

Part I		t Identification Information				
For calend	lar plan year 2017 or f	fiscal plan year beginning 01/01/2017		and ending 12	2/31/2017	
A This re	turn/report is for:	X a single-employer plan		an (not multiemployer) (aployer information in ac	_	
D To the second	·	a one-participant plan	a foreign plan			
B This reti	urn/report is		the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	
		special extension (enter description	,			
Part II		ormation—enter all requested inform	ation		T	
1a Name	•				1b Three-digit	
ALTRUIST F	PARTNERS 401(K) P	LAN			plan number (PN) ▶	001
					1c Effective date 01/	or pian 01/2015
		oyer, if for a single-employer plan)			2b Employer Iden	tification Number
		om, apt., suite no. and street, or P.O. Boce, country, and ZIP or foreign postal co		ructions)	` '	2809835
-	PARTNERS LLC	ce, country, and zir or foreign postar co	ode (ii loreigii, see iiisti	uctions)	2c Sponsor's tele	phone number 99-1940
					2d Business code	(see instructions)
220 2ND AV						1600
SEATTLE, V	VA 98104					
32 Dlan a	dministrator's name a	and address V Come as Plan Chancer			3b Administrator's	S EINI
Ja Piali a	iummistrator s name a	and address X Same as Plan Sponsor.	•		3D Administrators	S LIIV
					3c Administrator's	s telephone number
4 If the	name and/or EIN of th	ne plan sponsor or the plan name has ch	nanged since the last re	eturn/report filed for	4b EIN	
		onsor's name, EIN, the plan name and t	he plan number from th	ne last return/report.	4.1	
•	sor's name				4d PN	
C Plan N	Name					
5a Total	number of participants	s at the beginning of the plan year			5a	6
		s at the end of the plan year			5b	6
		account balances as of the end of the	, , ,	'	5c	6
d(1) Tot	al number of active pa	articipants at the beginning of the plan y	ear		5d(1)	5
d(2) Tot	tal number of active pa	articipants at the end of the plan year			5d(2)	3
		o terminated employment during the pla			5e	0
Caution: A	A penalty for the late	or incomplete filing of this return/rep	oort will be assessed	unless reasonable car	use is established.	
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, as wanted				
SIGN		d/valid electronic signature.	10/15/2018	SARAALLCHEDAIRY		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan a	dministrator
SIGN	Filed with authorized	d/valid electronic signature.	10/15/2018	SARAALLCHEDAIRY		

Date

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligib		•					X Yes	No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes	No
	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 ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not deter	mined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See instruc	tions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
а	Total plan assets	. 7a	18	35973				35480	
b	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	18	35973				35480	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) ⁻	Γotal	
а	Contributions received or receivable from:	90(4)		7026					
	(1) Employers	8a(1)		7936 18369	\dashv				
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3) 8b		33295	\dashv				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	`	33233				59600	
	Benefits paid (including direct rollovers and insurance premiums	00						33000	
	to provide benefits)	8d	2′	10093					
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					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						210093	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-150493	
j_	Transfers to (from) the plan (see instructions)	8j		0					
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2H 2J 2K 2R 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acteris	tic Cod	des 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	itions withi	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	-	,	10a		X			
b	Program)			IUa		^			
	reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			2000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		X			
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.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g			•	10g		X			
 	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h	L	X			
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			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)							
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 ERISA?	n 302 o	f 	Y	′es X No		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling		
lf y	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							
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 X N	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.)) to					
1	3c(1) Name of plan(s): 13c(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 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 section 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

2017

This Form is Open to Public Inspection

F	art I Annual Repo	rt Identification Information	1			
For	calendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/20	17
Α	This return/report is for:	a single-employer plan a one-participant plan	a multiple-employer p a list of participating e a foreign plan	an (not multiemployer) mployer information in	(Filers checking t accordance with t	his box must attach he form instructions.)
В	This return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 r	months)	
С	Check box if filing under:	x Form 5558 special extension (enter desc	automatic extension		DFVC p	program
P	art II Basic Plan In	formation enter all requested	Information			
	Name of plan	onto an requested	mormadon		1b Three-digi	t I
	Altruist Partners	401(k) Plan			plan numb	per
					(PN) ▶ 1c Effective of	date of plan
_					01/01/2	
2a	Mailing Address (include	ployer, if for a single-employer plan) room, apt., suite no. and street, or P rince, country, and ZIP or foreign pos	.O. Box)	ructions)	A SANTAGA CANADA MARINA MA	Identification Number 7-2809835
	Altruist Partners		stat code (il foreign, see mst	ructions)		telephone number
	220 2nd Ave S #40	8				code (see instructions)
	US Seattle WA 98104					
3a	Plan administrator's name	e and address 🗓 Same as Plan Sp	oonsor	N.	3b Administra 3c Administra	ator's EIN
4	If the name and/or FIN of	the plan sponsor or the plan name h	as changed since the last r	oturn/raport filed for	4b EIN	
~		ponsor's name, EIN, the plan name			4D EIN	
	Sponsor's name				4d PN	
С	Plan Name					
5a	Total number of participar	nts at the beginning of the plan year			5a	6
b		nts at the end of the plan year			5b	6
С		th account balances as of the end of			5c	6
d(participants at the beginning of the pl			5d(1)	5
d(participants at the end of the plan year			5d(2)	3
е	Number of participants what less than 100% vested	no terminated employment during the	e plan year with accrued ber	nefits that were	5e	0
Ca	ution: A penalty for the la	te or incomplete filing of this retu	rn/report will be assessed	unless reasonable ca	ause is establish	ed.
SE	nder penalties of perjury and 3 or Schedule MB completed lief, it is tyoe, correct, and c	d other penalties set forth in the instr d and signed by an enrolled actuary, omplete.	uctions, I declare that I have as well as the electronic ve	examined this return/r	eport, including, if ort, and to the best	applicable, a Schedule of my knowledge and
S	IGN JENEW al	Medan	10/15/18	SMEA AL	cheda	ley
H	ERE Signature of plan a	dministrator	Date	Enter name of individu	al signing as plan	administrator
S	IGN SAVE ON	MA	10/15/18	SMEA AT	Wheda	1124
H	ERE Signature of employ	yer/plan sponsor	Date	Enter name of individu	al signing as emp	loyer plan sponsor

		2		2
Н	а	а	e	2

	The second secon									
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions.)						XYes	S No
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 cannot							•••••	X Yes	s ∐No
С	If the plan is a defined benefit plan, is it covered under the PBGC in								lo Not	dotormina
	If "Yes" is checked, enter the My PAA confirmation number from the					-				
	If yes is checked, enter the my i AA committation named from the	- 1 DOO pi	cilian ming for this year						(See instr	uctions.)
Pa	rt III Financial Information		AND THE RESIDENCE OF THE PARTY						41	
7	Plan Assets and Liabilities		(a) Beginning of	Yea	r			(b) En	d of Year	1000
a	Total plan assets	7a	18	5,9		+			35	,480
<u>b</u>	Total plan liabilities	7b	701		0					0
_	Net plan assets (subtract line 7b from line 7a)	7c		5,9	73	+			and the same	,480
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			and the same of	45-200	(a)	Total	
	(1) Employers	8a(1)		7,9	36					
	(2) Participants	8a(2)	1	8,3	69					
	(3) Others (including rollovers)	8a(3)			0					
	Other income (loss)	8b	3	33,295						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							59	,600
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	21	0,0	93					
е	Certain deemed and/or corrective distributions (see instructions)	8e	C-1		0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g			0					
1020	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					210,093			,093
i	Net income (loss) (subtract line 8h from line 8c)	8i				(150,493)			493)	
j	Transfers to (from) the plan (see instructions)	8j		- 1000000	0					
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension for	eature code	es from the List of Plan C	harac	terist	ic Coc	les in th	ne instru	uctions:	
	2E 2F 2H 2J 2K 2R 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Cha	aracte	eristic	Code	s in the	instruc	tions:	
							-			
Pa	rt V Compliance Questions					00.18				
10	During the plan year:	1721			Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribu		Southern Market of Market St. Market St. St. St. St. St. St. St. St. St. St							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo			10-		x				
h	Program)			10a		_				
D	reported on line 10a.)		ACCORD - SCHOOL CONSCIONS AND SCHOOL SERVICE CONTRACTOR CONTRACTOR	10b		x				
С	Was the plan covered by a fidelity bond?			10c	x					20,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		29		
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.)	e or all of t	he benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х				
h		(See instru	ctions and 29 CFR	10h		x				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required	notice or one of the	10ii						
					92 8					

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Par	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500 and line 11a below)		SB	□ Y	es X	No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		1	20000	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		5.67	Y	es X	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, an granting the waiver			of the le		ing
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 the 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		31		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes 🔲	No [N//	4
Pari	VII Plan Terminations and Transfers of Assets		1335,020	7/40		
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	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?		□ Y	es 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.)) to			30.37-2	
1:	c(1) Name of plan(s): 13c(2) EIN	l(s)		13c(3) PN(s)