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

2018

This Form is Open to **Public Inspection**

A This return/report is for: a single-employer plan a multiple-employer plan foot multiemployer) (Filers checking this box must attach a list of participant plan a multiple-employer plan foot multiemployer) (Filers checking this box must attach a list of participant plan a foreign plan a manded return/report a short plan year return/report (jess than 12 months) C C Check box if filing under: Form 5558 a utomatic extension DFVC program Foreign part II Basic Plan Information—enter all requested information 18 Name of plan Foreign part II Basic Plan Information—enter all requested information 18 Name of plan The plan part II Foreign part II	Part I	Annual Report I	dentification information	1						
A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C C Check box if filing under: Form 5558 automatic extension DFVC program DFVC progra	For calendar	plan year 2018 or fisc	al plan year beginning 01/01/2	2018		and ending 12	2/31/20)18		
B This return/report is	A This return	n/report is for:	X a single-employer plan					-		
In the Institution of Part (Part III) The Institution of Part III Basic Plan Information			a one-participant plan			,			,	
C Check box if filing under:	B This return	/report is	the first return/report	the	e final return/report					
Special extension (enter description) Special extension (enter description)			an amended return/report	a s	short plan year return	/report (less than 12 m	onths)			
Part II Basic Plan Information—enter all requested information 1a Name of plan 1a Name of plan 15 Three-digit plan number (PN)	C Check box	x if filing under:	Form 5558	au	tomatic extension		DF	VC program		
Tab Name of plan STADIUM LAW GROUP, LLC 401(K) PLAN 2a 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) STADIUM LAW GROUP, LLC 2b Employer Identification Number (EIN) 27:3911774 2c Sponsor's telephone number 253-327-1040 2d Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 353-327-1040 2d Business code (see instructions) 5d1110 3c Administrator's telephone number 153-327-1040 2d Business code (see instructions) 5d1110 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. 5a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year 5b 2 c Number of participants at the end of the plan year 5c 2 complete this item). 5c 2 c Number of participants at the dend of the plan year 5c 2 6d(1) Total number of active participants at the end of the plan year 5c 2 6d(1) Total number of active participants at the end of the plan year 5c 5c 2 c Number of participants at the end of the plan year 5c 5c 2 c Number of participants at the end of the plan year 5c 5c 5c 0 caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filling of this return/report will be returned in this return/report, including, if applicable, a Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule MB complete			special extension (enter descri	ription)						
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Plan number (PN)			·				1b	Three-digit		
1c Effective date of plan 10.101/2011		•	() PLAN					plan number	001	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)								` '	f 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) STADIUM LAW GROUP, LLC 2c Sponsor's telephone number 253-327-1040 2d Business code (see instructions) 541110 3a Plan administrator's name and address Same as Plan Sponsor. 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. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year b Total number of participants at the beginning of the plan year c Number of participants with account balances as of the end of the plan year d(1) Total number of participants at the beginning of the plan year e Number of participants with account balances as of the end of the plan year f(1) Total number of participants at the beginning of the plan year d(2) Total number of participants with account balances as of the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjuty and other penalties set forth in the instructions, I declare that I have examined this return/report, including, II applicable, a Schedule Sor Oschedule M5 completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, II applicable, a Schedule File with authorized valid electronic signature. Old 2012/12/2019 JILL HAAVIG STONE Signature of plan administrator								01/01	1/2011	
City of town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 22 C Sponsor's telephone number 253-327-1040 23 Business code (see instructions) 54 1110 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 253-327-1040 3c Administrator's telephone number 253-327-1040 3d Administrator's EIN 3d Administrator's EIN 3d Administrator's telephone number 253-327-1040 4b EIN 4d PN c Plan Name 5a Sponsor's telephone number 253-327-1040 4b EIN 4d PN c Plan Name 5a 3 3 b Total number of participants at the beginning of the plan year				O. Box)						
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d(1) Total number of active participants at the beginning of the plan year			. ,				5k)	2	
d(2) Total number of active participants at the end of the plan year							50	;	2	
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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 HERE Filed with authorized/valid electronic signature. Date Date Enter name of individual signing as plan administrator SIGN HERE										
SIGN HERE Filed with authorized/valid electronic signature. 01/21/2019 JILL HAAVIG STONE Enter name of individual signing as plan administrator SIGN HERE	SB or Schedu	ıle MB completed and	d signed by an enrolled actuary, a							
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERF	SIGN				01/21/2019	JILL HAAVIG STONE				
HERE	HERE	Signature of plan ad	ministrator		Date	Enter name of individ	ual sig	ning as plan adr	ministrator	
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor										
	HERE	Signature of employ	er/plan sponsor		Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor	

Form 5500-SF (2018) Page **2**

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							X Yes No		
	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	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined . (See instructions.)		
Pa	rt III Financial Information		T							
_7	Plan Assets and Liabilities		(a) Beginning o		_		(b) End	of Year		
<u>a</u>	Total plan assets	7a	106	67648	_			926512		
	Total plan liabilities									
	Net plan assets (subtract line 7b from line 7a)	Net plan assets (subtract line 7b from line 7a)						926512		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt	_		(b)	Гotal		
а	Contributions received or receivable from: (1) Employers	8a(1)	2	25000						
-	(2) Participants	8a(2)	2	29700						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-(62522						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-7822		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	13	33289						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	25							
g	ther expenses									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							133314		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-141136			
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D 2T 2F	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plar	n Chara	acteris	tic Cod	les 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 described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			106765		
d	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			3237		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
h	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 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 Sche (Form 5500) and line 11a below)		В	Y	es 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 ERISA?		:	Y	es X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
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 Month Day Year							
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						
С	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						
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?		Yes	× 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 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.

2040

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Parti		identification information					
For calen	dar plan year 2018 or f	iscal plan year beginning	01/01/2018	and ending		31/2018	
A This re	eturn/report is for:	X a single-employer plan				king this box must attach a vith the form instructions.)	
R This ro	turn/report is	a one-participant plan	a foreign plan				
D This re	turn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram	
		special extension (enter descr	ription)				
Part II	Basic Plan Info	ormation—enter all requested inf	formation				
1a Name Sta	e of plan	o, LLC 401(k) Plan			1b Thre plan (PN)	number	
					1c Effec	etive date of plan	
Mailin	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C). Box)			loyer Identification Number 27-3911774	
	r town, state or province dium Law Group	tructions)	2c Sponsor's telephone number				
705	S. 9th Street	s. Ste. 106				ness code (see instructions)	
			4670				
	Tacoma WA 98405-4678 3a Plan administrator's name and address X Same as Plan Sponsor.				541	110 inistrator's EIN	
		_			3c Admi	inistrator's telephone number	
4 If the this p	name and/or EIN of the lan, enter the plan spor	e plan sponsor or the plan name hansor's name, EIN, the plan name a	is changed since the last i	return/report filed for	4b EIN		
	or's name	, — , — , — , — , — , — , — , — , — , —		ino idal rotal in opoli.	4d PN		
c Plan N	lame						
5a Total	number of participants	at the beginning of the plan year			5a	3	
		at the end of the plan year			5b	2	
		account balances as of the end of t		S SECTION AND A SECTION ASSECTION ASSE			
comp	lete this item)				5c	2	
		ticipants at the beginning of the pla			5d(1)	3	
		rticipants at the end of the plan year			5d(2)	2	
		terminated employment during the			5e		
Caution: A	penalty for the late of	or incomplete filing of this return	report will be assessed	unless reasonable cau	use is estal	olished.	
Under pena SB or Sche	alties of perjury and oth	ner penalties set forth in the instructed signed by an enrolled actuary, as	tions, I declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedule	
SIGN	Malle	instic	1-21-19	Jill Haavig St	tone		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing	as plan administrator	
SIGN							
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor	

Form	5500	SF	(201	18

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6a b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condi	ndent qualified public tions.)	accoun	tant (i	QPA)			Yes No
С	If you answered "No" to either line 6a or line 6b, the plan cannot 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 plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the plan is a defined benefit plan.	nsurance p	program (see ERISA s	ection 4	4021)?	· [Yes No	haman'	determined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r I		(b) En	d of Year	
a	Total plan assets	7a		,067,		***************************************	V-/		926,512
b	Total plan liabilities	7b							····
c	Net plan assets (subtract line 7b from line 7a)	7c	1.	,067,	648				926,512
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoui	nt			(b)	Total	
а	Contributions received or receivable from:			25	000				
	(1) Employers	8a(1)						***************************************	
	(2) Participants	 		29,	700				
h	(3) Others (including rollovers).	8a(3)			F 0 0				
	Other income (loss)	8b		-62,	322			·········	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d		133,	133,289				-7,822
e	Certain deemed and/or corrective distributions (see instructions)	8e		···					
f	Administrative service providers (salaries, fees, commissions)	8f			25				
g	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		***************************************					133,314
	Net income (loss) (subtract line 8h from line 8c)	8i		······································					-141,136
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics	<u> </u>							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D 2T 2F	feature co	des from the List of Pl	lan Cha	racteri	istic Co	odes in the in	structions	;
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Char	acteris	tic Cod	des in the inst	ructions:	
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 contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		Х			
c	Was the plan covered by a fidelity bond?			10c	Х				106,765
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		Х			
e	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	the benefits under	10e	Х				3,237
f	Has the plan failed to provide any benefit when due under the plan			10f		Х		-	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	nd.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10h		Х			
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	e required	notice or one of the	10i					

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Part VI Pension Funding Compliance		······································				
11 Is this a defined benefit plan subject to minimum fun (Form 5500) and line 11a below)	ding requirements? (If "Yes," see instructi	ons and complete Sch	edule S	В	Ye	s No
11a Enter the unpaid minimum required contributions for				······································		****
12 Is this a defined contribution plan subject to the min ERISA?	imum funding requirements of section 412	2 of the Code or sectio	n 302 of		Ye	s X No
If a waiver of the minimum funding standard for a pri granting the waiver.		Month	d enter t Day		the letter Year	ruling
If you completed line 12a, complete lines 3, 9, and 1	0 of Schedule MB (Form 5500), and ski	p to line 13.				
b Enter the minimum required contribution for this plan	year		12b			
C Enter the amount contributed by the employer to the	olan for this plan year		12c			
Subtract the amount in line 12c from the amount in line negative amount)	ne 12b. Enter the result (enter a minus sig	gn to the left of a	12d			
e Will the minimum funding amount reported on line 12	2d 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 a	ny plan year?			Yes	X No	
If "Yes," enter the amount of any plan assets that rev	verted to the employer this year		13a			
b Were all the plan assets distributed to participants or control of the PBGC?	beneficiaries, transferred to another plan	n, or brought under the			Yes X	No
c If, during this plan year, any assets or liabilities were which assets or liabilities were transferred.	transferred from this plan to another plan	n(s), identify the plan(s) to			
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)