	m 5500-SF	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089					
	tment of the Treasury nal Revenue Service	This form is required to be filed ur	ne Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal						
	epartment of Labor enefits Security Administration	Inis form is required to be filed under sections 104 and 4005 of the Employee Retifement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Inty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF.							
Pension Be	enefit Guaranty Corporation	Complete all entries in account of the second se	ordance with the instr	uctions to the Form 55	00-SF.	Public Inspection			
Part I		dentification Information							
For calenda	ar plan year 2018 or fisc	cal plan year beginning 01/01/2018		5	2/31/2018	the state is a second of the state.			
A This ret	urn/report is for:		list of participating em			king this box must attach a ith the form instructions.)			
B This retu	rn/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 returr	n/report (less than 12 mo	onths)				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter description	n)						
Part II	Basic Plan Infor	mation—enter all requested inform	ation						
1a Name	•	28 404(K) DLAN			1b Thre	e-digit number			
VICKERIVIAN	N CPA GROUP, INC., F	/5 401(K) PLAN			(PN)				
					1c Effect	tive date of plan 01/01/2014			
		er, if for a single-employer plan)				oyer Identification Number			
City or	town, state or province	n, apt., suite no. and street, or P.O. Bo , country, and ZIP or foreign postal co		ructions)	(EIN) 2c Spor	82-2594290 nsor's telephone number			
VICKERMAN	I CPA GROUP, INC., P	'S				360-570-9933			
					2d Busir	ness code (see instructions)			
	ROCK ROAD SW , WA 98512-7246					541211			
3a Plan ad	dministrator's name and	d address 🛛 Same as Plan Sponsor			3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
		plan sponsor or the plan name has c	0		4b EIN	26-1195933			
	an, enter the plan spon or's name ARMOUR VI	sor's name, EIN, the plan name and t	he plan number from tr	ne last return/report.	4d PN	001			
C Plan N	ameARMOUR VICKER	RMAN, PLLC 401(K) PLAN							
F					5a				
_		at the beginning of the plan year			5b	11 8			
		at the end of the plan year ccount balances as of the end of the			50 50	8			
•	,			ľ	5d(1)	11			
		icipants at the beginning of the plan y iicipants at the end of the plan year		ľ	5d(1)	8			
• •		erminated employment during the pla			5e	0			
than f	100% vested	r incomplete filing of this return/re	ort will be assessed	unless reasonable ca					
Under pena	alties of perjury and oth	er penalties set forth in the instructior	s, I declare that I have	examined this return/rep	ort, includi	ng, if applicable, a Schedule			
	edule MB completed and true, correct, and completed	d signed by an enrolled actuary, as w lete.	ell as the electronic ver	sion of this return/report	, and to the	best of my knowledge and			
SIGN	Filed with authorized/v	valid electronic signature.	02/15/2019	SUE VICKERMAN					
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	ual signing	as plan administrator			
SIGN									
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor			

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

Form 5500-SF (2018) v.171027

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions)	X Yes 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 cann	an indepe and condi	ndent qualified public accountant (I	QPA) X Yes No
c	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 th	isurance p	program (see ERISA section 4021)?	Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	823490	700471
b	Total plan liabilities	7b	0	
С	Net plan assets (subtract line 7b from line 7a)	7c	823490	700471
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	40879	
	(2) Participants	8a(2)	83073	
	(3) Others (including rollovers)	8a(3)	6118	
b	Other income (loss)	8b	-31348	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		98722
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	221341	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	400	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		221741
i	Net income (loss) (subtract line 8h from line 8c)	8i		-123019
j	Transfers to (from) the plan (see instructions)	8i		

Par	t IV	Pla	ın Cł	narao	cteri	stics	5		
9a	If the	plan	provid	des pe	ension	bene	fits, e	enter the	applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
	2A	2E	2J	2K	2F	2G	3D	2T	

8j

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b

Part	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		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		50000
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	Х		673
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 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		Х	
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 rm 5500) and line 11a below)			B		Yes	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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	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 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	s 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 brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

					A
Form 5500-SF	Short Form Annu	ial Return/Repo Benefit Plan		loyee	OMB Nos. 1210-0110 1210-0089
Internal Revenue Service	This form is required to be file Income Security Act of 1974	ed under sections 104 an	d 4065 of the Employee F	Retirement	2018
Employee Benefits Security Administration		Revenue Code (the Co		e internal	This Form is Open to
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the in	structions to the Form 5	500-SF	Public Inspection
	Identification Information				
For calendar plan year 2018 or f	fiscal plan year beginning	01/01/2018	and ending	12/3	1/2018
A This return/report is for:	X a single-employer plan	a multiple-employer list of participating	plan (not multiemployer) employer information in a	(Filers check ccordance w	ing this box must attach a ith the form instructions.)
B This return/report is	a one-participant plan	a foreign plan			
D This return/report is	the first return/report	the final return/repo	t		
	an amended return/report	a short plan year ret	urn/report (less than 12 n	nonths)	
C Check box if filing under:	Form 5558	automatic extension	ו	DFVC pi	rogram
	special extension (enter desc	ription)		_	
Part II Basic Plan Info	ormation-enter all requested in	formation			
1a Name of plan				1b Three	e-digit
Vickerman CPA Gro	oup, Inc., PS 401(k)	Plan		· ·	number
				(PN)	▶ 001 tive date of plan
					01/2014
Mailing address (include roc	over, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)			oyer Identification Number 82-2594290
Vickerman CPA Gro	ce, country, and ZIP or foreign posi- oup,Inc.,PS	tal code (if foreign, see in	structions)	2c Spon	sor's telephone number - 570-9933
6945 Littlerock H	Road SW				ess code (see instructions)
Tumwater	WA 98512-	7246		5412	0.1.1
3a Plan administrator's name a	nd address 🕅 Same as Plan Spo	nsor			∠⊥⊥ histrator's EIN
				3c Admir	nistrator's telephone number
4 If the name and/or EIN of th					
this plan, enter the plan spc	e plan sponsor or the plan name h onsor's name, EIN, the plan name a	as changed since the lasi and the plan number from	t return/report filed for	4b EIN 2	6-1195933
a Sponsor's name Armour			······································	4d PN	
c Plan Name Armour	Vickerman, PLLC 401(k) Plan			
					01
	at the beginning of the plan year.				11
b Total number of participants	at the end of the plan year			5b	8
C Number of participants with complete this item)	account balances as of the end of	the plan year (only define	ed contribution plans	5c	8
	articipants at the beginning of the pl			5d(1)	11
	articipants at the end of the plan ye			5d(2)	3
e Number of participants who	terminated employment during the	e plan vear with accrued	henefits that were less		
than 100% vested				5e	C
Caution: A penalty for the late	or incomplete filing of this return ther penalties set forth in the instru- nd signed by an enrolled actuary, a	ctions. I declare that I have	e examined this return/re	port includir	a if applicable a Schedule
SB or Schedule MB completed a	nloto				
SB or Schedule MB campleted a belief, it is true, correct, and com	plete,	2/15/19	SUE VICKERMAN		
SIGN		2/15/19 Date		ual stantina -	s plan administrate-
SIGN HERE Signature of plan a		2/15/19 Date	SUE VICKERMAN	ual signing a	s plan administrator
SB or Schedule MB campleted a belief, it is true, correct, and com	administrator	- perio	Enter name of individ		s plan administrator s employer or plan sponsor

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X 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.) 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
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
Pa	rt III Financial Information	

7 Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of	Year
a Total plan assets	7a		823,4	490			700,471
b Total plan liabilities	7b			0			
C Net plan assets (subtract line 7b from line 7a)	7c		823,	490			700,471
3 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Tota	al
 a Contributions received or receivable from: (1) Employers 	8a(1)	300	40,8	379	1.5		1.10
(2) Participants	8a(2)		83,0	073		n - Isle	
(3) Others (including rollovers)	8a(3)		6,3	118			
b Other income (loss)	8b		-31,3	348	-14 - 1 T		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						98,72
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		221,3	341			
e Certain deemed and/or corrective distributions (see instructions)	8e			1			
f Administrative service providers (salaries, fees, commissions)	8f			400	Mary II.		
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						221,74
Net income (loss) (subtract line 8h from line 8c)	8i						-123,01
j Transfers to (from) the plan (see instructions)	8j					din mi	
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics Da If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T		les from the List of Pla	an Char	acteri	stic Codes	in the instruc	tions:
Part IV Plan Characteristics a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T b If the plan provides welfare benefits, enter the applicable welfare feature	feature cod						
Part IV Plan Characteristics Part IV Plan Characteristics Part IV If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions	feature cod					n the instruct	ons:
Part IV Plan Characteristics a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T b If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare for the pl	feature code eature code tions within 'oluntary Fi	es from the List of Plar the time period duciary Correction		cterist	ic Codes in	n the instruct	
Part IV Plan Characteristics Ia If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T b If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare for the p	feature code eature code tions within 'oluntary Fin ? (Do not ir	the time period duciary Correction	n Chara	cterist	ic Codes in	n the instruct	ons:
Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions 0 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest	feature code eature code tions within 'oluntary Fi	the time period duciary Correction	n Chara	cterist	ic Codes in No X	n the instruct	ons: ount
Part IV Plan Characteristics a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T b If the plan provides welfare benefits, enter the applicable welfare feed art V Compliance Questions D During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	feature code eature code tions within 'oluntary Fin ? (Do not ir fidelity bon	the time period duciary Correction nclude transactions d, that was caused	10a	Yes	ic Codes in No X	n the instruct	ons:
 Part IV Plan Characteristics a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T b If the plan provides welfare benefits, enter the applicable welfare ferent art V Compliance Questions D During the plan year: a Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	feature code eature code tions within 'oluntary Fin ? (Do not ir fidelity bon fidelity bon her persons e or all of ti	the time period duciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c	Yes	Ic Codes II	n the instruct	ons: ount
 Part IV Plan Characteristics a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T b If the plan provides welfare benefits, enter the applicable welfare ferent art V Compliance Questions D During the plan year: a Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som 	feature code eature code tions within oluntary Fin ? (Do not ir fidelity bon fidelity bon ner persons re or all of t	the time period duciary Correction nelude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d	Yes	Ic Codes II	n the instruct	ons: ount 50,00
Part IV Plan Characteristics a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T b If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides plan provides for the plan provides plan provides plan provides plan provides plan? (See instructions.).	feature code eature code tions within 'oluntary Fir ? (Do not ir fidelity bon her persons e or all of tion	the time period duciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d 10e 10f	Yes	Ic Codes in No X X X X	n the instruct	ons: ount 50,00
 Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T If the plan provides welfare benefits, enter the applicable welfare feed of the plan provides welfare benefits, enter the applicable welfare feed of the plan provides welfare benefits, enter the applicable welfare feed of the plan provides welfare benefits, enter the applicable welfare feed of the plan provides welfare benefits, enter the applicable welfare feed of the plan provides welfare benefits, enter the applicable welfare feed of the plan provides welfare benefits, enter the applicable welfare feed of the plan provides welfare benefits, enter the applicable welfare feed of the plan provides welfare benefits, enter the applicable welfare feed of the plan provides welfare benefits, enter the applicable welfare feed of the plan provides welfare benefits, enter the applicable welfare feed of the plan provides welfare benefits, enter the applicable welfare feed of the plan provides welfare benefit when due under the plan provides welfare benefit when due under the plan provide any benefit when due under the plan provide any benefit when due under the plan provides applied of the plan failed to provide any benefit when due under the plan provides applied of the plan failed to provide any benefit when due under the plan provides applied of the plan failed to provide any benefit when due under the plan provides applied of the plan failed to provide any benefit when due under the plan provides applied of the plan failed to provide any benefit when due under the plan provides applied of the plan provide applied to provide any benefit when due under the plan provides applied to provide any benefit when due under the plan provide applied to provide applied to provide applied	feature code eature code tions within 'oluntary Fie ? (Do not ir fidelity bon fidelity bon per persons te or all of ti n? s of year-en (See instruct	the time period duciary Correction nclude transactions d, that was caused by an insurance he benefits under nd.)	10a 10b 10c 10d	Yes	ic Codes in No X X X X X X	n the instruct	ons: ount 50,00

Form 5500-SF (2018)

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Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instr (Form 5500) and line 11a below)	ructions and complete Sch	edule S	ŝВ		Yes 🗌 N
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 55	00) line 40	11a			
12 Is this a defined contribution plan subject to the minimum funding requirements of section ERISA?					Yes 🛛 N
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan granting the waiver,		l enter Da		f the lette Year	er ruling
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	l		
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 minu negative amount)	s sign to the left of a	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?		i.	Yes	X	٩o
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 control of the PBGC?				Yes 🛛	K No
c If, during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred.					
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3	3) PN(s)
	11//				