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**

Part I		t Identification Information							
For calend	dar plan year 2018 or t	fiscal plan year beginning 01/01/2	2018		and ending 12	2/31/20	018		
A This re	eturn/report is for:	X a single-employer plan			in (not multiemployer) (ployer information in ac		-		
	·	a one-participant plan		oreign plan				,	
B This re	turn/report is	the first return/report	the	final return/report					
		an amended return/report	a sh	hort plan year return	/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	aut	tomatic extension		DF	VC program		
		special extension (enter desc	cription)						
Part II	Basic Plan Info	ormation—enter all requested in	nformatio	n					
1a Name		,				1b	Three-digit		
	•	(K) PROFIT SHARING PLAN					plan number (PN)	001	
							Effective date o	f plan	
0						01		1/2014	
Mailir	ng address (include roo	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				26	Employer Identi (EIN) 81-0	fication Number 643042	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				uctions)	2c Sponsor's telephone number				
PARACLE /	PARACLE ADVISORS, LLC						206-466		
7000 0 E 00	TH OTREET OF STEE	20.4				2d	Business code (see instructions)	
	TH STREET, SUITE 2 SLAND, WA 98040-60						5239	00	
3a Plan	administrator's name a	and address X Same as Plan Spor	nsor.			3b Administrator's EIN			
						3c. Administrator's talanhans number			
						3c Administrator's telephone number			
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.			4b EIN						
a Sponsor's name			4d PN						
C Plan Name									
						<i>E</i> -			
_		s at the beginning of the plan year.				5a 5k		18	
		s at the end of the plan year a account balances as of the end of							
comp	olete this item)					50		20	
	•	articipants at the beginning of the pl	-			5d(`	18	
		articipants at the end of the plan ye				5d((2)	20	
than	100% vested	o terminated employment during the				5€		0	
		or incomplete filing of this return							
SB or Sch	nalties of perjury and on nedule MB completed a strue, correct, and con	other penalties set forth in the instru and signed by an enrolled actuary, a nolete.	as well a	declare that I have as the electronic vers	examined this return/re sion of this return/repor	port, ir t, and	ncluding, if application to the best of my	cable, a Schedule knowledge and	
SIGN		d/valid electronic signature.		03/01/2019	ANNE MARIE STONIC	СН			
HERE	Signature of plan	administrator		Date	Enter name of individ	ual sig	ning as plan adr	ministrator	
SIGN									
HERE	Signature of empl	loyer/plan sponsor		Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor	

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a Total plan assets	of Year 3238727 3238727 Total					
7 Plan Assets and Liabilities (a) Beginning of Year (b) End a Total plan assets	3238727 3238727 otal					
a Total plan assets	3238727 3238727 otal					
b Total plan liabilities	3238727 Total					
C Net plan assets (subtract line 7b from line 7a)	otal					
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	otal					
a Contributions received or receivable from: (1) Employers						
(1) Employers	187102					
(3) Others (including rollovers)	187102					
b Other income (loss)	187102					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	187102					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	187102					
to provide benefits)						
f Administrative service providers (salaries, fees, commissions)						
g Other expenses						
h Total expenses (add lines 8d, 8e, 8f, and 8g)						
i Net income (loss) (subtract line 8h from line 8c)						
j Transfers to (from) the plan (see instructions)	0					
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the ins 2E 2J 2K 3D 2A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instraction of Plan Characteristic Codes in the	187102					
Part V Compliance Questions						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instraction of Plan Characteristic Codes						
Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	ructions:					
10 During the plan year: a 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)	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:					
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)	Part V Compliance Questions					
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Amount					
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions						
reported on line 10a.)						
C Was the plan covered by a fidelity bond?	500000					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						
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.)						
f Has the plan failed to provide any benefit when due under the plan?						
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)						
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)						
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						

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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	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r 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			
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	o
	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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2018

This Form Is Open to **Public Inspection**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 A This return/report is for: a one-participant plan a one-participant plan a foreign plan a
A This return/report is for: □ a one-participant plan □ a foreign plan □ the first return/report □ the first return/report □ as short plan year return/report (less than 12 months) □ C Check box if filing under: □ Form 5558 □ automatic extension □ DFVC program □ Form 5558 □ automatic extension □ DFVC program □ Part II □ Basic Plan Information—enter all requested information □ A Name of plan □ Paracle Advisors, LLC 401 (k) Profit Sharing Plan □ Part II □ C Effective date of plan □ 01/01/2014 □ 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) □ Paracle Advisors, LLC □ 7900 SE 28th Street, Suite 204 □ Mercer Island □ WA 98040-6017 □ Its for a single-employer information in accordance with the form Instructions.) □ a foreign plan □ DFVC program □ DFVC progra
B This return/report is the first return/report the final return/report the final return/report an amended return/report an amended return/report and a short plan year return/report (less than 12 months) C Check box if filling under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1a Name of plan Paracle Advisors, LLC 401 (k) Profit Sharing Plan 1b Three-digit plan number (PN) b 001 1c Effective date of plan 01/01/2014 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) Paracle Advisors, LLC 7900 SE 28th Street, Suite 204 Mercer Island WA 98040-6017 2a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 206-466-6200 3c Administrator's telephone number
the first return/report de nail return/report de nail return/report (less than 12 months) C Check box if filing under:
C Check box if filing under: Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Paracle Advisors, LLC 401 (k) Profit Sharing Plan Paracle Advisors, LLC 401 (k) Profit Sharing Plan 1b Three-digit plan number (PN)
Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Paracle Advisors, LLC 401 (k) Profit Sharing Plan 1b Three-digit plan number (PN)
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1a Name of plan Paracle Advisors, LLC 401(k) Profit Sharing Plan Paracle Advisors, LLC 401(k) Profit Sharing Plan 1c Effective date of plan 01/01/2014 2a Plan sponsor's name (employer, if for a single-employer plan) Malling 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) Paracle Advisors, LLC 7900 SE 28th Street, Suite 204 Mercer Island WA 98040-6017 2d Business code (see instructions) 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
Paracle Advisors, LLC 401 (k) Profit Sharing Plan plan number (PN) 001
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) Paracle Advisors, LLC 7900 SE 28th Street, Suite 204 Mercer Island WA 98040-6017 3a Plan administrator's name and address Same as Plan Sponsor. Paracle Administrator's telephone number 206-466-6200 3b Administrator's telephone number 523900 3c Administrator's telephone number 6206
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) Paracle Advisors, LLC 7900 SE 28th Street, Suite 204 Mercer Island WA 98040-6017 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 4b EIN
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3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for
3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN
a Sponsor's name 4d PN
C Plan Name
5a Total number of participants at the beginning of the plan year
b Total number of participants at the end of the plan year
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year
d(2) Total number of active participants at the end of the plan year
e Number of participants who terminated employment during the plan year with accrued benefits that were less
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested
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 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
E Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested
E Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested
Pumber of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested

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-∕a	O	е	_

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public a under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes	s ∏ No
	If you answered "No" to either line 6a or line 6b, the plan cann							<u> </u>	ш
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pi	ogram (see ERISA se	ection 4	021)?		Yes No	Not det	ermined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pr	emium filing for this p	lan yea	r			_ (See instr	uctions.)
Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End o	f Year	
a	Total plan assets	7a	3,	051,	625		3-/		38,727
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	3,	051,	625			3,2	38,727
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it			(b) To	tal	
	Contributions received or receivable from:		103400		F 0 0			198	- R 47 15
_	(1) Employers	8a(1)		227,	_				
	(2) Participants	8a(2)		211,	662				
	(3) Others (including rollovers)	8a(3)			0				
	Other income (loss)	8b		252,	142	E W V		-USm-sv	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			(NI)			1	87,102
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	14		N-Tan	
f	Administrative service providers (salaries, fees, commissions)	8f			0				10.15
g	Other expenses	8g			0		7/4-7	1	ST MI
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1	210-0				0
-	Net income (loss) (subtract line 8h from line 8c)	8i		HIE ST	28			1	87,102
j	Transfers to (from) the plan (see instructions)	8j				MIS		Marie:	W. C.
Par	t IV Plan Characteristics				-				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 2A	feature co	des from the List of Pla	an Cha	racteri	stic Cod	des in the instru	ictions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acterist	ic Code	es in the instruc	tions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Aı	nount	
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	/oluntary F	iduciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a,)	t? (Do not i	nclude transactions	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х			5	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required	I notice or one of the	10i				W. ST.	

		Form 5500-SF (2018)	Page 3-		
Part '	VI	Pension Funding Compliance			
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," s m 5500) and line 11a below)		edule SB	Yes No
11a		er the unpaid minimum required contributions for all years from Schedule SB (f		11a	
12	ERIS	nis a defined contribution plan subject to the minimum funding requirements of SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	•••••	n 302 of	Yes X No
		waiver of the minimum funding standard for a prior year is being amortized in ti ting the waiver.		d enter the date o Day	f the letter ruling Year

IIa	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?	on 302 o	f	Ye	s 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, ar granting the waiver	d enter Da		of the letter r Year	uling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	.50			
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 left of a negative amount)	12d			
ее	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No 🗌	N/A
Part '	Plan Terminations and Transfers of Assets				
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?		[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.				
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)	