## 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	1							
For calenda	ar plan year 2018 or t	fiscal plan year beginning 01/01/2	2018		and ending 08	3/31/201	8			
A This return/report is for:    X   a single-employer plan						-				
		a one-participant plan	af	foreign plan	•					
<b>B</b> This retu	urn/report is	the first return/report	X the	final return/report						
		an amended return/report	X a s	hort plan year return	/report (less than 12 m	onths)				
C Check b	oox if filing under:	Form 5558	au	tomatic extension		DFV	C program			
		special extension (enter desc	ription)							
Part II	Basic Plan Info	ormation—enter all requested in	formatio	on						
1a Name NAVY BLUE	of plan LLC 401K PROFIT \$	SHARING PLAN				pl	nree-digit an number PN) ▶	002		
						1c Ef	fective date o	f plan 1/2014		
		oyer, if for a single-employer plan)	2 D \			2b Employer Identification Number				
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		(if foreign, see instru	uctions)	(EIN) 47-2608853				
NAVY BLUE	LLC					<b>2c</b> Sponsor's telephone number 415-844-0534				
						<b>2d</b> Bu	usiness code (	(see instructions)		
3131 ELLIOT SUITE 240	T AVENUE					541519				
SEATTLE, W	/A 98121									
3a Plan a	dministrator's name a	and address 🛛 Same as Plan Spo	nsor.			<b>3b</b> Ad	dministrator's	EIN		
						3c ^/	ministrator's	talanhana numbar		
						3C A	iministrator s	telephone number		
		ne plan sponsor or the plan name h				4b E	IN			
a Spons		onsor's name, EIN, the plan name a	and the	pian number from th	e last return/report.	4d PN				
C Plan N										
<b>5a</b> Total r	number of participant	s at the beginning of the plan year.				5a		2		
		s at the end of the plan year  account balances as of the end of				5b		0		
		account balances as of the end of			·	5c		0		
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pl	lan year	·		5d(1)		2		
		articipants at the end of the plan ye				5d(2)	)	0		
than '	100% vested	o terminated employment during the				5e		0		
		or incomplete filing of this return								
SB or Sche		other penalties set forth in the instru- and signed by an enrolled actuary, a aplete.								
SIGN	Filed with authorized	d/valid electronic signature.		03/27/2019	ADIL WALI					
HERE	Signature of plan	administrator		Date	Enter name of individ	ual signii	ng as plan adr	ministrator		
SIGN										
HERE	Signature of empl	oyer/plan sponsor		Date	Enter name of individ	ual signii	ng as employe	er or plan sponsor		

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under 20 CFR 2520.104-f69* (See instructions on valver eligibility and conditions)		Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	account	ant (IC	QPA)			Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		· · · · · · · · · · · · · · · · · · ·							🔼	Yes   No
### If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	С								o ∏ Not	determined
Part III Financial Information 7 Plan Assets and Liabilities							_		_	
a Total plan assets	Pa	rt III Financial Information								
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) Er	nd of Year	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	-	79203					0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	b	Total plan liabilities	7b		0					0
a Contributions received or receivable from: (i) Employers (2) Participants. (3) Others (including ollovers). (3) Others (including ollovers). (4) Dother income (loss). (5) Other income (loss). (6) Other income (loss). (7) Dother income (loss). (8) Bb 12 (8) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Bb 12 (9) Defending the specified of the spe	C	Net plan assets (subtract line 7b from line 7a)	7c		79203					0
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b	) Total	
(3) Other s(including rollovers)	a		8a(1)							
b Other income (loss)		(2) Participants	8a(2)							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>b</u>	Other income (loss)	8b		12					
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f g Other expenses			8c							12
f Administrative service providers (salaries, fees, commissions)		to provide benefits)	8d	-	79215					
g Other expenses (add lines 8d, 8e, 8f, and 8g)	<u>e</u>	,	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 79215  i Net income (loss) (subtract line 8h from line 8c) 8i -79203  j Transfers to (from) the plan (see instructions) 8j  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 instructions:  2E 2J 2G 3D 3H  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year: Yes No Amount  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) 10a X  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X  c Was the plan covered by a fidelity bond? 10c X  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c 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). 10c X  f Has the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). 10h X	f	Administrative service providers (salaries, fees, commissions)								
i Net income (loss) (subtract line 8h from line 8c)		·								
Transfers to (from) the plan (see instructions)	<u>h</u>									
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    Example   Examp		, , , , , ,	8j							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Part V   Compliance Questions				1 ( 11 11 ( 17)	01		0	1 1 1 1		
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)	9a	2E 2J 2G 3D 3H								
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 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 fidelity bond, that was caused by fraud or dishonesty?  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.).  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.)	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	structions:	
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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.).  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	b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions			10b		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  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	С	Was the plan covered by a fidelity bond?			10c		Х			
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.)	d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused					X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	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					Х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	f Has the plan failed to provide any benefit when due under the plan?					X			
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
· · · · · · · · · · · · · · · · · · ·	h	· · · · · · · · · · · · · · · · · · ·					X			
	i	·	•		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 Scho (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?		X 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?			X Yes	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	<b>3c(1)</b> 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 Senatis Security Administration

## 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 Sacurity Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2018

		DEVENUE CARA	(h. A	/ VI DE THE THE	
Part   Annual Rapa	Complete all ansat	Revenue Code	(the Code).		This Form is Open
Annual Repo	ort Identification Informa	es in accordance with	the instructions to the F		Public Inspection
For calendar plan year 2018 o	or fiscal plan year basing	ition	- to die i	orm Saud-SF.	
		01/01/2018	0.7		
A This return/report is for:	🔀 a single-employer plan	a multiple on	and endin	9 08/3	1/2018
The state of the s		Set of new (*)	ployer plan (not multiempl aling employer informatio		
<b>m</b>	a one-participant plan	Hai of particip	ating employer information	n in accordance of	my tris oox must attach
B This return/report is		a foreign plan	ating employer information		us me form instructions.)
	the first return/report				
	On an and a	X the final return	report		
C 0	an amended return/report	X a short plan ve	ar natural in		
C Check box if filing under:	Form 5558		ar return/report (less than	12 months)	
		automatic outo	Reion		
Daniel W. T.	special extension (enter d		1757011	DFVC pro	0fam
Part II Basic Plan Info	ormation—enter all requeste	(cacipilon)			g. w
1a Name of plan	enter all requeste	d information			
Navy Blue tro 40	lk Profit Sharing P				
x un inter 401	ik Profit Sharing p	lan		1b Three-c	linit
	<b>~</b> -	_ <b></b>		pian nu	mher .
				(PN) ▶	
2					
La Plan sponsor's name (emplo	ver if for a signal			1C Effective	date of plan
2a Plan sponsor's name (emplo Mailing address (include roon	ryer, if for a single-employer plar m, apt., suite no. and street, or F e, country, apri 710 as feet, or F	7)		01/01	<u>/</u> 2014
City of town, state or province	m, apt., suite no. and street, or F e, country, and ZIP or foreign po	P.O. Box)		2b Employe	r Identification Number
Navy Blue LLC	or foreign po	ostal code (if foreign, sei	instructions)	(EIN) 4.7	-2608853
		• ,	we delibries	2c S	2000033
3131 Elliott Avenu				20 Opensor	's telephone number
Suite 240	ue			3 4 2 2 5	94 + U534
Seattle				∠C Business	code (see instructions)
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a Plan administrator's name and	WA 981	121		Ì	
and	address X Same as Plan Sor	DORAL		541519	
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if the name and/or EIN of the p	HEII Sponsor or the				
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Plan Name		, and the	ir the last return/report.	3c Administre	
Plan Name  Total number of participants at to	he herinalise of the	101	in the last return/report.	3c Administre	
Plan Name  Total number of participants at transfer number of participants.	the beginning of the plan year		in the last return/report.	3c Administra 4b EIN 4d PN	
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