## 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	lar plan year 2018 or	fiscal plan year beginning 01/01/20	18	and ending 1	12/31/2018		
A This re	A This return/report is for:    a single-employer plan   a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)						
<b>B</b> This ret	urn/report is	a one-participant plan	a foreign plan				
	ш.,,,ороло	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 n	nonths)		
C Check	box if filing under:	Form 5558 special extension (enter descrip	automatic extension		DFVC program		
Dowf II	Decis Dien Inf	<u> </u>	<u>'</u>				
Part II		ormation—enter all requested info	rmation		1b Thurs a stimit		
1a Name	•	SACON PENSION PLAN AND TRUT			<b>1b</b> Three-digit plan number		
SIVIE INC O	F SEATTLE DAVIS-E	SACON PENSION PLAN AND TRUT			(PN)	002	
					1c Effective date		
						/21/2003	
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.	Box)		2b Employer Ide (EIN) 91	ntification Number	
City o		ice, country, and ZIP or foreign postal	code (if foreign, see instr	uctions)	2c Sponsor's tel		
						329-2040	
828 POPLA	P DI ACE S					e (see instructions)	
SEATTLE, V	VA 98144				23	8210	
3a Plan a	administrator's name a	and address 🛛 Same as Plan Spons	sor.		<b>3b</b> Administrator	's EIN	
					3c Administrator	's telephone number	
					7 Administrator	o telepriorie riumber	
4 If the	name and/or EIN of the	ne plan sponsor or the plan name has	changed since the last re	eturn/report filed for	4b EIN		
		onsor's name, EIN, the plan name an	d the plan number from th	ne last return/report.	4-1 -51		
	sor's name				4d PN		
C Plan I	Name						
<b>5a</b> Total	number of participant	s at the beginning of the plan year			. 5a	74	
		s at the end of the plan year			. 5b	79	
		account balances as of the end of th			5c	76	
<b>d(1)</b> To	tal number of active p	articipants at the beginning of the plan	n year		5d(1)	67	
	d(2) Total number of active participants at the end of the plan year				. 5d(2)	63	
		o terminated employment during the			5e	0	
Caution:	A penalty for the late	e or incomplete filing of this return/	report will be assessed	unless reasonable ca	use is established.		
SB or Sch	edule MB completed	other penalties set forth in the instruction and signed by an enrolled actuary, as					
SIGN	Filed with authorize	d/valid electronic signature.	04/26/2019	ADAM PINSKY			
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan a	administrator	
SIGN		d/valid electronic signature.	04/26/2019	ADAM PINSKY			
HEDE							

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 eligible assets? (See instructions.)  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.							No No	
С	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 N	_	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) E	nd of Year	
а	Total plan assets	7a	9:	35179				806643	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	9:	35179				806643	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(	b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	` ,	40374			,	,	
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-4	47814					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-7440	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	10512					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		10584					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						121096	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-128536	
j	Transfers to (from) the plan (see instructions)	8i							
Pai	rt IV Plan Characteristics	-,							
	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the	instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	les in the ir	nstructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	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.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			500000	
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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under			10e	X			10584	
f	Has the plan failed to provide any benefit when due under the pla	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 Sc (Form 5500) and line 11a below)		В	Yes 🛚 No	<b>5</b>
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?		f 	X Yes No	0
	(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, argranting the waiver	nd enter t Day		of the letter ruling Year	
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		40374	4
С	40374		4		
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			0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No X 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	s 🛛 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 th 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( which assets or liabilities were transferred. (See instructions.)	s) to			
1	<b>3c(1)</b> Name of plan(s): 13c(	2) EIN(s)		<b>13c(3)</b> 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

2018

This Form is Open to Public Inspection

_		rt Identification Informatior	1					
For	r calendar plan year 2018 or	fiscal plan year beginning		01/01/2018	and ending	1	2/31/2018	
A	This return/report is for:	🕱 a single-employer plan		a list of participating	elan (not multiemployer) employer information in			
<b>D</b>	This was in the country of the	a one-participant plan	=	a foreign plan				
D	This return/report is:	the first return/report	=	the final return/report				
		an amended return/report	∐ <sup>6</sup>	a short plan year retu	rn/report (less than 12 r	nonths	)	
С	Check box if filing under:	Form 5558		automatic extension			DFVC progra	am
В	owt II Desis Dlaw Iw							
	art II Basic Plan In Name of plan	formation enter all requested	inform	nation		46	T. 11.11	
Ia		e Davis-Bacon Pension Pl	lan A	and Trut		IB	Three-digit plan number (PN) ▶	002
_						1c	Effective date of 06/21/2003	of plan
2a	Mailing Address (include r	ployer, if for a single-employer plan) com, apt., suite no. and street, or P ince, country, and ZIP or foreign pos	.O. Bo:	x) de (if foreian, see ins	tructions)	2b	Employer Ident (EIN) 91-16	ification Number 2 <b>41</b> 56
	Sme Inc Of Seattl			•	<b>,</b>	2c	Sponsor's telep (206) 329-	
	828 Poplar Place	s				2d	Business code 238210	(see instructions)
_	US Seattle WA 98144	-						
3a	Plan administrator's name	and address X Same as Plan Sp	onsor			3b	Administrator's	EIN
						3с	Administrator's	telephone number
4	If the name and/or EIN of this plan, enter the plan sp	the plan sponsor or the plan name bonsor's name, EIN, the plan name a	nas cha and the	anged since the last replayed since the last replayed since the last replayed in the last rep	eturn/report filed for ne last return/report.	4b	EIN	
а	Sponsor's name					4d	PN	
С	Plan Name							
5a	Total number of participan	ts at the beginning of the plan year				5a		74
b		ts at the end of the plan year				5b		79
C	complete this item)	h account balances as of the end of	•••••	••••••	•••••	50		76
d(	1) Total number of active p	articipants at the beginning of the pl	lan yea	ar		5d(	1)	67
<b>d</b> (	2) Total number of active p	articipants at the end of the plan yea	ar			5d(	2)	63
е	1 11 1000/ 1 1	o terminated employment during the				56	9	0
Ca	ution: A penalty for the lat	e or incomplete filing of this retu	rn/rep	ort will be assessed	unless reasonable ca	use is	established.	
Un SB	der penalties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary,	uctions	, I declare that I have	e examined this return/re	eport, i	ncluding, if appli	cable, a Schedule y knowledge and
CI	IGN alas	GO		4/16/16	A dam	A	Pinsky	
	90000	ministrator		Data		ol plant		nintrator
	ERE Signature of plan ad	Ministrator		Date A //2// //	Enter name of individu	ai signi	ing as pian admi	nistrator
	IGN Signature of employ			7/-0//7	Adorn A	- 11	n)/7	
- 11	HINE SIGNATURE OF AMPLOY	Prinian enoneor		l Date	Enter name of individu	al ciani	na se amplavar	or plan apapage

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Р	а	a	e	2

6a Were all of the plan's assets during the pl	an year invested in eligible	e assets? (\$	See instructions,)						XYes	No
<b>b</b> Are you claiming a waiver of the annual e	•	•			,	,				
under 29 CFR 2520.104-46? (See instruc	• •		The action of the same of the					•••••	<b>x</b> Yes	∐No
If you answered "No" to either line 6a of the plan is a defined benefit plan, is it co								□ No	☐ Not d	atarminad
		-						_	_	etermined
If "Yes" is checked, enter the My PAA cor	ifirmation number from the	e PBGC pre	emium filing for this year	-				(;	See instru	ctions.)
Part III Financial Information										
7 Plan Assets and Liabilities		MARKET IN	(a) Beginning o	f Yea	г			(b) End c	of Year	
a Total plan assets	***************************************	7a	9:	35,1	79				806	643
b Total plan liabilities	***************************************	7b								
c Net plan assets (subtract line 7b from line	7a)	7c	9:	35,1	79				806	643
8 Income, Expenses, and Transfers for this	Plan Year		(a) Amount					(b) Te	otal	
a Contributions received or receivable from:	.93			40.0		144		1102	in the	10.77
(1) Employers		8a(1)		40,3	_	(335)		E I E		
(2) Participants		8a(2)			0	120 H	2110			
(3) Others (including rollovers)	The state of the s	8a(3)				102				
b Other income (loss)		8b	(4'	7,81	4)		21 21			ET ATTE
C Total income (add lines 8a(1), 8a(2), 8a(3)		8c		1					(7,4	40)
d Benefits paid (including direct rollovers an to provide benefits)		8d	1:	10,5	12					
e Certain deemed and/or corrective distribute		8e						0 5 5 6		
f Administrative service providers (salaries,		8f		10,5	84	005	S. Keli	SHO 5203		
g Other expenses		8g		,-	0	100		1		
h Total expenses (add lines 8d, 8e, 8f, and	11 AS	8h	DEVICE DEVICE AND ASS.	Link					121	096
i Net income (loss) (subtract line 8h from lir		8i		1000					(128,	
j Transfers to (from) the plan (see instruction	HALL THE PARTY OF	8j					EUTN	CHILLS .	(120,	Million II
Total management	115)	ارا				9211111	200			
	- di		f (1 1) (D) 0							
9a If the plan provides pension benefits, ente 2C 2F 2G 2T 3D	r the applicable pension to	eature code	es from the List of Plan C	narac	teristi	ic Cod	ies in th	e instructi	ons:	
<b>b</b> If the plan provides welfare benefits, enter	the applicable welfare fea	ature codes	from the List of Plan Ch	aracte	eristic	Code	s in the	instructio	ns:	
Part V Compliance Questions										
10 During the plan year:					Yes	No	N/A		Amount	
a Was there a failure to transmit to the pla										
described in 29 CFR 2510.3-102? (See		,	,							
Program)				10a		х				
<b>b</b> Were there any nonexempt transactions reported on line 10a.)				10b		x	1.31			
c Was the plan covered by a fidelity bond?				10c	x				-	00,000
d Did the plan have a loss, whether or not				100		-				00,000
by fraud or dishonesty?				10d		х	Marithiy Turiori			
<ul> <li>Were any fees or commissions paid to a carrier, insurance service, or other organ</li> </ul>			•							
the plan? (See instructions.)	•			10e	x		at mil			10,584
f Has the plan failed to provide any benefi				10f		x				-
g Did the plan have any participant loans?	(If "Yes." enter amount as	s of vear er	nd.)	10g		х				i-1
h If this is an individual account plan, was				T				15		obeninal.
2520.101-3.)				10h		х			115	
i If 10h was answered "Yes," check the bo exceptions to providing the notice applie				10i						
i If 10h was answered "Yes," check the bo	ox if you either provided th	e required	notice or one of the			х				

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Par	VI Pension Funding Compliance		10				
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	The state of the s	11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		X Yes	□ No			
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	nd enter the date	of the letter Year	ruling			
If 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		40,374			
С	Enter the amount contributed by the employer to the plan for the plan year	12c	40,37				
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 X	N/A			
Par	VII 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 🕱 1	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.)	s) to					
1:	c(1) Name of plan(s): 13c(2) EIN	N(s)	13c(3) P	N(s)			