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**

Parti	Annual Repor	i identification information									
For calend	endar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018										
A This ref	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.)										
a one-participant plan a foreign plan B This return/report is											
b This reti	urn/report is	the first return/report	the final return/report								
an amended return/report a short plan year return/report (less than 12 months)											
C Check	box if filing under:	Form 5558	automatic extension]	DFVC progra	m					
		special extension (enter desc	•								
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name PARADIGM	of plan PRESS 401(K) PRO	FIT SHARING PLAN			1b Three-digiting plan number (PN) ▶						
				-	1c Effective of						
20 Dlan a					0h = 1						
Mailing	g address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos	,	ructions)	(EIN)	Identification Number 91-1388162					
-	PRESS, INC.	ce, country, and zir or loreign pos	tar code (ii foreign, see insti	ructionsy		telephone number 06-441-5871					
	COMMUNICATION (GROUP			2d Business	code (see instructions)					
2701 - 1ST <i>A</i> SEATTLE, W	AVE., STE 250 VA 98121					511120					
0 _/,											
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		3b Administra	ator's EIN					
		Ц ,									
					3c Administrator's telephone number						
		ne plan sponsor or the plan name h			4b EIN						
•	or's name	onsor's name, EIN, the plan name	and the plan number nom t	ne iast return/report.	4d PN						
C Plan N											
_		s at the beginning of the plan year.			5a	22					
		s at the end of the plan year			5b	22					
		account balances as of the end of			5c	22					
d(1) Tot	al number of active p	articipants at the beginning of the p	lan year		. 5d(1) 1						
		articipants at the end of the plan ye			5d(2)						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0					
		or incomplete filing of this retur									
SB or Sche	alties of perjury and c edule MB completed a true, correct, and con	ther penalties set forth in the instru and signed by an enrolled actuary, nolete.	ctions, I declare that I have as well as the electronic ve	examined this return/repression of this return/report	oort, including, if , and to the best	applicable, a Schedule of my knowledge and					
SIGN	Filed with authorize	d/valid electronic signature.	04/17/2019	EDWARD B. KIRSCH	RSCH						
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	an administrator					
SIGN											
HERE	Signature of empl	oyer/plan sponsor	Enter name of individu	dividual signing as employer 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.)									
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	Not determined . (See instructions.)		
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Year		
<u>a</u>	Total plan assets	7a	658	82808				5844686		
<u>b</u>	Total plan liabilities	7b								
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	658	82808				5844686		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)	1;	39653						
	(2) Participants	8a(2)	24	45988						
	(3) Others (including rollovers)	8a(3)		0						
<u>b</u>	Other income (loss)	8b	-{	85157						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						300484		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	103	38481						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g		125						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1038606				
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i				-738122				
<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 2T 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the i	nstructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the in	structions:		
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.)	? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			500000		
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?					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.)					X				
f	f Has the plan failed to provide any benefit when due under the plan?					Χ				
	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X				
h	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						

Form 5500-SF (2018)	Page 3 - 1
1 3.111 3333 3.1 (23.13)	· ago 🗸

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	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)

Filing Authorization for the 2018 Form 5500-SF

Name of Plan:

Paradigm Press 401(k) Profit Sharing Plan

EIN / PN:

91-1388162/001

Plan Year Ending: December 31, 2018

Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors (PPA) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator: Mimi K. Kirsch Date: 417/9

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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

		t identification information								
For calendar pla	n year 2018 or	fiscal plan year beginning		1/2018	and ending	12/31,	Table Control			
A This return/re	eport is for:	X a single-employer plan			an (not multiemployer) (nployer information in ac					
		a one-participant plan	a fo	reign plan						
B This return/re	port is	the first return/report	the f							
		an amended return/report	∏a sh	ort plan year returi	n/report (less than 12 m	onths)				
C Check box if	filing under	□	☐ □4.			□ DE\/C 2522	ram			
O Check box II	illing under.	Form 5558		omatic extension		☐ DFVC prog	raili			
B. All B.	-!- Dl I	special extension (enter des								
		ormation—enter all requested i	information	1		1b Three-d	igit			
1a Name of pla		01(k) PROFIT SHARING	PLAN			plan nui	_			
111111111111						(PN)	001			
						1c Effective 01/01	e date of plan _/1994			
		loyer, if for a single-employer plan				770-2-510-1	er Identification Number			
		om, apt., suite no. and street, or P nce, country, and ZIP or foreign po		if foreign, see instr	ructions)	- W-1112W	L-1388162			
	M PRESS,		•	3 /	ŕ		r's telephone number 41-5871			
	COMMUNICAT						s code (see instructions)			
2701 -	1ST AVE.,	STE 250					,			
SEATTLE		WA 983	121			511120				
3a Plan admini	strator's name	and address 🛛 Same as Plan Sp	ponsor			3b Administrator's EIN				
							trator's telephone number			
4 If the name	and/or EIN of t	he plan sponsor or the plan name consor's name, EIN, the plan name	e has chang e and the p	ged since the last r plan number from t	eturn/report filed for he last return/report.	4b EIN				
a Sponsor's n		ondor o name, Ent, the plantame	o and the p			4d PN				
C Plan Name										
5a Total numb	er of participan	ts at the beginning of the plan yea	эг			5a	22			
		ts at the end of the plan year				5b	22			
c Number of	participants wit	h account balances as of the end	of the plan	year (only defined	contribution plans	5c	22			
	,	participants at the beginning of the				5d(1)	19			
		participants at the end of the plan				5d(2)	18			
		no terminated employment during				5e				
than 100%	vested	e or incomplete filing of this rete					chod (
Under penalties	of perjury and	other penalties set forth in the inst	tructions, 1	declare that I have	e examined this return/re	port, including	if applicable, a Schedule			
SB or Schedule belief, it is true.	MB completed	and signed by an enrolled actuary	y, as well a	s the electronic ve	rsion of this return/repor	t, and to the b	est of my knowledge and			
SIGN	5 khn	111/1/			Edward B. Kir	sch				
HERE Sig	/	administrator		Date	Enter name of individ	lual signing as	plan administrator			
SIGN	Miny.	K. KURPPL		4/17/19	Mimi K. Kirsc					
HERE	727	oloyer/plan sponsor		Date	Enter name of individ	lual signing as	employer or plan sponsor			
For Pananuark P	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	tion and the Instructions for Form El	EOO DE			×	Earm 5500 SE (2019)			

_			9
−a	а	е	_

 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cann 	an independ and condition	dent qualified public ad	counta	int (IQ	PA)		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 the	surance pro	ogram (see ERISA sec	ction 40)21)? .			Not determined (See instructions.)
Part III Financial Information							
7 Plan Assets and Liabilities	11, 111	(a) Beginning o	f Year			(b) End	of Year
a Total plan assets	7a	6,5	582,8	308			5,844,686
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	6,5	582,8	808			5,844,686
8 Income, Expenses, and Transfers for this Plan Year	11215 FI	(a) Amount				(b)	Total
a Contributions received or receivable from:	90(4)		139,6	553			
(1) Employers	8a(1)		245,9	_			
(2) Others (Institution at Institution	8a(2) 8a(3)			0	_		V 15 5 1
(3) Others (including rollovers)	8b		-85,	157			
b Other income (loss)	8c	40.5					300,484
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,0	038,	181		E. Y.	By the state of the same
e Certain deemed and/or corrective distributions (see instructions)	8e				1115	h.	30 15
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	Other expenses 8g					lanne.	
h Total expenses (add lines 8d, 8e, 8f, and 8g)							1,038,606
i Net income (loss) (subtract line 8h from line 8c)							-738,122
j Transfers to (from) the plan (see instructions)	8i				HEARI)		
Part IV Plan Characteristics	, , ,						
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D	feature cod	des from the List of Pla	an Cha	racteri	stic Code	s in the ins	structions
b If the plan provides welfare benefits, enter the applicable welfare f	feature code	es from the List of Plar	n Chara	acteris	tic Codes	in the inst	ructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No		Amount
a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		х		
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х		
C Was the plan covered by a fidelity bond?			10c	Х			500,000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ther persons	s by an insurance the benefits under	10e		х		
f Has the plan failed to provide any benefit when due under the pla	an?		10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount	as of year-e	end.)	10g		Х		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ictions and 29 CFR	10h		х		
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i			11.15	

	Form 5500-SF (2018) Page 3 -					
Part \	/I Pension Funding Compliance					
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scho(Form 5500) and line 11a below)				Yes	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?		i 		Yes	X No
	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	l enter t Day		of the le	tter ru	ıling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b E	Enter the minimum required contribution for this plan year	12b				
CE	Enter the amount contributed by the employer to the plan for this plan year	12c				
	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 \	/II 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 I	No
	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.	to				
1:	3c(1) Name of plan(s): 13c(2)	EIN(s)		130	c(3) F	N(s)