## 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** 

For calcular plan year 2019 or fiscal plan year beginning 0101/2018  A This return/report is for:    a single-employer plan   a multiple-employer plan (not multisemployer) Filers checking this box must attach a ist of participating employer information in accordance with the form instructions.)	Part I   Annual	Report Identification Information								
A This return/report is for:    a one-participant plan   a foreign plan   a short plan year return/report (less than 12 months)    C Check box if filling under:   Form 5558   automatic extension   DFVC program   DFVC program   peculiar destination   DFVC program   DFVC	For calendar plan year	2018 or fiscal plan year beginning 01/01/2	2018	and ending 12/3	31/2018					
B This return/report is	A This return/report is	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a								
me tins return/report   me tins return/report   me tins return/report (less than 12 months)	·	<del></del>				,				
C Check box if filing under:	<b>B</b> This return/report is	the first return/report								
Part II   Basic Plan Information—enter all requested information   Ta Name of plan		an amended return/report	a short plan year retu	rn/report (less than 12 mon	nths)					
Part II   Basic Plan Information—enter all requested information 1a Name of plan HARPO, LLC MONEY PURCHASE PENSION PLAN 1c Effective date of plan	C Check box if filing u	ınder: Form 5558	automatic extension		DFVC progra	ım				
18 Name of plan  HARPO, LLC MONEY PURCHASE PENSION PLAN  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)  HARPO, LLC  2b Employer Identification Number (EIN) 9 Employer Identification Number (EIN) 9 1-1350756  2c Sponsor's telephone number 360-533-7670  2d Business code (see instructions)  FOR BOX 773  ABERDEEN, WA 98520  3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's telephone number 523900  3c Administrator's telephone number 1529000  3c Administrator's telephone number 1529000  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 1529000  4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  5 a Total number of participants at the beginning of the plan year.  5 a 8  b Total number of participants at the end of the plan year.  5 a 8  c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  6 c Number of active participants at the end of the plan year.  5 a 8  6 c 10 10 10 10 10 10 10 10 10 10 10 10 10		_ '	. ,							
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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) HARPO, LLC  PO BOX 773 ABERDEEN, WA 98520  3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's telephone number 523900  3c Administrator's telephone number 623900  3c Administrator's telephone number 623900  3d Administrator's telephone number 623900  3d Administrator's telephone number 623900  3d Administrator's telephone number 623900  4d 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.  4d PN  4d PN  5a Total number of participants at the beginning of the plan year 5b 8  5 Total number of participants at the beginning of the plan year 6b 9a 80  6 Number of participants with account balances as of the end of the plan year 7b 9a	•	URCHASE PENSION PLAN			plan numl	per				
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)   2c   Sponsor's telephone number 360-533-7870     2d   Business code (see instructions)   523900     3a   Plan administrator's name and address   Same as Plan Sponsor.   3b   Administrator's telephone number 360-533-7870     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.   4d   PN     5a   Total number of participants at the beginning of the plan year   5a   8   b   Total number of participants at the end of the plan year   5b   8   c   Number of participants with account balances as of the end of the plan year   5d(1)   5   d   10   10   5   d   10   10   5   d   10   5				1	\ /					
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)  2c Sponsor's telephone number 360-533-7870  2d Business code (see instructions)  523900  3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's EIN  3c Administrator's telephone number this plan, enter 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.  a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year	<b>20</b> Diamental and				01					
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ABERDEEN, WA 98520  2d Business code (see instructions) 523900  3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's EIN 3c Administrator's telephone number  4b EIN 4d PN  4d PN  5a Total number of participants at the beginning of the plan year 5b 8  b Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  4d (1) Total number of active participants at the beginning of the plan year 5d (2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% wested with a complete diling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  SIGN HERE  Signature of plan administrator  Date  Enter name of individual signing as plan administrator	•	or province, country, and ZIP or foreign post	tal code (if foreign, see inst	ructions)	•	•				
ABERDEEN, WA 98520  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 this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year. 5 Total number of participants at the end of the plan year. 5 Description of participants at the end of the plan year. 5 Description 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. 5 Description of active participants at the end of the plan year. 5 Description of the plan year of the plan year. 5 Description of the plan year of the plan year. 5 Description of the plan year										
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4b EIN  4b EIN  4d PN  5a Total number of participants at the beginning of the plan year (only defined contribution plans complete this item).  5c Number of participants at the beginning of the plan year (only defined contribution plans complete this item).  5d(1) Total number of active participants at the beginning of the plan year (only defined contribution plans complete this item).  5d(2) Total number of active participants at the beginning of the plan year (only defined contribution plans complete this item).  6d(2) Total number of active participants at the end of the plan year (only defined contribution plans complete this item).  6d(2) Total number of active participants at the end of the plan year (only defined contribution plans complete this item).  6d(2) Total number of active participants at the end of the plan year (only defined contribution plans complete of participants at the end of the plan year (only defined contribution plans complete degree of participants at the end of the plan year (only defined contribution plans complete of participants who terminated employment during the plan year (only defined contribution plans complete degree of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.  6d(2) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.  6d(2) 5d(2) 5  6e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.  6d(3) 5d(2) 5  6e Outlook vested.  6d(3) 5d(2) 5  6e Outlook vested.  6d(4) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested.  6d(3) 5d(2) 5  6e Outlook vested.  6d(4) Total number of active participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.  6d(5) 5d(2) 5  6e Outlook vested.  6d(6) 5d(2) 5  6d(7) 5d(2) 5  6d(7) 5d(7) 5d(7) 5d(7) 5d(7)	Carrie administratore name and address Carrie as Figure 20.									
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5a Total number of participants at the beginning of the plan year		, , , , , , , , , , , , , , , , , , , ,			4d PN					
b Total number of participants at the end of the plan year	C Plan Name									
b Total number of participants at the end of the plan year	<b>5a</b> Total number of p	articipants at the beginning of the plan year.			5a	8				
d(1) Total number of active participants at the beginning of the plan year	_				5b	8				
d(2) Total number of active participants at the end of the plan year					5c	8				
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 belief, it is true, correct, and complete.  SIGN HERE  Filed with authorized/valid electronic signature.  Date  Enter name of individual signing as plan administrator  Date	<b>d(1)</b> Total number o	f active participants at the beginning of the p	lan year		5d(1)	5				
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 belief, it is true, correct, and complete.  SIGN HERE  Filed with authorized/valid electronic signature.  Date  Enter name of individual signing as plan administrator  SIGN HERE	<b>d(2)</b> Total number o	f active participants at the end of the plan ye	ar		5d(2)	5				
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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 belief, it is true, correct, and complete.  SIGN Filed with authorized/valid electronic signature.  Signature of plan administrator  Date Enter name of individual signing as plan administrator  SIGN HERE	Caution: A penalty fo	r the late or incomplete filing of this retur	n/report will be assessed	unless reasonable caus	e is establish	ed.				
SIGN HERE     Filed with authorized/valid electronic signature.     06/05/2019     JASON ROBBINS       Signature of plan administrator     Date     Enter name of individual signing as plan administrator       SIGN HERE     HERE	SB or Schedule MB co	mpleted and signed by an enrolled actuary,								
HERE Signature of plan administrator  Date Enter name of individual signing as plan administrator  SIGN HERE			06/05/2019	JASON ROBBINS						
SIGN HERE	HERE Signature	e of plan administrator	Date	Enter name of individua	ıl signing as pl	an administrator				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN									
	HERE Signature	of employer/plan sponsor	Date	Enter name of individua	ıl signing as er	nployer or plan sponsor				

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No
	If "Yes" is checked, enter the My PAA confirmation number from th							(See instructions.)
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) E	nd of Year
a	Total plan assets	7a	2	10783				211029
b	Total plan liabilities	7b		0				0
C	Net plan assets (subtract line 7b from line 7a)	7c	2	10783				211029
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b	) Total
	Contributions received or receivable from: (1) Employers	8a(1)		11019				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b		10582				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						437
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions) 8f 191							
g	Other expenses	8g		0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						191
	Net income (loss) (subtract line 8h from line 8c)							246
	Transfers to (from) the plan (see instructions)	8j		0				
Par 9a	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension	footuro oo	doe from the Liet of DI	on Chai	rootorio	otio Co	doe in the i	notructions:
эа	2C 3D 3H	reature co	ides from the List of Fi	an Cha	lacteris	Suc Co	ides in the i	ristructions.
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the in	structions:
Part	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.)	•		10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			25000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X		
f	f Has the plan failed to provide any benefit when due under the plan?			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				
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 (Form 5500) and line 11a below)			В		Ye	s 🛚 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 302 of ERISA?  (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, granting the waiver				of the I Ye		uling
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				11019
C Enter the amount contributed by the employer to the plan for this plan year					11019		
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?		X	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	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 control of the PBGC?	the			Yes	X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	<b>13c(1)</b> Name of plan(s):	(2)	EIN(s)		13	3c(3) l	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 Revenue Code (the Code).

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

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information						
For calend	ar plan year 2018 or	fiscal plan year beginning 01/01/2018		and ending 12/3	31/2018		***************************************	
A This re	A This return/report is for:    X   a single-employer plan							
D		a one-participant plan	foreign plan					
<b>B</b> This reti								
		an amended return/report a	short plan year retur	n/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	utomatic extension		DFVC pro	gram		
		special extension (enter description)						
Part II	Basic Plan Inf	ormation—enter all requested informat	ion					
1a Name	of plan	;			1b Three-	digit		
Harpo, LLC	Money Purchase Per	nsion Plan			plan ni		001	
					(PN)			
					1c Effection 04/01/		f plan	
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Box'					fication Number	
City or		ice, country, and ZIP or foreign postal cod		ructions)	(EIN) 91-1350756  2c Sponsor's telephone number			
Harpo, LLC					(360) 533-7870			
PO Box 773					2d Business code (see instructions) 523900			
Aberdeen, W	/A 98520							
3a Plan a	dministrator's name a	and address X Same as Plan Sponsor.			3b Administrator's EIN			
					3c Admini	strator's t	elephone number	
4 If the r	name and/or EIN of the	ne plan sponsor or the plan name has cha	nged since the last re	eturn/report filed for	4b EIN			
	an, enter the plan sp or's name	onsor's name, EIN, the plan name and the	e plan number from tr	ie iast return/report.	4d PN			
C Plan N					14 111			
<b>5a</b> Total r	number of participant	s at the beginning of the plan year			5a		8	
<b>b</b> Total r	number of participant	s at the end of the plan year			5b	8		
<b>c</b> Numb	er of participants with	account balances as of the end of the pla	an year (only defined	contribution plans	5c		8	
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the plan yea	ır		5d(1)		5	
d(2) Total number of active participants at the end of the plan year					5d(2)		5	
than '	100% vested	o terminated employment during the plan			5e		0	
Caution: A	penalty for the late	or incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	ise is establi	ished.		
SB or Sche	alties of perjury and or dule MB completed a nue, correct, and con	other penalties set forth in the instructions, and signed by an enrolled actuary, as well aplete.	I declare that I have as the electronic ver	examined this return/report	oort, including , and to the b	g, if applic est of my	able, a Schedule knowledge and	
SIGN (	pan Ke	disco		Jason Robbins				
HERE `	Signature of plan		Date 5 9 19	Enter name of individu	ual signing as	plan adn	ninistrator	
SIGN	Amount in the contract of							
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ual signing as	employe	r or plan sponsor	