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	Allilual Repol	t identification information								
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018					
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.)										
D		a one-participant plan	a foreign plan	a foreign plan						
B This return/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 b	oox if filing under:	Form 5558	automatic extension	[DFVC prograi	m				
		special extension (enter desc		L	_ ' '					
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name					1b Three-digi	t				
		IED CONTRIBUTION RETIREMEN	T PLAN		plan numb					
					(PN) •	001				
					1c Effective d	late of plan				
						07/01/1996				
		loyer, if for a single-employer plan)	3 D \		2b Employer	dentification Number				
		om, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign pos		structions)	(EIN)	91-6013536				
SEATTLE FO		ioc, oddritry, drid Zir or foreigir poo	iai oode (ii foreign, oce inc	structions)	•	telephone number 6-622-2294				
						code (see instructions)				
	/ENUE, STE. 1900				813000					
SEATTLE, W	/A 98101-3615				813000					
					01					
3a Plan a	dministrator's name	and address X Same as Plan Spo	nsor.		3b Administra	tor's EIN				
				-	3c Administrator's telephone number					
						'				
		he plan sponsor or the plan name h			4b EIN					
tnis pi		oonsor's name, EIN, the plan name	and the plan number from	the last return/report.	4d PN					
C Plan N					-14 111					
5a Total r	number of participan	ts at the beginning of the plan year.			5a					
		ts at the end of the plan year			5b	116				
		h account balances as of the end of		-	5c	103				
•	,	participants at the beginning of the p		T T T T T T T T T T T T T T T T T T T	5d(1)	57				
d(2) Tota	al number of active p	participants at the end of the plan ye	ar		5d(2)	75				
		no terminated employment during th			5e	0				
Caution: A	penalty for the lat	e or incomplete filing of this retur	n/report will be assessed	d unless reasonable cau	ıse is establishe	ed.				
		other penalties set forth in the instru								
	edule MB completed true, correct, and con	and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/report	, and to the best	of my knowledge and				
		ed/valid electronic signature.	07/03/2019	KIRSTIN SANDAAS						
SIGN HERE										
· <u> </u>	Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	ın administrator				
SIGN										
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ual signing as em	ployer or plan sponsor				

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	 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.) 								No No
С	If you answered "No" to either line 6a or line 6b, the plan cann 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 th	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	_	
Pa	rt III Financial Information				-				
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Er	d of Year	
<u>a</u>	Total plan assets	7a	604	49808				6342943	
b	Total plan liabilities	7b		0				7255	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	60-	49808				6335688	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)	2	60426					
	(2) Participants	8a(2)	54	48164					
	(3) Others (including rollovers)	8a(3)	1	77371					
<u>b</u>	Other income (loss)	8b	-3	64490					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						621471	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	3:	35591					
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						335591	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						285880	
	Transfers to (from) the plan (see instructions)	8j							
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2L 3D 2G 2T 2F	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ir	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des in the ins	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.)	t? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			1000000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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 the plan? (See instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g				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 Schedule SB (Form 5500) and line 11a below)								
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	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
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 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. (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**

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▶ 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	Annual Repo	rt Identification Informatio	1					
For calend	lar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31	/2018		
A This re	turn/report is for:	X a single-employer plan		nployer plan (not multiemploye pating employer information ir				
		a one-participant plan	a foreign pla	n				
B This ret	urn/report is	the first return/report	the final retu	n/report				
		an amended return/report	a short plan	year return/report (less than 12	2 months)			
C Check	box if filing under:	☐ Form 5558	automatic e	vtension	DFVC prog	rram		
	3	special extension (enter des		(CH3IOH		gram		
Part II	Rasic Plan In	formation—enter all requested i						
1a Name		iormation—enter all requested i	IIIOITIIation		1b Three-o	ligit		
		ON DEFINED CONTRIBUT	ION RETIREM	ENT PLAN	plan nu	mber		
					(PN)			
						e date of plan 1 / 1 9 9 6		
		ployer, if for a single-employer plan)				er Identification Number		
		oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		see instructions)	- 3 7	1-6013536		
	tle Foundat:		oran ee ae (ii revergi	, coo mondonomo,	,	or's telephone number 622-2294		
						ss code (see instructions)		
1601	l 5th Avenue,	Ste. 1900			Zu Dusirie.	aa coda (aaa mamachona)		
Seat	tle	WA 98101	-3615		81300	00		
3a Plan a	ıdministrator's name	and address 🛛 Same as Plan Sp	onsor.		3b Adminis	strator's EIN		
					3C Adminis	strator's telephone number		
		the plan sponsor or the plan name			4b EIN			
	lan, enter the plan s sor's name	ponsor's name, EIN, the plan name	and the plan num	ber from the last return/report.	4d PN			
C Plan					TO FIN			
5a Total	number of participar	its at the beginning of the plan year	***************************************		5a	94		
		its at the end of the plan year				116		
C Numb	er of participants wi	th account balances as of the end c	f the plan year (or	ly defined contribution plans	50	103		
		participants at the beginning of the				5		
		participants at the end of the plan y				75		
		ho terminated employment during t						
Caution	100% vested	e or Incomplete filing of this retu	en/ranaet will be	proceed upless researchle	*****	ahad (
Under pen SB or Sch	alties of perjury and	other penalties set forth in the instr and signed by an enrolled actuary,	uctions, I declare t	hat I have examined this return	n/report, including	, if applicable, a Schedule		
SIGN	To o	The state of the s	1/2	//9 KIRSTIN SAN	DAAS			
HERE	Signature 1	a administrator	110			The second of the second of		
	Signature of plan	administrator	Date	Enter name of ind	lividual signing as	plan administrator		
SIGN								
MILES	Signature of emi	oloyer/plan sponsor	Date	Enter name of ind	lividual signing as	employer or plan sponsor		

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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

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▶ 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	Annual Repor	t Identification Information	n							
For calenda		fiscal plan year beginning	01/01/		and ending	12/31/				
A This ret	urn/report is for:	X a single-employer plan	a mult	iple-employer pla participating em	in (not multiemployer) ployer information in a	(Filers checking ccordance with t	this box must attach a the form instructions.)			
		a one-participant plan	a fore	eign plan						
B This retu	ırn/report is	the first return/report		al return/report						
		an amended return/report	a shoi	t plan year returr	/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558		natic extension		DFVC progr	ram			
		special extension (enter desc								
Part II	Basic Plan Inf	ormation—enter all requested in	nformation			46 11				
1a Name SEAT		ON DEFINED CONTRIBUT	ION RET	IREMENT PL	AN	1b Three-di plan nun				
						1c Effective				
2a Plan a	noncor's name (emp	loyer, if for a single-employer plan)					r Identification Number			
Mailing	address (include ro	om, apt., suite no. and street, or P.	O. Box)		(')		-6013536			
•	town, state or provir tle Foundati	nce, country, and ZIP or foreign pos on	stal code (if	foreign, see instr	uctions)	2c Sponsor's telephone number 206-622-2294				
1601	5th Avenue,	Ste. 1900				2d Business	s code (see instructions)			
Seat	tle	WA 98101	-3615			813000				
3a Plan a	dministrator's name	and address 🗓 Same as Plan Sp	onsor			3b Administrator's EIN				
						3c Administrator's telephone number				
						JC Administ	trators telephone number			
4 If the	name and/or EIN of t	he plan sponsor or the plan name loonsor's name, EIN, the plan name	has change and the pla	d since the last re	eturn/report filed for ne last return/report.	4b EIN				
	or's name	•				4d PN				
C Plan N	lame									
Fo. Tetal	- websuse =	ts at the beginning of the plan year				5a	94			
		ts at the end of the plan year					116			
C Numb	er of participants wit	h account balances as of the end o	of the plan y	ear (only defined	contribution plans	5c	103			
	- SECTION -	participants at the beginning of the				- 1445	57			
` '		participants at the end of the plan y				- I(0)	75			
		no terminated employment during t				5e				
than	100% vested	e or incomplete filing of this retu		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			o shed.			
Under nen	alties of perjury and	other penalties set forth in the instr	ructions, I de	eclare that I have	examined this return/r	eport, including,	if applicable, a Schedule			
SB or Scho	edule MB completed true, correct, and co	and signed by an enrolled actuary.	, as well as	the electronic ve	rsion of this return/repo	ort, and to the be	est of my knowledge and			
SIGN					KIRSTIN SANDA	AAS				
HERE	Signature of plan	administrator		Date	Enter name of indivi	idual signing as	plan administrator			
SIGN										
HERE	Signature of emp	oloyer/plan sponsor	1	Date	Enter name of indivi	idual signing as	employer or plan sponsor			

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FUIII 5500-SF (2016)	1 ugo =	

60	Were all of the plan's assets during the plan year invested in eligible	le assets? (See instructions)					X Yes N	lo ol
oa b	Are you claiming a waiver of the annual examination and report of a	an independ	lent qualified public ad	counta	nt (IQI	PA)		_	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditio	ns.)					X Yes N	10
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use For	n 5500-SF and must	instea	use	rorm	5500.	☐ Not determine	ч
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determine (See instructions	
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pre	emium filing for this pia	an year				_ (See instructions	.)
Pai	t III Financial Information								_
7	Plan Assets and Liabilities		(a) BegInning o	f Year			(b) End	of Year	_
а	Total plan assets	7a	6,0	049,8	808			6,342,9	_
b	Total plan liabilities	7b			0			7,2	
С	Net plan assets (subtract line 7b from line 7a)	7c	6,	049,8	808			6,335,6	88
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	_
а	Contributions received or receivable from: (1) Employers	8a(1)		260,4	_				_
	(2) Participants	8a(2)		548,1	_				_
	(3) Others (including rollovers)	8a(3)		177,3	-				
b	Other income (loss)	8b		364,4	190				_
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			621,4	.71
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		335,5	591				
е	Certain deemed and/or corrective distributions (see instructions)	8e			_				
f	Administrative service providers (salaries, fees, commissions)	8f			_				_
g	Other expenses	8g			_				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							335,5	_
i	Net income (loss) (subtract line 8h from line 8c)				_			285,8	180
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics							3.0	_
9a	If the plan provides pension benefits, enter the applicable pension $2L\ 3D\ 2G\ 2T\ 2F$								
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plar	n Chara	cterist	ic Cod	les in the inst	ructions:	
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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	√oluntary Fi	duciary Correction	10a		х			
Ŀ	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not ir	nclude transactions	10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х			1,000,0	000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	nd, that was caused	10d		Х			
e	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of t	he benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X			
	Did the plan have any participant loans? (If "Yes," enter amount	as of year-e	nd.)	10g		Х			
- F		(See instru	ctions and 29 CFR	10h		Х			
i	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					

		Form 5500-SF (2018) Page	3-						
Part	VI	Pension Funding Compliance							
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see inst rm 5500) and line 11a below)						Yes	☐ No
11a	Ent	ter the unpaid minimum required contributions for all years from Schedule SB (Form 55	500) line 4	0	11a				
12	Is t	this a defined contribution plan subject to the minimum funding requirements of section ISA?	1412 of th	e Code or sectio	n 302 o	f 		Yes	X No
a	If a	waiver of the minimum funding standard for a prior year is being amortized in this plan nting the waiver.	year, see	instructions, and	d enter t Day	the date of	the let Year	ter ru	ıling
If	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	skip to l	ine 13.					
b	Ente	er the minimum required contribution for this plan year		*******************************	12b				
c	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minugative amount)			12d				
е	Wil	I 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							
	_	s a resolution to terminate the plan been adopted in any plan year?				Yes	X	No	
	lf "	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another ntrol of the PBGC?	plan, or t	prought under the			Yes	X 1	No
С		during this plan year, any assets or liabilities were transferred from this plan to another ich assets or liabilities were transferred.	plan(s), i	dentify the plan(s) to				ند الله نا

13c(1) Name of plan(s):

13c(2) EIN(s)

13c(3) PN(s)