## 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

A This return/report is or:    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 namended return/report   the first return/report   a her first return/report   a her first return/report   a short plan year return/report (less than 12 months)   This return/report   a short plan year return/report (less than 12 months)	Part I		Identification Information									
A This return/report is for:    a one-participant plan   a foreign plan   a foreign plan   a foreign plan   a foreign plan     B This return/report   the first return/report   the first return/report   the first return/report   an amended return/report   as short plan year return/report (less than 12 months)	For calendar	plan year 2018 or fis	scal plan year beginning 01/01/2	2018		and ending 12	2/31/2	018				
B This return/report is	A This retu	n a single complete plan										
In the Institution of Part (Part III)   The Institution of Part III   Basic Plan Information   Institution   Ins	a one-participant plan a foreign plan								,			
C Check box if filing under:	<b>B</b> This return	n/report is	the first return/report	the	final return/report	report						
Special extension (enter description)   Special extension (enter description)			an amended return/report	a s	hort plan year return	/report (less than 12 m	onths	)				
Part II   Basic Plan Information—enter all requested information   1a Name of plan   AKIYAMA FINANCIAL SERVICES, LLC 401(K) PLAN	C Check bo	ox if filing under:	Form 5558	au	tomatic extension		DF	FVC program				
AKIYAMA FINANCIAL SERVICES, LLC 401(K) 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)  AKIYAMA FINANCIAL SERVICES, LLC  2b Employer Identification Number (EIN) 300-333-1789  2c Sponsor's telephone number 360-833-1789  2d Business code (see instructions)  3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's telephone number 360-833-1789  2d Business code (see instructions)  523120  3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's telephone number 180-833-1789  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.  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.  5a Sponsor's name  6 Plan Name  5a 2 2  b Total number of participants at the beginning of the plan year.  5b 2 2  c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  6c 2 2  6d (1) Total number of active participants at the beginning of the plan year.  5c 2 2  6d (2) 101 In numbe			special extension (enter desc	ription)								
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AKIYAMA FINANCIAL SERVICES, LLC 401(K) PLAN    plan number (PN)			-				1b	Three-digit				
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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)							1c		•			
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)  AKIYAMA FINANCIAL SERVICES, LLC  2C Sponsor's telephone number 360-833-1769  2d Business code (see instructions)  523120  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  b Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  d(1) Total number of participants at the beginning of the plan year  e Number of participants with account balances as of the end of the plan year with accrued benefits that were less than 100% vested.  Caution: A penalty for the late or incomplete filling 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, II applicable, a Schedule Sor Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, II applicable, a Schedule Signature of plan administrator  Date Enter name of individual signing as plan administrator												
AKYAMA FINANCIAL SERVICES, LLC  26 Sponsor's telephone number 380-833-1769  2d Business code (see instructions)  523120  3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's EIN  3c Administrator's telephone number descriptions 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 2  b Total number of participants at the beginning of the plan year 5b 2  c Number of participants with account balances as of the end 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 with accrued benefits that were less than 100% vested  c 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 filling of this return/report will be assessed unless reasonable cause is established.  Signature of plan administrator Date Enter name of individual signing as plan administrator  Date Enter name of individual signing as plan administrator	Mailing a	address (include roor	m, apt., suite no. and street, or P.0				2b					
30 -833-1769 2d Business code (see instructions) 623120  3a Plan administrator's name and address	•	•		tal code	(if foreign, see instru	uctions)	2c	Sponsor's telep	hone number			
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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	VALVOCOVER	, **** 00000										
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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 with account balances as of the plan year with accrued benefits that were less than 100% vested  6c Number of participants at the beginning of the plan year with accrued benefits that were less than 100% to stead of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.  5ign Here  4b EIN  4b EIN  4d PN  5a 2  2  5b 22  5b 22  5c 0  4d PN  5c 2  2  5d(1) 2  2  5d(1) 2  5d(2) 2  5e 0  0  6ather 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 Ss or Schedule MS 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.  5ign Here  5ign Mere A belian sponsor's name, EIN, the plan name and the plan number from the last return/report filled for the last return/report and the plan vear well as the electronic version of this return/report, including, if applicable, a Schedule Signature of plan administrator  5ather 100/6/2019 GARY AKIYAMA  5ather 100/6/2019 GARY AKIYAMA  5ather 100/6/2019 Enter name of individual signing as plan administrator	<b>Ja</b> i lali aui	Tillistrator s Harrie an	id address M Same as i lan opo	11301.				Administrator 3	LII 4			
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>3c</b> Administrator's telephone number					
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5a Total number of participants at the beginning of the plan year	<b>a</b> Sponsor	's name					4d PN					
b Total number of participants at the end of the plan year	C Plan Na	me										
b Total number of participants at the end of the plan year	52 Total nu	umbar of participants	at the beginning of the plan year				5	a	2			
C Number of participants with account balances as of the end 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	_											
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Signature of plan administrator  Date  Enter name of individual signing as plan administrator  SIGN HERF	SIGN				07/06/2019	GARY AKIYAMA						
HERE	HERE	Signature of plan a	dministrator		Date	Enter name of individ	ual siç	gning as plan adr	ministrator			
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor												
	HERE	Signature of emplo	yer/plan sponsor		Date	Enter name of individ	ual siç	gning as employe	er or plan sponsor			

Form 5500-SF (2018) Page **2** 

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							. X Yes No	
_	Are you claiming a waiver of the annual examination and report of	an indepei	ndent qualified public a	ccount	ant (IC	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
c	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
Ū	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)								
				, , , , , ,					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (				(b) En	d of Year	
	Total plan assets	7a 	1,	79991				194609	
	Total plan liabilities	7b	1-	0 79991		194609			
	Net plan assets (subtract line 7b from line 7a)	7c			-		(1-)		
<u>8</u> а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	t	-		(D)	Total	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	,	18888					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-3696					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						15192	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f		574					
	Other expenses	, , , , , , , , , , , , , , , , , , , ,							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					574		
	Net income (loss) (subtract line 8h from line 8c)	8i						14618	
j	Transfers to (from) the plan (see instructions)	8i							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the in	structions:	
	2E 2F 2G 2J 2K 2T 3B 3D 2A			01					
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plai	n Chara	acteris	tic Coc	ies in the ins	tructions:	
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)	-		10a		X			
b	Were there any nonexempt transactions with any party-in-interest			IVa					
	reported on line 10a.)	•		10b		X			
С	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 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.)			10e	X			178	
f	Has the plan failed to provide any benefit when due under the pla	10f		X					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Χ			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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 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 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, 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	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?			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	<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 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).

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 Information	=								
For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/2						
A This return/report is for:	🛛 a single-employer plan		plan (not multiemployer) employer information in a							
B This return/report is	∐ a one-participant plan	a foreign plan								
La This return report is	the first return/report	the final return/report	the final return/report							
	an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)						
C Check box if filing under:	Form 5558	automatic extension		DFVC progra	am					
	special extension (enter desc									
Part II Basic Plan Inf	ormation—enter all requested in	formation								
<b>1a</b> Name of plan Akiyama Financia	l Services, LLC 401()	c) Plan		1b Three-dig plan numl						
				1c Effective of						
Mailing address (include ro-	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	O. Box)		2b Employer	Identification Number -0374073					
City or town, state or provin Akiyama Financia	ice, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions)	<del></del>	telephone number					
AKIYAMA FINANCIA	I Services, LLC			360-83	360-833-1769					
708 NW 80th St.				2d Business	code (see instructions)					
VANCOUVER	WA 986	65		523120						
3a Plan administrator's name a	and address X Same as Plan Spo	nsor		3b Administra						
				7.011.11100.0	2101 0 2111					
				3c Administra	ator's telephone number					
this plan, enter the plan spo	ne plan sponsor or the plan name h onsor's name, EIN, the plan name a	as changed since the last and the plan number from	return/report filed for the last return/report.	4b EIN						
a Sponsor's name			•	4d PN						
C Plan Name										
5a Total number of participants	s at the beginning of the plan year		,	5a	2					
<b>b</b> Total number of participants	s at the end of the plan year	***************************************	***************************************	5b	2					
<ul> <li>C Number of participants with</li> </ul>	account balances as of the end of	the plan year (only defined	d contribution nlans	5c	2					
d(1) Total number of active pa	articipants at the beginning of the pl	an year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5d(1)	2					
d(2) Total number of active pa	articipants at the end of the plan yea	ar		5d(2)	Ź					
than 100% vested	terminated employment during the			5e	C					
Caution: A penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable car	use is establishe	ed.					
SB or Schedule MB completed a belief, it is true, correct, and com	her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.	otions, I declare that I have as well as the electronic ve	e examined this return/report	port, including, if t, and to the best	applicable, a Schedule of my knowledge and					
SIGN HERE			GARY AKIYAMA							
Signature of plan a	ıdministrator	Date	Enter name of individu	ual signing as pla	an administrator					
SIGN WY CAN	49-									
Signature of emplo	Ver/plan sponsor	Date 7-6-19	Enter name of individu	ual signing as em	iployer or plan sponsor					

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6a	Were all of the plan's assets during the plan year invested in eligit	ole assets	? (See instructions.)	*******	,,,,,,,,,,		X Yes	No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							_ ∏ No
	If you answered "No" to either line 6a or line 6b, the plan can	and condi not use Fo	tions.) orm 5500-SF and mus	st inste	ad usi	e Forn		Пио
С	If the plan is a defined benefit plan, is it covered under the PBGC is							mined
	If "Yes" is checked, enter the My PAA confirmation number from the							
Ps	rt III Financial Information					· · · · · · · · · · · · · · · · · · ·		
7	Plan Assets and Liabilities	1						
<del></del> a		<del> </del>	(a) Beginning				(b) End of Year	4 600
b		7a		179,	991		19	4,609
	Net plan assets (subtract line 7b from line 7a)			179,			1.0	4,609
8	Income, Expenses, and Transfers for this Plan Year	7c	(-) 4		991			4,005
a	Contributions received or receivable from:	<u> </u>	(a) Amou	nt			(b) Total	
	(1) Employers	8a(1)						
	(2) Participants	8a(2)		18,	888			
	(3) Others (including rollovers)	8a(3)				***************************************		
b	Other income (loss)	8b		-3,	696			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1	5,192
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d						
	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	8f			574		······································	····
	Other expenses	8g						
<u></u> i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						574
<u>-</u>	Net income (loss) (subtract line 8h from line 8c)	8i					1	4,618
<u>,                                     </u>		··  8j					· · · · · · · · · · · · · · · · · · ·	
	t IV Plan Characteristics							
Ja	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D 2A	feature co	des from the List of P	lan Cha	racteri	stic Co	des in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	ın Char	acteris	lic Coc	les in the instructions:	
D	AV Compliance							
Par 10					1	<u> </u>		
a	During the plan year:			T	Yes	No	Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		Х	44.	
С	Was the plan covered by a fidelity bond?			10c		Х		
d						Х		
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.)				Х			178
f	Has the plan failed to provide any benefit when due under the plan			10e 10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as					Х		
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	See instru	ctions and 29 CFR	10g		Х		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10h 10i				
					<b></b>			

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Part VI Pension Funding Compliance				
11 Is this a defined benefit plan subject to minimum to (Form 5500) and line 11a below)	unding requirements? (If "Yes," see instructions and	d complete Schedul	e SB	Yes No
11a Enter the unpaid minimum required contributions				
12 Is this a defined contribution plan subject to the n ERISA?	ninimum funding requirements of section 412 of the		2 of	Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12c  a If a waiver of the minimum funding standard for a granting the waiver.	n, and 12e below, as applicable.)  prior year is being amortized in this plan year, see in	nstructions, and ent	er the da	te of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and	l 10 of Schedule MB (Form 5500), and skip to line	e 13.		
<b>b</b> Enter the minimum required contribution for this pla	an year	12	b	
<b>c</b> Enter the amount contributed by the employer to th			c	
d Subtract the amount in line 12c from the amount in	n line 12b. Enter the result (enter a minus sign to the	e left of a	d	
e Will the minimum funding amount reported on line			Yes	No N/A
Part VII Plan Terminations and Transfers				
13a Has a resolution to terminate the plan been adopted i	n any plan year?		ΠΥ	es X No
	reverted to the employer this year		a	
b Were all the plan assets distributed to participants	or beneficiaries, transferred to another plan, or bro	ught under the		Yes X No
C If, during this plan year, any assets or liabilities we which assets or liabilities were transferred.	ere transferred from this plan to another plan(s), ider	ntify the plan(s) to		
13c(1) Name of plan(s):		13c(2) EIN	(s)	13c(3) PN(s)

13c(2) EIN(s)

13c(3) PN(s)