_	m 5500-SF	Short Form Annu	OMB Nos. 1210-0110 1210-0089						
	tment of the Treasury nal Revenue Service	This form is required to be file		2018					
	partment of Labor enefits Security Administration	Income Security Act of 1974	This Form is Open to						
Pension Be	500-SF.	Public Inspection							
Part I		Identification Information							
For calenda	ar plan year 2018 or fis	cal plan year beginning 01/01/2			2/31/2018	ing this have must attach a			
A This ret	urn/report is for:	a single-employer plan		employer information in ac	•	king this box must attach a ith the form instructions.)			
B This retu	ırn/report is	a one-participant plan							
		X the first return/report	the final return/repor						
-		an amended return/report	a short plan year ret	urn/report (less than 12 m	ionths)				
C Check b	box if filing under:	Form 5558	automatic extension	1	DFVC p	rogram			
		special extension (enter desc	1 ,						
Part II		rmation—enter all requested in	formation						
1a Name	of plan I 401(K) PLAN				1b Three plan	e-digit number			
					(PN)				
					1c Effect	tive date of plan 01/01/2018			
2a Plan s	oonsor's name (employ	ver, if for a single-employer plan)			2b Empl	oyer Identification Number			
		n, apt., suite no. and street, or P.C		structions)	(EIN) 81-1407350				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NI2 HEALTH, LLC				Siruolions)	2c Sponsor's telephone number 206-972-1919				
					2d Business code (see instructions)				
17424 34TH BOTHELL, W						621399			
3a Plan a	dministrator's name an	d address 🛛 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
					46 50				
		plan sponsor or the plan name hans or sponsor or the plan name hans a plan name a	5	•	4b EIN				
a Spons					4d PN				
C Plan N	ame								
5a Total r	number of participants	at the beginning of the plan year.			5a	6			
b Total r	number of participants	at the end of the plan year			5b	11			
		account balances as of the end of			5c	11			
	,	ticipants at the beginning of the pl			5d(1)	6			
• •		ticipants at the end of the plan ye	•		5d(2)	11			
e Numb	er of participants who	terminated employment during the	e plan year with accrued	benefits that were less	5e	0			
than '	100% vested	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca		blished.			
Under pena SB or Sche	alties of perjury and oth dule MB completed ar	ner penalties set forth in the instru- nd signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/re	port, includi	ng, if applicable, a Schedule			
belief, it is true, correct, and complete.									
SIGN HERE		valid electronic signature.	07/09/2019	RON KIRO					
	Signature of plan a		Date		ividual signing as plan administrator				
SIGN HERE		valid electronic signature.	07/09/2019	RON KIRO					
	Signature of emplo	yer/plan sponsor e, see the Instructions for Form 5500	Date	Enter name of individ	iual signing a	as employer or plan sponsor Form 5500-SF (2018)			

v.171027

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)	X Yes No							
b	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	and condi	tions.)	Ý Yes 🗌 No							
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 4021)? .	Yes No Not determined							
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this plan year	(See instructions.)							
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
а	Total plan assets	7a	0	553313							
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	0	553313							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)	29060								
	(2) Participants	8a(2)	85147								
	(3) Others (including rollovers)	8a(3)	512369								
b	Other income (loss)	8b	-69273								
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		557303							
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	3990								
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3990							
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		553313							
j	Transfers to (from) the plan (see instructions)	8i									

Par	t IV	Pla	n Cl	narao	cteri	stics	5										
9a	If the	plan	provid	des pe	ensior	n bene	efits,	enter the a	pplicable p	ension fea	ture co	des from the	List of Plan	Characte	ristic Code	es in the ir	structions:
								3D									

8j

b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
---	---

Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 1	0a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	0b		x	
С	Was the plan covered by a fidelity bond? 1	0c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	0d		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.)	0e	x		770
f		O f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 1	0g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	0h		Х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	X N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	:(3) PN	۱(s)

			Deport of	Small Employee	T	OMB Nos. 1210-0110		
	Form 5500-SF	Short Form Annual Ret	nefit Plan	Silidii Employee		1210-0089		
	Department of the Treasury Internal Revenue Service	This form is required to be filed u	inder sections 104 and	4065 of the Employee		2018		
	Department of Labor	Retirement Income Security Act of 1	974 (ERISA), and sec Revenue Code (the Co	tion 6057(b) and 6056(a) of other of the second s				
	oyee Benefits Security Administration ension Benefit Guaranty Corporation	 Complete all entries in accorda 			nspection			
		dentification Information	ice with the monact					
	alendar plan year 2018 or fisc	al plan year beginning	01/01/2018	and onling	2/31/2018			
	'his return/report is for: 'his return/report is:	a one-participant plan	multiple-employer pla list of participating em foreign plan ne final return/report	n (not multiemployer) (Filers ployer information in accorda	checking this bo ance with the for	ox must attach m instructions.)		
		an amended return/report a	short plan year return	/report (less than 12 months)				
C c	Check box if filing under:	Form 5558a	utomatic extension		DFVC progr	am		
		special extension (enter description)						
Pa	rt II Basic Plan Infor	rmation enter all requested inform	ation		T I	Τ		
	Name of plan			10	Three-digit plan number			
	Ni2 Health 401(k) P	lan			(PN) ►	001		
				10	Effective date			
2a	Mailing Addross (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. Box)			tification Number		
	City or town, state or province Ni2 Health, LLC	e, country, and ZIP or foreign postal cod	e (if foreign, see instru	actions) 2c	2c Sponsor's telephone number (206) 972-1919			
				2d		e (see instructions)		
	17424 34th Drive SE	:			621399			
	US Bothell WA 98012			3h	Administrator's	s EIN		
3a	Plan administrator's name an	nd address X Same as Plan Sponsor			/ terrin not allo			
				30	Administrator	s telephone number		
		the plan name has the	anged since the last re	turn/report filed for 4b	EIN			
4	If the name and/or EIN of the this plan, enter the plan spor	e plan sponsor or the plan name has cha nsor's name, EIN, the plan name and the	e plan number from the	ast return/report.				
a	Sponsor's name			40	PN			
С								
					a	6		
	Total number of participants	at the beginning of the plan year at the end of the plan year	************		ib	11		
b C	Number of participants with a	account balances as of the end of the pl	an year (only defined of	contribution plans	ic	11		
	complete this item)		***********************************		1(1)	6		
		ticipants at the beginning of the plan yes		-		11		
d(2) Total number of active participants at the end of the plan year								
е	Number of participants who less than 100% vested	terminated employment during the plan			5e	0		
C	aution: A penalty for the late	or incomplete filing of this return/rep	oort will be assessed	unless reasonable cause i	s established.			
U	nder penalties of perjury and o B or Schedule MB completed a	ther penalties set forth in the instruction and signed by an enrolled actuary, as we	a I doclare that I have	examined this return/report.	including, if app	licable, a Schedule ny knowledge and		
be	elief, it is true, correct, and con	nplete.	1	1				
S	SIGN SE	ar	2610	RSN KERD Enter name of individual sig	ning as plan ad	ministrator		
ł	IERE Signature of plan adm	ninistrator	Date 7,9,19	Rop Kora	mily as plan au	IT IT IT ON ON OF		
	SIGN SLOP		DED E Fr	Enter name of individual sig	ining as employ	er or plan sponsor		
H	HERE Signature of employe	er/plan sponsor	Date 7, 5,69	Enter name of individual sig	ning as employ	or or plan oponioor		

 HERE
 Signature of employer/plan sponsor
 Date 7

 For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

Form 5500-SF (2018) v.171027

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	XYes No
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.)	XYes No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year	(See instructions.)
P	art III Financial Information	of Voor

7	Plan Assets and Liabilities	Sector Sector	(a) Beginning of	Year			d }) End of rear
	Total plan assets	7a			0			553,313
	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c			0			553,313
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total
а	Contributions received or receivable from:	8-(4)	29	9,06	50			
	(1) Employers	8a(1)		5,14				
	(2) Participants	8a(2)		2,36				
-	(3) Others (including rollovers)	8a(3) 8b		,273				
b	Other income (loss)	8c	(83	,				557,303
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)							3377300
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f		3,99	90			
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						3,990
ī	Net income (loss) (subtract line 8h from line 8c)	. 8i						553,313
i	Transfers to (from) the plan (see instructions)	. 8j						
P	art IV Plan Characteristics							
b	2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fea	ature codes f	from the List of Plan Cha	racte	ristic (Codes	in the in	structions:
Ρ	art V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
(Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) 	oluntary Fidu	iciary Correction	10a		x		
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not inc	clude transactions	10b		x		
	C 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?	fidelity bond	I, that was caused	10d		x		
	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 th	e benefits under	10e	x			770
	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 a	as of year en	d.)	10g		x		
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	tions and 29 CFR	1 0 h		x		
	If 10h was answered "Yes," check the box if you either provided t 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			-	1		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500 and line 11a below)	complete Sch	edule S	В	<u>П</u> 1	es X	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	I2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA2						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insignanting the waiver	structions, and	d enter	the date	of the le	r	g
If v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
	Enter the minimum required contribution for this plan year.		12b				
	Enter the amount contributed by the employer to the plan for the plan year		12c				
d	the left of a						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	******		Yes 🗌] No	□ N/A	· ·
Par							
The second s	Has a resolution to terminate the plan been adopted in any plan year?	******	C	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 broucontrol of the PBGC?	ight under the			Yes	X No	
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)						
		13c(2) E	IN(s)		130	:(3) PN(s)
1	3c(1) Name of plan(s):						