-	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	urn/Report of Small Employee OMB Nos. 12 nefit Plan						
	artment of the Treasury rnal Revenue Service	This form is required to be file	d under sections 104 and	4065 of the Employee Re		2018				
Employee E	epartment of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		This Form is Open t Public Inspection					
	enefit Guaranty Corporation	Complete all entries in a		structions to the Form 55	500-SF.					
Part I		dentification Information		and anding 10	0/04/0040					
For calend	lar plan year 2018 or fis		—		2/31/2018 Filora chock	king this box must attach a				
A This re	turn/report is for:	X a single-employer plan		employer information in ac		•				
<b>B</b> This ret	urn/report is	a one-participant plan								
		the first return/report	the final return/report	t urn/report (less than 12 mo	antha)					
		an amended return/report		urn/report (less than 12 m	ontns)					
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC p	rogram				
		special extension (enter descr	1 ,							
Part II		mation—enter all requested int	formation	I	1h					
1a Name	e of plan RCH 401(K) PSP				1b Three plan	e-digit number				
0011202/1				-	(PN)					
			1c Effect	tive date of plan 01/01/2015						
Mailin	g address (include room	rer, if for a single-employer plan) n, apt., suite no. and street, or P.C				Employer Identification Number (EIN) 26-3009659				
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) C3 RESEARCH ASSOCIATES, LLC					2c Sponsor's telephone number 206-686-4644				
				-	2d Business code (see instructions)					
113 CHERR SUITE # 771 SEATTLE, V	114					444190				
3a Plan a	administrator's name and	d address 🛛 Same as Plan Spor	nsor.		<b>3b</b> Admi	nistrator's EIN				
					3c Admi	nistrator's telephone number				
		plan sponsor or the plan name ha			4b EIN					
<b>a</b> Spons	sor's name	sor's name, EIN, the plan name a	and the plan number from	the last return/report.	<b>4d</b> PN					
C Plan N	Name									
5a Total	number of participants a	at the beginning of the plan year			5a	21				
		at the end of the plan year			5b	19				
		ccount balances as of the end of			5c	16				
<b>d(1)</b> Tot	tal number of active part	ticipants at the beginning of the pl	an year		5d(1)	14				
• •		ticipants at the end of the plan year			5d(2)	11				
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	3				
Caution: / Under pen	A penalty for the late o alties of perjury and oth	r incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled actuary, a	n/report will be assesse ctions, I declare that I hav	d unless reasonable cau /e examined this return/rep	oort, includi	ng, if applicable, a Schedule				
belief, it is	true, correct, and comp	lete.		-		· •				
SIGN HERE		valid electronic signature.	07/15/2019	RONALD CAROZZA						
	Signature of plan ad		Date	Enter name of individu	ual signing a	as plan administrator				
SIGN HERE		valid electronic signature.	07/15/2019	RONALD CAROZZA						
	Signature of employ	/er/plan sponsor e, see the Instructions for Form 5500	Date	Enter name of individu	ual signing a	as employer or plan sponsor Form 5500-SF (2018)				

auction Act Notice, see the instructions for Form 5500-5F.

m 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							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,				
-	If you answered "No" to either line 6a or line 6b, the plan cann						
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	e PBGC p	premium filing for this pl	lan yea	r	· · · · · ·	(See instructions.)
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
а	Total plan assets	7a		93435			184464
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	19	93435			184464
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а	Contributions received or receivable from:	0(1)		4040			
	(1) Employers	8a(1)		4812	-		
		articipants					
b	3) Others (including rollovers)						
	Other income (loss)	8b		13010			20102
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d	2	29073			
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)	8h					29073
i	Net income (loss) (subtract line 8h from line 8c)	8i					-8971
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the instructions:
	2E 2F 2G 2J 2K 2T 3D			~			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	tes from the List of Plai	n Chara	acterist	iic Cod	les in the instructions:
Pa	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	•		10a	х		4235
k	Were there any nonexempt transactions with any party-in-interest						7200
	reported on line 10a.)			10b		X	
C	Was the plan covered by a fidelity bond?			10c	Х		30000

Х

Х

Х

Х

Х

10d

10e

10f

10g

10h

10i

**d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

by fraud or dishonesty?
 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.).....

f Has the plan failed to provide any benefit when due under the plan? .....

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i

2520.101-3.) .....

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

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	<b>3c(1)</b> Name of plan(s): 13c(2) El					<b>13c(3)</b> PN(s)	

Form 5500-SF	Short Form Annua	al Return/Report o	f Small Emplo	vee	OMB Nos. 1210-0110					
Department of the Treasury		Benefit Plan								
Internal Revenue Service	This form is required to b	e filed under sections 104 ar	nd 4065 of the Employ	ee	2018					
Department of Labor Employee Benefits Security Administrati	Retirement Income Security     on     the I	nternal Revenue Code (the (		8(a) of This	This Form is Open to Public					
Pension Benefit Guaranty Corporation	n ► Complete all entries in a	ccordance with the instruc	tions to the Form 55	00-SF.	Inspection					
	rt Identification Information	1	·····							
For calendar plan year 2018 or		01/01/2018	and ending	12/31/2						
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:	the first return/report	the final return/report								
	an amended return/report	a short plan year return	n/report (less than 12 r	nonths)						
C Check box if filing under:	Form 5558	automatic extension			program					
	special extension (enter desc	ription)								
Part II Basic Plan In	formation enter all requested	information								
1a Name of plan C3 Research 401 (k	) PSP			1b Three-di plan nun (PN) ►						
				1c Effective 01/01/	•					
Mailing Address (include r	oloyer, if for a single-employer plan) com, apt., suite no. and street, or P. ince, country, and ZIP or foreign pos	O. Box)	uctions)		2b Employer Identification Number (EIN) 26-3009659					
C3 Research Assoc	-				's telephone number 686-4644					
113 Cherry Street     2d Business code (see instanting of the section										
US Seattle WA 98104 3a Plan administrator's name	and address X Same as Plan Sp	oonsor		3b Administ	trator's EIN					
				3c Administ	trator's telephone number					
4 If the name and/or EIN of	the plan sponsor or the plan name h	as changed since the last re	turn/report filed for	4b EIN	· · · · · · · · · · · · · · · · · · ·					
this plan, enter the plan sp	ponsor's name, EIN, the plan name a	and the plan number from the	e last return/report.							
a Sponsor's name C Plan Name				4 <b>d</b> PN						
5a Total number of participar	ts at the beginning of the plan year	•••••••••••••••••••••••••••••••••••••••		. 5a	21					
b Total number of participar	ts at the end of the plan year		*****		19					
C Number of participants with complete this item)	th account balances as of the end of	the plan year (only defined o	contribution plans	. <u>5</u> c	16					
	participants at the beginning of the p				14					
d(2) Total number of active p	participants at the end of the plan ye	ar	******	. 5d(2)	11					
e Number of participants where the second se	no terminated employment during the			. 5e	3					
Caution: A penalty for the la	ite or incomplete filing of this retu	rn/report will be assessed	unless reasonable c	ause is establis	hed.					
Under penalties of perjury and SB or Schedule MB complete belief, it is true, correct, and e	d other penalties set forth in the instr d and signed by an enrolled actuary symplete.	uctions, I declare that I have , as well as the electronic ver	examined this return/r rsion of this return/repo	report, including, ort, and to the be	if applicable, a Schedule st of my knowledge and					
SIGN Kan		15 142019	Kon Car	OZZA						
HERE Signature of plan a	dministrator	Date	Enter name of individ		an administrator					
SIGN Far	V	15 fr 4 219	Kon Coro	279						

Date

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

HERE Signature of employer/plan sponsor

SIGN

Form 5500-SF (2018) v.171027

Enter name of individual signing as employer or plan sponsor

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	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.)								
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Forr	n 5500-SF and must instead use Fo	orm 5500.					
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year (See instructions.)								
Pa	Part III Financial Information								
7	Plan Assets and Liabilities (a) Beginning of Year (b) End of Year								
а	<b>a</b> Total plan assets								

b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	193,435	184,464
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:		4 010	
	(1) Employers	8a(1)	4,812	
	(2) Participants	8a(2)	34,900	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	(19,610)	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		20,102
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	29,073	
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)	8h		29,073
i	Net income (loss) (subtract line 8h from line 8c)	8i		(8,971)
j	Transfers to (from) the plan (see instructions)	8j		

## Part IV Plan Characteristics

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

**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	N/A	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)	10a	х			4,235
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
С	Was the plan covered by a fidelity bond?	10c	x			30,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x		
e	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 plan?	10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x		
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 -**

Part	: VI	Pension Funding Compliance					
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500 and line 11a below)		nedule S	8B	Tes	s 🗴 No
11a	Enter t	ne 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?							
<ul> <li>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</li> <li>Month Day Year</li> </ul>							
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
b	Enter t	ne minimum required contribution for this plan year.	•••••	12b			
С	Enter t	ne amount contributed by the employer to the plan for the plan year	12c				
<b>d</b> 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)							
е	Will the	e 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 i	resolution to terminate the plan been adopted in any plan year?			Yes	X N	0
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year	••••••	13a			
b		II the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	0		י 🗌	res 🗴	No
С	<b>C</b> If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1:	3c(1) Na	ime of plan(s):	13c(2) EI	N(s)		13c(3)	PN(s)