-	rm 5500-SF	OMB Nos. 1210-011 1210-008							
	nal Revenue Service	This form is required to be file				2018			
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		This Form is Open to				
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the instr	uctions to the Form 55	00-SF.	Public Inspection			
Part I	-	dentification Information							
For calenda	ar plan year 2018 or fisc	al plan year beginning 01/01/2			2/31/2018	de la dede la construction de la co			
A This ret	urn/report is for:	X a single-employer plan	list of participating em			king this box must attach a tith the form instructions.)			
B This retu	urn/report is	a one-participant plan	a foreign plan						
		the first return/report	the final return/report						
	l	an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C Check b	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram			
		special extension (enter descr	iption)						
Part II	Basic Plan Infor	mation—enter all requested inf	ormation						
1a Name					1b Three				
PALADINO F	RETIREMENT PLAN				pian (PN)	number 001			
			()	tive date of plan					
22 Dian a	noncor'o nomo (omnlov	ar if for a single amployer plan)			2h	01/01/2002			
Mailing	address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.C			2b Employer Identification Number (EIN) 91-2131772				
	town, state or province, AND COMPANY, INC.	, country, and ZIP or foreign post	al code (if foreign, see instr	ructions)	2c Sponsor's telephone number 206-522-7600				
				-	2d Business code (see instructions)				
1932 FIRST SEATTLE, W	AVE., SUITE 200 /A 98101				541990				
- ,									
3a Plan a	dministrator's name and	I address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN			
				-	3c Administrator's telephone number				
						•			
A If the r	ama and/or EIN of the	nlan anonaar ar tha plan nama ha	a changed since the last r	aturn/rapart filed for	4b EIN				
		plan sponsor or the plan name ha sor's name, EIN, the plan name a							
•	or's name				4d PN				
C Plan N	lame								
5a Total r	number of participants a	t the beginning of the plan year			5a	35			
		t the end of the plan year			5b	34			
		ccount balances as of the end of			5c	32			
d(1) ⊺ota	al number of active parti		5d(1)	22					
d(2) Total number of active participants at the end of the plan year					5d(2)	20			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0			
Caution: A	penalty for the late or	r incomplete filing of this return	n/report will be assessed	unless reasonable cau					
SB or Sche		er penalties set forth in the instruct d signed by an enrolled actuary, a etc							
SIGN		alid electronic signature.	07/18/2019	PAUL PALADINO					
HERE	Signature of plan ad		Date	Enter name of individu	ual signing	as plan administrator			
SIGN						·			
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual sianina :	as employer or plan sponsor			
					3 3				

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.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) inder 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 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)? 									
•	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)								
Pa	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	1759390	1675883					
b	Total plan liabilities	7b	0	0					

6 1	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	1759390	1675883
	ncome Expanses and Transfers for this Plan Vear			
a (noome, Lyenses, and transiers for this right fed		(a) Amount	(b) Total
u (Contributions received or receivable from: (1) Employers	8a(1)	54670	
((2) Participants	8a(2)	157140	
((3) Others (including rollovers)	8a(3)	0	
	Other income (loss)	8b	-150022	
C 1	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		61788
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	138368	
e (Certain deemed and/or corrective distributions (see instructions)	8e	0	
f ∕	Administrative service providers (salaries, fees, commissions)	8f	6927	
g	Other expenses	8g	0	
h 1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		145295
i١	Net income (loss) (subtract line 8h from line 8c)	8i		-83507
j 1	Transfers to (from) the plan (see instructions)	8j	0	
Part	t IV Plan Characteristics			
- T	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$	feature codes	from the List of Plan Characteristic	Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	rom the List of Plan Characteristic C	odes in the instructions:

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)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		135000
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	
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		Х	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		8248
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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 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	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
 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.) 								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 d	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				
e	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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						Yes	× 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)		130	:(3) PN	l(s)

Definit Pread Pread Definit Pread <t< th=""><th>Foi</th><th>rm 5500-SF</th><th>Short Form Annual</th><th>Return/Report Benefit Plan</th><th>of Small Emplo</th><th>oyee</th><th>OMB Nos. 1210-0110 1210-0089</th></t<>	Foi	rm 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089		
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A This return/report is for:	For calend	ar plan year 2018 or fi							
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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 filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN a Sponsor's name Fead of 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 35 b Total number of participants at the end of the plan year 5b 34 c Number of participants with account balances as of the end of the plan year 5d(1) 22 d(1) Total number of active participants at the beginning of the plan year 5d(2) 20 e Number of participants who terminated employment during the plan year 5d(2) 20 c 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 penaltes set forth in the instructions. I declare that 1 have examined this return/report, and to the best of my knowledge and belief. Its true. correct, and complete. SiGN Made 7/18/2019 Paul Paladino HERE Made 7/18/2019 Paul Paladino									
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. 4b EIN a Sponsor's name 4d PN c Plan Name 5a 35 5a Total number of participants at the beginning of the plan year 5a 35 b Total number of participants at the end of the plan year 5b 34 c Number of participants with account balances as of the end of the plan year 5c 32 d(1) Total number of active participants at the beginning of the plan year 5d(1) 22 d(2) Total number of active participants at the end of the plan year 5d(2) 20 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 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 penalles set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule B8 or Schedule M8 completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule belief, it is rue, correct, and complete. Signature of plan administrator Date Enter name o	3a Plan a	dministrator's name ar	nd address X Same as Plan Sponsor.			3b Admi	inistrator's EIN		
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HERE	SIGN	Could Color			1	sa oiginiig			
		Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor		

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.)	X Yes 🗌 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.)	X 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 insurance program (see ERISA section 4021)? Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)
Pa	Int III Financial Information	

b Total plan liabilities Tb 0 c Net plan assets (subtract line 7b from line 7a) Tc 1,759,390 1,67 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 54,670 (1) Employers 8a(2) 157,140 (2) Participants 8a(2) 157,140 (3) Others (including rollovers) 8a(3) 0 9 Other income (loss) 8a(3) 0 0 10 Deter income (loss) 8a(3) 0 0 11 Static association 8b -150,022 0 12 C Total income (loss) 8a(3) 0 0 13 8,368 0 0 0 0 14 Administrative service providers (salaries, fees, commissions) 8f 6,927 15 Other set (salaries, fees, commissions) 8f 6,927 16 Other plan (see instructions) 8g 0 14 17 Transfers to (from) the plan (see instruc	Part III Financial Information										
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c Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a	1,	759,	390			1	,675,883		
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(a) Others (including rollovers) (b) Other income (loss) (c) Other income											
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c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 6c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 1.38, 368 d C-train deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 6, 927 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 1.4 i Net income (loss) (subtract line 8h rom line 8c) 8i -ce j Transfers to (from) the plan (see instructions) 8i -ce g O 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: 2E 2F 2G 2J 2K 2T 3D 10 During the plan year: Yes No Amount 4 Xes here a failure to transmit to the plan any participant contribut		, í		-150.022							
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to provide benefits) 8d 138, 368 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 6, 927 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 14 i Net income (loss) (subtract line 8h from line 8c) 8i -e j Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 8j 0 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2.8 2.87 2.9 2.07 2.87 2.71 3.0 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 10 During the plan year: Yes No Amount a 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 Fidualary Correction program) 10a X b		00							01,700		
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2E 2F 2G 2J 2K 2T 3D 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 Yes No Amount a 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 X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 13 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 13 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.) 10f X f Has the plan failed to provide any benefit when due under the plan? 10g X 10g X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 10g X <											
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,	h If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			Х					
exceptions to providing the notice applied under 29 CFR 2520.101-3	i If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the								

Page 3-

Part	VI	Pension Funding Compliance					
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)		edule	SB	🗌 Y	′es 🗌 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.		11a			
12	ERIS	is a defined contribution plan subject to the minimum funding requirements of section 412 of the GA?			of 	. 🗌 Ү	′es 🛛 No
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ir ting the waiver.		d enter		of the letter	r ruling
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	9 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	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)						
е	e 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 N	0
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou rol of the PBGC?				Yes X	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider h assets or liabilities were transferred.	ntify the plan(s) to			
13c(1) Name of plan(s): 13c(2)				EIN(s)	13c(3)) PN(s)