2018     2018	For	m 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Employee OMB Nos.						
Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>			This form is required to be file							
A This return'report is     a one-participant and the provide prior plan is a single-employer plan is a null ple-employer plan is of participants and ending in 22312018     A This return'report is     a one-participant plan is a single-employer plan is of participants and ending in accordance with the final return'report     a one-participant plan is a single-employer plan is of participants and ending in accordance with the final return'report     a one-participant plan is a single-employer plan is a core participant plan is possible deal pla				(ERISA), and sections 60	057(b) and 6058(a) of the l					
For calendar plan year 2018 of tincal plan year beginning       01012018       and ending       12012018         A This return/report is for: <ul> <li>a single-employer plan</li> <li>a sincl participating employer inform attemptoyer (Files checking this box must stanch a list of participating employer) (Files checking this box must stanch a list of participating employer) (Files checking this box must stanch a list of participating employer information in accordance with the form instructions.)         B This return/report is              <ul> <li>the first return/report</li> <li>a short plan year return/report</li> <li>B This return/report</li> <li>a short plan year return/report</li> <li>a short plan year return/report</li> <li>B short Plan III Basic Plan Information - enter all requested information</li> </ul> </li> <li>The celling under:</li> <li>C Check box if fling under:</li> <li>genetal extension (enter description)</li> <li>A chanket a01(K) PLAN</li> <li>The e-digit plan number (RNA PL)</li> </ul> <li>The return of plan (T13 CHANCE, NC, NC, NC, NC, NC, NC, NC, NC, NC, NC</li>	Pension Be	enefit Guaranty Corporation	500-SF.							
A       This return/report is for: <ul> <li>a single-employer plan</li> <li>a triding manipoyer plan (minutisentylower) (Files checking this box must attach a list of participating employer information in accordance with the form instructions.)</li> <li>B             <li>This return/report is</li> <li>a one-participant plan</li> <li>a foreign plan</li> <li>a foreign plan</li> <li>b first return/report</li> <li>a an amended return/report</li> <li>a an amended return/report</li> <li>a an amended return/report</li> <li>a short plan year return/report</li> <li>b first return/report</li> <li>a short plan year return/report</li> <li>b first return/report</li> <li>a short plan year return/report</li> <li>b first return/report</li> <li>c Effective date of plan</li> <li>c Effective date date of plan</li> <li>c Effective date date date plan</li> <li>c Effective date date plan</li></li></ul>										
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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.       3b       Administrator's telephone number         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 filed.       3b       Administrator's telephone number         5a       Total number of participants at the beginning of the plan year       5a       18       EIN         5a       Total number of active participants at the beginning of the plan year       5a       18       Call         6(1)       Total number of active participants at the beginning of the plan year       5a       18       Call         6(1)       Total number of active participants at the beginning of the plan year       5a       18       Call       2a       18       Call	•		an amended return/report	a short plan year retu	urn/report (less than 12 mo	nths)				
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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.       4b       EIN         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.       4d       PN         5a       Total number of participants at the beginning of the plan year       5a       18         b       Total number of participants at the end of the plan year       5b       28         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       23         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       18         d(2)       Total number of active participants at the end of the plan year       5d(2)       27         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 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.         Sign ture, or plan administrator       Date       En						01				
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than 100% vested       Jee         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 penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB 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.         SIGN       Filed with authorized/valid electronic signature.       07/26/2019       BETH MONTAG-SCHMALZ         SIGN       Filed with authorized/valid electronic signature.       07/26/2019       BETH MONTAG-SCHMALZ         HERE       Filed with authorized/valid electronic signature.       07/26/2019       BETH MONTAG-SCHMALZ							27			
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 penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB 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.         SIGN       Filed with authorized/valid electronic signature.       07/26/2019       BETH MONTAG-SCHMALZ         SIGN       Filed with authorized/valid electronic signature.       07/26/2019       BETH MONTAG-SCHMALZ         HERE       Filed with authorized/valid electronic signature.       07/26/2019       BETH MONTAG-SCHMALZ							0			
SB or Schedule MB 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.         SIGN HERE       Filed with authorized/valid electronic signature.       07/26/2019       BETH MONTAG-SCHMALZ         SIGN HERE       Filed with authorized/valid electronic signature.       07/26/2019       Enter name of individual signing as plan administrator         SIGN HERE       Filed with authorized/valid electronic signature.       07/26/2019       BETH MONTAG-SCHMALZ	Caution: A	penalty for the late of	r incomplete filing of this return	n/report will be assessed	d unless reasonable caus					
SIGN HERE         Filed with authorized/valid electronic signature.         07/26/2019         BETH MONTAG-SCHMALZ           Signature of plan administrator         Date         Enter name of individual signing as plan administrator           SIGN HERE         Filed with authorized/valid electronic signature.         07/26/2019         BETH MONTAG-SCHMALZ	SB or Sche	edule MB completed and	d signed by an enrolled actuary, a							
Signature of plan administrator     Date     Enter name of individual signing as plan administrator       SIGN     Filed with authorized/valid electronic signature.     07/26/2019     BETH MONTAG-SCHMALZ				07/26/2019	BETH MONTAG-SCHM	IALZ				
HERE HERE	HERE	Signature of plan ad	ministrator	Date	Enter name of individu	individual signing as plan administrator				
HERE Signature of ampleurs/plan anonger		Filed with authorized/v	valid electronic signature.	07/26/2019	BETH MONTAG-SCHM	IALZ				
Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor           For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.         Form 5500-SF (2018)		Signature of employ		Date	Enter name of individu	al signing				

v.171027

			0				
60		1					X Yes No
oa b	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> </ul>						
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a						X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and must	t instea	ad use	Form	5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA se	ection 4	021)?		Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	premium filing for this pl	an yea	r		(See instructions.)
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	of Voar			(b) End of Year
<u>'</u> a	Total plan assets	7a		33217			477564
b	·	7b					
	Net plan assets (subtract line 7b from line 7a)	7c	13	33217			477564
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amoun				(b) Total
	Contributions received or receivable from:						
	(1) Employers	8a(1)					
	(2) Participants	8a(2)	20	09884			
	(3) Others (including rollovers)	8a(3)	20	01066			
b	Other income (loss)	8b	-5	53396			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					357554
d	· · · · · · · · · · · · · · · · · · ·			12207			
	to provide benefits)	8d		13207	_		
	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
<u> </u>	Other expenses	8g					40007
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					13207
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					344347
	Transfers to (from) the plan (see instructions)	8j					
	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cor	des from the List of Plar	n Chara	acterist	ic Cod	es in the instructions:
5				- Chard		.5 000	
Ра	rt V Compliance Questions						
10	During the plan year:				Yes	No	Amount
â	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	•	•	10-	х		00004
	<ul><li>Program)</li><li>Were there any nonexempt transactions with any party-in-interest</li></ul>			10a	^		29084
	reported on line 10a.)			10b		X	
	Was the plan covered by a fidelity bond?			10c	Х		50000

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

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

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.<u>)</u>\_\_\_\_\_

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 .....

by fraud or dishonesty?.....

the plan? (See instructions.).....

Х

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50000

10c

10d

10e

10f

10g

10h

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	× 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	c(3) PN	۱(s)

Form 5500-SF Short Form Annual Return/Report of Small Employe Benefit Plan				OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to b		This Form is Open to Public Inspection				
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	the I	ction 6057(b) and 6058(a) of code).					
	Complete all entries in a dentification Information		tions to the Form 5500-SF.				
Part I Annual Report I or calendar plan year 2018 or fisc		01/01/2018	and ending 12	/31/2018			
	x a single-employer plan		an (not multiemployer) (Filers of		x must attach		
This return/report is for:	a one-participant plan		nployer information in accorda				
This return/report is:	the first return/report	the final return/report					
	an amended return/report	a short plan year retur	n/report (less than 12 months)				
Check box if filing under:	Form 5558	automatic extension		DFVC progr	am		
	special extension (enter desc	cription)					
Part II Basic Plan Infor	mation enter all requested	d information					
a Name of plan			1b	Three-digit			
71 & Change 401(k) I	?lan			plan number (PN) ►	001		
			1c	Effective date 01/01/201	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
Plan sponsor's name (employ Mailing Address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P	O Box)	2b	<b>b</b> Employer Identification Number			
City or town, state or province	e, country, and ZIP or foreign pos	stal code (if foreign, see instr		(EIN) 81-2	· · · · · · · · · · · · · · · · · · ·		
71 & Change, Inc.			20	2c Sponsor's telephone number (844) 463-3371			
4742 42nd Ave SW, #4	176		2d	Business cod 541600	e (see instructions)		
US Seattle WA 98116							
Plan administrator's name and	d address X Same as Plan S	ponsor	3b	Administrato	's EIN		
			30	Administrato	r's telephone numbe		
	plan sponsor or the plan name l or's name, EIN, the plan name		e last return/report.	DEIN			
Sponsor's name			40	PN			
Plan Name							
Total number of participants at	t the beginning of the plan year			5a	18		
	t the end of the plan year		CONTRACTOR AND A	5b	28		
Number of participants with ac	count balances as of the end o	of the plan year (only defined	contribution plans	5c			
1) Total number of active partic				d(1)	23		
2) Total number of active partic				d(2)	27		
Number of participants who ter	rminated employment during th	e plan year with accrued be	nefits that were	5e	0		
ution: A penalty for the late or							
der penalties of perjury and othe or Schedule MB completed and ief, it is true, correct, and compl	er penalties set forth in the inst d signed by an enrolled actuary	ructions, I declare that I hav	e examined this return/report	including if a	nnlicable a Schedu		
on Ken Men	tay-Schmallo		Beth Montag - Sch	maltz	•		
IFRE Signature of plan admin	- J Stiller typ	211	- Den montag - Jen				

HERE   Signature of plan administrator	Date $2.26.19$ Enter name of individual signing as plan administrator
SIGN Ben Montag-Schmalt	Beth Montag - Schmaltz
HERE Signature of employer/plan sponsor	Date 7.26.19 Enter name of individual signing as employer or plan sponsor

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6 <b>a</b>	Were all of the plan's assets during the plan year invested in eligible a	issets? (S	ee instructions.)					XYes [	No
	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered "No" to either line 6a or line 6b, the plan cannot	independe d condition	ent qualified public account		•••••	*******		XYes [	No
C	If the plan is a defined benefit plan, is it covered under the PBGC insu If "Yes" is checked, enter the My PAA confirmation number from the F	urance pro	gram (see ERISA section	4021)	?		Yes	No Not det	ermined ions.)
Pa	rt III Financial Information		(a) Beginning of <b>N</b>	loar				b) End of Year	
7	Plan Assets and Liabilities			100 A. 100	-			477,5	64
a	Total plan assets	7a	133	,21	7			4///;	
b	Total plan liabilities	7b		1	7			477,	64
C	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount	3,21	/			(b) Total	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			-	an a	(1) 1001	
а	(1) Employers	8a(1)				(			
	(2) Participants	8a(2)	209	,88	4				
	(3) Others (including rollovers)	8a(3)	201	.,06	6				
b	Other income (loss)	8b	(53	396	)	Conservation	410000	and the later to a second second	an mart
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	and a second					357,	554
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1:	3,20	7				
е	Certain deemed and/or corrective distributions (see instructions)	8e			-	ļ			
f	Administrative service providers (salaries, fees, commissions)	8f				<u> </u>		,,	
g	Other expenses	8g	A MALER AND IN A RECEIPTION OF A DESCRIPTION OF A DESCRIPTION	- and the second		la surra a			207
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				13,207 344,347			
i	Net income (loss) (subtract line 8h from line 8c)	81	ha an	a constanta	guar en an	344,34			
i	Transfers to (from) the plan (see instructions)	8j				in oracle	an a	ante a la contra de contra de la	A STREET, STREE
P	art IV Plan Characteristics		to again the second					10 100 100	
9a	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Cha	aracte	eristic	Code	s in the	instructions:	
	2A 2E 2F 2G 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture code	s from the List of Plan Cha	racter	ristic (	Codes	in the	instructions:	
P	art V Compliance Questions			- 1			200		
10	During the plan year:				Yes	No	N/A	Amount	
	a Was there a failure to transmit to the plan any participant contribut	tions withi	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fi	duciary Correction	10a	x				29,084
	Program)		include transactions	IVa					
	<ul> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> </ul>			10b		х			
	C Was the plan covered by a fidelity bond?			10c	х				50,000
-	the the second provide the plan's	fidelity bo	nd, that was caused						
	by fraud or dishonesty?	*********		10d		x	-		
	e 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.)	ie or all of	the perients under	10e		x			
	F Has the plan failed to provide any benefit when due under the plan	n?		10f		x			
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		x		and the second second second	
	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR	10h		x	-		
i	2520.101-3.)	ho require	d notice or one of the	10i					

Form 5500-SF 2018

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Dert	VI Pension Funding Compliance								
Part 11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500 and line 11a below)	Schedule \$	SB	🗌 Yes 🕱	No				
110	(Form 5500 and line 11a below)	11a							
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of Yes X No									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	and onto	the date (	of the letter ruli	ina				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, Month	and enter Da	ay	Year					
	granting the waiver		1						
		12b							
<u>b</u>	Enter the minimum required contribution for this plan year.	12c							
C	Enter the amount contributed by the employer to the plan for the plan year	. 120							
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							
e	negative amount)	. [	Yes No N/A						
Part				-					
	Has a resolution to terminate the plan been adopted in any plan year?	.	Yes	X No					
13a		. 13a							
	If fes, enter the amount of any plan assets that revenue to the employer time yes	the							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?			Yes X No	0				
<ul> <li>C 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.)</li> </ul>									
	Bc(1) Name of plan(s): 13c(2)	) EIN(s)		13c(3) PN	l(s)				