_	rm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	t of Small Emplo	oyee	0	MB Nos. 1210-0110 1210-0089		
	ernal Revenue Service	Bervice 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							
Employee E	Department of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		This Form is Open to Public Inspection				
Pension B	Benefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.							
Part I		Identification Information			10 1 10 0 1 0				
For calence	dar plan year 2018 or f	iscal plan year beginning 01/01/2			/31/2018		must attack a		
A This re	eturn/report is for:	X a single-employer plan	list of participating er	olan (not multiemployer) (F mployer information in acc		-			
<b>B</b> This rot	turn/report is	a one-participant plan	a foreign plan						
	lum/report is	X the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 mc	onths)				
C Check	box if filing under:	X Form 5558	automatic extension	]	DFVC p	rogram			
		special extension (enter descr	iption)						
Part II	Basic Plan Info	ormation—enter all requested inf	ormation						
<b>1a</b> Name					1b Three				
PFPS1 LLC	FPS1 LLC 401(K) PROFIT SHARING PLAN & TRUST					number	001		
			1c Effec	tive date of					
Mailin	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)				2b Empl (EIN)	2b Employer Identification Number			
City o PFPS1 LLC	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				2c Sponsor's telephone number 206-696-1976				
					2d Busir	Business code (see instructions)			
6025 SE 321 MERCER IS	ND ST SLAND, WA 98040-243		TH AVE SE E, WA 98004			54199	90		
3a Plan a	administrator's name a	nd address 🛛 Same as Plan Spor	isor.		<b>3b</b> Admi	nistrator's E	IN		
					3c Admi	nistrator's te	elephone number		
		e plan sponsor or the plan name ha			4b EIN				
•	<i>i</i> 1 1	onsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	<b>4d</b> PN				
C Plan N	sor's name Name				4u PN				
5a Total	number of participants	s at the beginning of the plan year			5a		0		
_		s at the end of the plan year			5b		1		
C Numb	ber of participants with	account balances as of the end of	the plan year (only defined	d contribution plans	5c		0		
<b>d(1)</b> Tot	tal number of active pa	articipants at the beginning of the pla	an year		5d(1)		0		
<b>d(2)</b> Tot	tal number of active pa	articipants at the end of the plan yea	ar		5d(2)	(2) 1			
than	100% vested	o terminated employment during the	• • •		5e		0		
		or incomplete filing of this return ther penalties set forth in the instruct					able a Schedule		
SB or Sch		and signed by an enrolled actuary, a							
SIGN		d/valid electronic signature.	07/30/2019	JON PETERSON					
HERE	Signature of plan	administrator	Date	Enter name of individu	al signing a	as plan adm	inistrator		
SIGN	Filed with authorized	d/valid electronic signature.	07/30/2019	JON PETERSON					
HERE	Signature of emplo		Date	Enter name of individu	al signing a				
For Paperw	vork Reduction Act Noti	ce, see the Instructions for Form 5500	-SF.			Fo	orm 5500-SF (2018) v.171027		

6a b c	Were all of the plan's assets during the plan year invested in eligib 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 <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> 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	an indeper and condit ot use Fo surance p	ndent qualified public accountant (l tions.) rm 5500-SF and must instead us program (see ERISA section 4021)'	QPA)       X       Yes       No         e Form 5500.       Yes       No       Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	0	0
b	Total plan liabilities	7b	0	0
C	Net plan assets (subtract line 7b from line 7a)	7c	0	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		

(3) Others (including follovers	)	oa(s)				
<b>b</b> Other income (loss)		8b				
<b>C</b> Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c		(	)	
	rollovers and insurance premiums	8d				
	tive distributions (see instructions)		0			
f Administrative service provide	rs (salaries, fees, commissions)	8f				
g Other expenses		8g				
<b>h</b> Total expenses (add lines 8d,	8e, 8f, and 8g)	8h		(	)	
i Net income (loss) (subtract lin	e 8h from line 8c)	8i		(	)	
j Transfers to (from) the plan (see	ee instructions)	8j				
Part IV Plan Characterist	ics					
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2S 2G 2F 2T 2E 2J						
<b>b</b> If the plan provides welfare be	enefits, enter the applicable welfare fe	eature coo	les from the List of Plan Character	istic 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)	10a		×	
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	
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-** 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 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								X No
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 granting the waiver							tter rul	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	<b>:(3)</b> PN	۱(s)

Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Employee	OMB Nos. 1. 1.	210-0110 210-0089		
Department of the Treasury Internal Revenue Service		ed under sections 104 and 4	065 of the Employee Retireme 7(b) and 6058(a) of the Interna				
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	- I	Revenue Code (the Code	).	This Form is Open Public Inspectior			
			uctions to the Form 5500-SF.				
Part I         Annual Report I           For calendar plan year 2018 or fise	dentification Information	/2018	and ending 12/31/2	)18			
	a single-employer plan	a multiple-employer pla	an (not multiemployer) (Filers c ployer information in accordan	necking this box must atta			
	the first return/report an amended return/report		n/report (less than 12 months)				
<b>C</b> Check box if filing under:	Form 5558	iption)		C program			
Part II Basic Plan Infor	mation—enter all requested in						
<b>1a</b> Name of plan PFPS1 LLC 401(K) PROFIT SHARING PLAN &	· · · · · · · · · · · · · · · · · · ·		a )	hree-digit lan number PN) ▶ 001 ffective date of plan			
2a Plan sponsor's name (employ			2b E	01/01/2018 mployer Identification Nu	umber		
	e, country, and ZIP or foreign post		uctions)	EIN) 81-3440763 ponsor's telephone num (206)992-2998	ber		
1150 114th Ave SE			2d E	usiness code (see instru	ctions)		
Bellevue WA 98004				541990			
<b>3a</b> Plan administrator's name and SAME	d address 🗙 Same as Plan Spo	nsor.	<b>3b</b> A	dministrator's EIN			
			3c A	dministrator's telephone	number		
	plan sponsor or the plan name has sor's name, EIN, the plan name a						
<b>5a</b> Total number of participants a	at the beginning of the plan year.				C		
	at the end of the plan year account balances as of the end of		contribution plans		1		
complete this item)	ticipants at the beginning of the p		50	)	0		
		•		-	1		
e Number of participants who	ticipants at the end of the plan ye terminated employment during th	e plan year with accrued be	nefits that were less 50	.,	0		
Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	er penalties set forth in the instru d signed by an enrolled actuary,	n/report will be assessed ctions, I declare that I have	unless reasonable cause is e examined this return/report, inc	luding, if applicable, a So	chedule ge and		
SIGN HERE Signature of plan as	Iminiatrator	Data	Enter nome of individual state	ing op plon e desirieter to			
Signature of plan ac	unninstrator	Date	Enter name of individual sign	ing as plan administrator			
HERE Signature of employ For Paperwork Reduction Act Notice		Date	Enter name of individual sign	ing as employer or plan s Form 5500-5			

v.171027

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	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.)	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.)

## Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 0 0 a Total plan assets ..... 7a 0 **b** Total plan liabilities ..... 7b 0 0 0 C Net plan assets (subtract line 7b from line 7a) ..... 7c 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers ..... 8a(2) (2) Participants. (3) Others (including rollovers)..... 8a(3) **b** Other income (loss)..... 8b 0 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) ... 8d 0 e 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) ..... 0 8h i 0 Net income (loss) (subtract line 8h from line 8c) ..... 8i Transfers to (from) the plan (see instructions)..... i 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: 3D 2S 2G 2F 2T 2E 2J

**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		×		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		×		
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 fidelity bond, that was caused by fraud or dishonesty?	10d		×		
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		×		
f	Has the plan failed to provide any benefit when due under the plan?	10f		×		
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		×		
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				

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)			Yes	No 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 ERISA?		f 	🗌 Yes	No 🛛
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
a	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	l enter l _ Day		of the letter ru	uling
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			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				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	s 🗙 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 brought under the control of the PBGC?			🗌 Yes 🔀 1	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)		<b>13c(3)</b> P	'N(s)