	m 5500-SF	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089						
	tment of the Treasury nal Revenue Service	This form is required to be file	ed under s				2018			
Employee Be	partment of Labor nefits Security Administration	Income Security Act of 1974		, and sections 6057 ue Code (the Code)		Internal	This Form is Open to Public Inspection			
Pension Ber	nefit Guaranty Corporation	Complete all entries in a	accordar	nce with the instru	uctions to the Form 5	500-SF.	Fublic inspection			
Part I		Identification Information								
For calenda	ar plan year 2018 or fis	scal plan year beginning 01/01/2				2/31/2018				
A This retu	urn/report is for:	X a single-employer plan	list	of participating emp			king this box must attach a vith the form instructions.)			
		a one-participant plan	a fo	reign plan						
B This retu	irn/report is	X the first return/report	the f	inal return/report						
		an amended return/report	a sh	ort plan year return	/report (less than 12 m	onths)				
C Check b	oox if filing under:	X Form 5558	auto	omatic extension		DFVC p	rogram			
		special extension (enter descr	ription)			_				
Part II	Basic Plan Info	rmation—enter all requested inf	formation	1						
1a Name o						1b Thre				
POWER3 LL	C CASH BALANCE P	LAN					number 002			
						(PN)	tive date of plan			
							01/01/2018			
		yer, if for a single-employer plan) n, apt., suite no. and street, or P.C	D. Box)			2b Empl (EIN)	oyer Identification Number 81-4018455			
	town, state or province	uctions)	2c Sponsor's telephone number							
						2d Duci	206-556-2192			
2404 NE 65T	H ST	2404 NE 6	65TH ST			ZU DUSI	ness code (see instructions)			
SEATTLE, W		SEATTLE					722511			
22 Diam and	lministrator's nome or	ud addraga M Sama ag Dian Shar				3h Admi	nistrator's EIN			
Ja Plan ad	ininistrator s hame ar	ld address ⊠ Same as Plan Spor	IISOI.			JD Admi				
						3c Administrator's telephone number				
4 If the n	ame and/or EIN of the	e plan sponsor or the plan name ha	as chang	ed since the last re	turn/report filed for	4b EIN				
this pla a Sponso		nsor's name, EIN, the plan name a	and the pl	lan number from th	e last return/report.	4d PN				
C Plan Na						TU FIN				
5a Total n	number of participants	at the beginning of the plan year				5a	9			
b Total n	number of participants	at the end of the plan year				5b	17			
		account balances as of the end of		• • •	•	5c				
	,	rticipants at the beginning of the pla				5d(1)	9			
d(2) Tota	al number of active par	rticipants at the end of the plan yea	ear			5d(2)	17			
		terminated employment during the				5e	0			
than 1 Caution: A	penalty for the late of	or incomplete filing of this return	n/report	will be assessed ı	unless reasonable ca		blished.			
Under pena SB or Sche	Ities of perjury and oth dule MB completed ar	ner penalties set forth in the instructed actuary, a	ictions, I d	leclare that I have e	examined this return/re	port, includi	ng, if applicable, a Schedule			
	rue, correct, and comp	blete. /valid electronic signature.	0)7/24/2019	EDOUARDO JORDA	N				
SIGN HERE		C C					as plan administrator			
	Signature of plan a			Date	Enter name of individ	uai siyning	as pian aunimistrator			
SIGN HERE	0.				 ,					
	Signature of emplo	yer/plan sponsor		Date	Enter name of individ	f individual 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	a 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 a						X Yes 🗌 No					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility 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 ir											
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r		4184839. (See instructions.)					
Da	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Paginping	of Voor			(b) End of Year					
<u>'</u> a	Total plan assets	7a	(a) Beginning o				39000					
b	Total plan liabilities	7a 7b		0			0					
	Net plan assets (subtract line 7b from line 7a)	70 70		0			39000					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total					
	Contributions received or receivable from:	(4) / 4110 411										
	(1) Employers	;	39000									
	(2) Participants		0									
	(3) Others (including rollovers)	3) Others (including rollovers)										
b	Other income (loss)	8b		0								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					39000					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0								
e	Certain deemed and/or corrective distributions (see instructions)	8e		0								
f	Administrative service providers (salaries, fees, commissions)	8f		0								
g	Other expenses	8g		0								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0					
	Net income (loss) (subtract line 8h from line 8c)	8i					39000					
j	Transfers to (from) the plan (see instructions)	8i		0								
Pa	t IV Plan Characteristics	0)		0								
9a	If the plan provides pension benefits, enter the applicable pension $1C$ $3D$ $3H$	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 for	eature coo	les from the List of Pla	n Chara	acterist	ic Cod	les in the instructions:					
Der	V Compliance Questions											
Par					Vee	Na	•					
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	utione withi	n tha time pariod		Yes	No	Amount					
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		х						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		х						
С				10c		Х						
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		х						
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.).	the benefits under	10e		х							
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	ənd.)	10q		Х						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g								
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	d notice or one of the	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 im 5500) and line 11a below)	•	edule S	;В		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				0
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 instituting the waiver.		d enter Da		e of the l		lling
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?			Y	es 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		No
С		uring 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.)	ify the plan(s)) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	c(3) P	N(s)

	SCH	EDULE SB	Single-Em	nlove	or Dofino	d Ron	ofit Plan		OMB N	No. 1210-0110
		orm 5500)			ial Inform					
	Depar	ment of the Treasury								2018
		nal Revenue Service	This schedule is requ Retirement Income Se						This Fame	
	Employee Ber	nefits Security Administration			venue Code (th					is Open to Public spection
		nefit Guaranty Corporation		n attach	ment to Form	5500 or \$	5500-SF.			
		blan year 2018 or fiscal pla		01/2018			and ending	g 12/3	1/2018	
		amounts to nearest doll	ar. assessed for late filing of th	his repor	t unless reason	able cau	eo ie oetabliebor	4		
-	Name of pla		assessed for late ming of th	Потерог			B Three-dig			
		LC CASH BALANCE PLA	N				plan num			002
С	Plan spons	or's name as shown on line	e 2a of Form 5500 or 5500-	-SF			D Employer	Identific	ation Number (E	=INI)
Ŭ	POWER 3			01			E Employer	81-401		
Ε	Type of plan	: X Single Multiple-	A Multiple-B		F Prior year pla	an size: X	100 or fewer	101-	500 More th	nan 500
F	Part I	Basic Information								
1		valuation date:	Month <u>12</u> Day	y <u>31</u>	Year <u>20</u>)18				
2										
						2a		0		
2					Number of	2b	sted Funding	0 (3) Total Funding		
3	Funding	target/participant count bre	eakdown			· · ·	rticipants	. ,	Target	Target
	a For ret	ired participants and benef	ficiaries receiving payment				0		0	0
	b For ter	minated vested participant	ts				0		0	0
	C For act	ive participants					17		0	0
							17		0	0
4	If the pla	n is in at-risk status, check	the box and complete lines	s (a) and	d (b)					
			cribed at-risk assumptions.					4a		
		0 0	ssumptions, but disregardir consecutive years and disre	0				4b		
5				· · ·				5		6.29%
6	Target no	ormal cost						6		35682
Sta	-	Enrolled Actuary	plied in this schedule and accompan	ovina ochor	dulas, statements en	d atta ah man	to if any is somelate		oto Fook procesikos	d convertion was applied in
	accordance wi		n my opinion, each other assumption							
	SIGN									
	HERE								07/15/201	9
		Si	ignature of actuary						Date	
	JOSEPH A.	CAROLAN							17-0783	5
		Туре с	or print name of actuary					Most r	ecent enrollme	nt number
E	ERPC, LLC								425-314-92	282
F	PO BOX 890)	Firm name				Те	lephone	number (includ	ling area code)
	MUKILTEO,									
			Addroop of the firm				_			
			Address of the firm							
	e actuary ha ructions	as not fully reflected any re	gulation or ruling promulga	ited unde	er the statute in	completi	ng this schedule	e, check	the box and se	e
		k Reduction Act Notice,	see the Instructions for F	Form 550	00 or 5500-SF.				Schedule S	B (Form 5500) 2018 v. 171027

P	art II	Begin	nning of Year	Carryov	er and Prefunding E	Bala	nces						
								(a) C	arryover balan	e	(b)	Prefundir	ng balance
7		•	0 1 2		able adjustments (line 13 f	•				0			0
8				•	nding requirement (line 35					0			0
9	Amount	remaining	g (line 7 minus line	8)						0			0
10	Interest of	on line 9 ι	using prior year's a	actual retur	n of <u>0.00</u> %					0			0
11	Prior yea	ır's exces	s contributions to	be added t	o prefunding balance:								
	a Preser	nt value o	of excess contribut	ions (line 3	8a from prior year)								0
			the excess, if any, B, using prior year		over line 38b from prior ye interest rate of0.00								0
	• •		-	•	dule SB, using prior year's	s actu	ial 🚽						0
	C Total available at beginning of current plan year to add to prefunding balance												0
d Portion of (c) to be added to prefunding balance												0	
12 Other reductions in balances due to elections or deemed elections												0	
13	Balance	at beginn	ning of current yea	r (line 9 + l	ine 10 + line 11d – line 12))				0			0
P	Part III	Fun	ding Percenta	ages									
14	Funding	target att	ainment percenta	ge								. 14	100.00%
15 Adjusted funding target attainment percentage												107.96%	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement 16										100.00%			
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage												
P	Part IV	Con	tributions and	d Liquid	ity Shortfalls								
18			-		ar by employer(s) and emp	oloye							
(1	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees		(a) Da (MM-DD-)		(b) Amount employ		' (c) Amoui emplo	nt paid by ovees
C	03/15/2019)	. ,	39000			•	,				•	
												- <u>r</u>	
							otals 🕨	18(b)			000 18(c)		0
19			5		uctions for small plan with				0 0	,			
					num required contributions					19a			0
					usted to valuation date					19b			0
					red contribution for current y	ear a	idjusted to v	aluation d	ate	19c			38521
20			itions and liquidity		• • • • • • •								
			-		e prior year?							······∐	Yes X No
					nstallments for the current			a timely ma	anner?				Yes No
	C If line	20a is "Y	es," see instruction	ns and com	nplete the following table a			this	(00°				
		(1) 1s ⁻	t		Liquidity shortfall as of e (2) 2nd	na of	quarter of		year 3rd			(4) 4th	
		(1) 10			(-)			(0)				()	

Page 3

Ρ	Part V Assumptions Used to Determine Funding Target and Target Normal Cost												
21	Discour	nt rate:											
	a Segn	nent rates:	1st s	egment: 3.92%	2r	d segment: 5.52%	3rd segmen 6.29		N/A, full yield curve u	ised			
	b Appli	cable month (ei	nter code)					21b	0				
22	Weighte	ed average retir	ement age					22	62				
23	Mortality	y table(s) (see	instructions)	Prior regulation:		Prescribed - com	pined Prescrib	ed - separat	e Substitute				
				Current regulati	on: X	Prescribed - com	bined Prescrib	ed - separat	e Substitute				
Pa	art VI	Miscellane	ous Items										
24		0		•	•	•	lan year? If "Yes," see			< No			
25	Has a m	nethod change	been made for	the current plan	/ear? If "Ye	s," see instructions i	regarding required attac	chment	Yes 🛛	< No			
26	Is the pl	an required to	provide a Sche	edule of Active Pa	ticipants?	f "Yes," see instructi	ons regarding required	attachmen	tX Yes	No			
27						ode and see instruct	ions regarding	. 27					
Pa	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years												
28	Unpaid									0			
29													
30	30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)												
Pa	Part VIII Minimum Required Contribution For Current Year												
31	31 Target normal cost and excess assets (see instructions):												
	a Target	t normal cost (li	ine 6)					31a	356	82			
	b Exces	ss assets, if app	olicable, but no	t greater than line	31a			31b		0			
32	Amortiz	ation installmer	nts:				Outstanding Ba	lance	Installment				
	a Net sl	hortfall amortiza	ation installme	nt				0		0			
								0		0			
33						he ruling letter grant e waived amount	ing the approval	33					
34	Total fu	nding requirem	ent before refle				31b + 32a + 32b - 33)	34	356	82			
					Carry	over balance	Prefunding bala	ance	Total balance				
35		es elected for us		-		0		0		0			
36	Addition	al cash require	ement (line 34 i	ninus line 35)				36	356	82			
37						urrent year adjusted	to valuation date (line		385	21			
38	Present	value of exces	s contributions	for current year (see instruct	ions)		•					
	a Total	(excess, if any,	of line 37 over	r line 36)				38a	28	39			
	b Portio	on included in li	ne 38a attribut	able to use of pref	unding and	funding standard ca	rryover balances	38b		0			
39	Unpaid	minimum requi	red contributio	n for current year	(excess, if a	ny, of line 36 over li	ne 37)	39		0			
40	Unpaid	minimum requi	red contributio	ns for all years				40		0			
Pa	rt IX	Pension	Funding R	elief Under Pe	ension R	elief Act of 2010	O (See Instruction	s)					
41	lf an ele	ction was made	e to use PRA 2	010 funding relief	for this plar	:							
	a Scheo	dule elected						······	2 plus 7 years 15 ye	ars			
	b Eligible plan year(s) for which the election in line 41a was made												

Schedule of Active Participant Data

Power3 LLC Cash Balance Plan EIN/PN: 81-4018455/002 For the plan year January 1, 2018 through December 31, 2018

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under										
25		1								
25 to 29		8								
30 to 34		5								
35 to 39		2								
40 to 44		1								
45 to 49										
50 to 54										
55 to 59										
60 to 64										
65 to 69										
70 & up										

Actuarial Assumption Methods

	For Funding Min Max	For §417(e)	For Actuarial Equivalence				
Interest RatesSeg 1	3.92% 2.50%	Seg 1 2.33%	Pre-Retirement 5.00%				
Seg 2	5.52% 3.92%	Seg 2 3.55%	Post-Retirement 5.00%				
Seg 3	6.29% 4.50%	Seg 3 4.11%					
Pre-Retirement							
Turnover	None	None	None				
Mortality	None	None	None				
Assumed Ret Age	Normal Retirement A Later of Age 62 or 5	Age Years of Participation					
Post-Retirement							
Mortality	2018 Applicable Mortality Table	2018 Applicable Mortality Table	2018 Applicable Mortality Table				
Assumed Benefit Fo	orm for Funding	Lump Sum					
Calculated Effective	e Interest Rate	6.29%					
Interest Crediting F	Rate	5.00%					

Summary of Plan Provisions

As of December 31, 2018

Plan Effective Date	January 1, 2018
Plan Year	January 1 to December 31
Eligibility	All employees excluding non-resident aliens, members of an excluded class and collectively bargained are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:
	1 Year of Service Age 21
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following:
	Attainment of age 62 Completion of 5 Years of Participation
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:
	Group A: 26% of Compensation for each Plan Year Group B: 2% of Compensation for each Plan Year
	Average Compensation for purposes of the Normal Retirement Benefit is based on the average salary during the current year
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	Hypothetical Account Balance
Termination Benefit	Upon termination for any reason other than death, disability or retirement, a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

	Credited Years 1 2 3	Vested Percent 0 0 100						
	Credited year are plan years commencing hire and ending with the retirement year following:	•						
	Years with less than 1,000 hours Years prior to the effective date of this Plan Years prior to the attainment of age 18							
Top-Heavy Minimum Benefit	The top-heavy minimum will be provided i of the employer	n the 401(k) Plan						
Death Benefit	Actuarial Equivalent of the accrued benef the date of death	it earned at up to						

Description of Weighted Average Retirement Age

Power3 LLC Cash Balance Plan EIN/PN: 81-4018455/002 For the plan year January 1, 2018 through December 31, 2018

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Actuarial Certification and Disclosures

Power3 LLC Cash Balance Plan

For the plan year January 1, 2018 through December 31, 2018 Valuation date: December 31, 2018

The Actuarial Report is applicable to the plan year indicated above and is intended for use by the Plan Sponsor, ERISA Plan Administrator and Trustee(s) of the above referenced plan. The Actuarial Report is comprised of the Actuarial Communications and Documents listed below:

- Valuation Report include Plan Provisions and applied Actuarial Assumptions and Methods
- Form 5500 Schedule SB and its attachments
- AFTAP Certification(s)
- Pension Benefit Guarantee Corporation (PBGC) Premium Certificate
- Contribution letter/communication
- Any other written, electronic or oral communications with respect to actuarial services

The Actuarial Report reflects the Pension Protection Act (PPA) of 2006 including changes made by the Worker, Retiree, and Employer Recovery Act (WRERA) of 2008 and the Heroes Earnings Assistance and Relief Tax (HEART) of 2008. All Plan Sponsor/Employer, Employee and plan asset data including employer contribution dates and amounts along with the plan and trust documents used in the valuation, have been furnished by the Plan Sponsor, ERISA Plan Administrator, Trustee(s), and/or representatives of these parties. The Form 5500 Schedule SB attachments labeled Part V—Statement of Actuarial Assumptions/Methods and Summary of Plan Provisions identify the methods, procedures and assumptions used to render the actuarial opinion for the plan year. The prescribed funding method, interest and mortality rates, along with the plan asset value and valuation date allowable under Internal Revenue Code (IRC) §430 are noted and have been selected by the Plan Sponsor. In addition, the valuation report includes this information along with other specific participant data used to render the actuarial findings.

The scope of the requested Actuarial Report is to provide to the intended users the minimum required contribution for the plan year based on estimated benefits of the plan participants as of the valuations date. The valuation report is intended to support the compliance of the Plan with IRC §§412, 430 and 436. The Form 5500 Schedule SB and its attachments supplies the results of the Plan Sponsor's funding for the plan year. The AFTAP certification(s) states the funding position which indicates any benefit restrictions as required under IRC §436. The PBGC Premium certification state the variable-rate premium information is true, correct and complete based on the assumptions and methods prescribed by the PBGC and as elected by the Plan Sponsor.

This Actuarial Report is not to be used or relied upon for FAS Accounting purposes, Participant Distribution amounts, Plan Termination estimates any PBGC filing other than Premium, or any other purpose not specified.

I, the Responsible Actuary for Actuarial Communications, have relied upon the Plan Sponsor, ERISA Plan Administrator, Trustee(s), and/or their representatives, for the accuracy of all data. However, I have performed quality checks as to the reasonableness of the data under the Actuarial Standards of Practice (ASOP) No. 23. If the information provided is not accurate, the results of the Actuarial Report may not be correct in the determination of the minimum required contribution along with the Plan's compliance with the terms of IRC sections aforementioned. Actual future changes in the pension laws and regulations, plan benefit formula, asset value and participant data after the valuation date are not considered in this Actuarial Report. The Plan Sponsor should communicate to me any potential change in business and/or employment roster in order to access the impact to the Plan and its funding.

I am enrolled by the Joint Board for the Enrollment of Actuaries. I am qualified to practice with respect to gualified retirement plans and to render the actuarial opinion contained in the Actuarial Report under the American Academy of Actuaries qualification standards. In preparing the Actuarial Report, there was no deviation from the guidance of any Actuarial Standard of Practice. In providing my actuarial opinion, there is no known relationship between the intended users, the plan or its advisors and my firm and/or me that would impair the objectivity of my findings. Based on the intended use of the Actuarial Report, there are no constraints that have been placed on the report of its findings.

Please note that to the extent the Actuarial Communications contain tax advice, such advice is not intended or written to be used, and cannot be used by any taxpayer, for the purpose of avoiding any penalties that may be imposed under the Internal Revenue Code or in promoting, marketing or recommending any entity, investment plan or arrangement to any taxpayer.

Joseph & Carolan, EA, MSPA, CPC, APA Date Date Enrollment Number

Enrolled Actuary **Evergreen Retirement Plan Consulting, LLC** PO Box 890 Mukilteo, WA 98275 jcarolan@evergreen-retirement.com 425.314.9282

					T	OMBIN	No. 1210-0110
SCHEDULE SB	Single-Empl			efit Plan			
(Form 5500)	Act	uarial Inform	nation			2	2018
Department of the Treasury Internal Revenue Service	This schedule is require	ad to be filed under se	action 104	of the Employe			
Department of Labor Employee Benefits Security Administration	Retirement Income Secu	urity Act of 1974 (ERI	SA) and se			This Form	is Open to Public
Pension Benefit Guaranty Corporation		nal Revenue Code (th				In	spection
For calendar plan year 2018 or fiscal pla		attachment to Form	5500 or 5	and ending	12/3	31/2018	
 Round off amounts to nearest dollar 		2018		and ending		51/2018	•••••••••••••••••••••••••••••••••••••••
Caution: A penalty of \$1,000 will be a		report unless reasor	hable cause	e is established	ł.		
A Name of plan			1	B Three-dig	jit		
POWER3 LLC CASH BALANCE PLA	N			plan num	ber (PN)	002
C Plan sponsor's name as shown on line	2a of Form 5500 or 5500-S	F		D Employer	Identific	ation Number (I	EIN)
POWER 3 LLC					81-40	18455	
		<u>-</u>					
E Type of plan: X Single Multiple-	A Multiple-B	F Prior year pla	an size: 🛛	100 or fewer	101-	500 More th	nan 500
Part I Basic Information							
1 Enter the valuation date:	Month 12 Day	31 Year 20	018				
2 Assets:							
a Market value			•••••		2a		0
b Actuarial value					2b		0
3 Funding target/participant count bre	akdown		I '''	umber of cipants		sted Funding Target	(3) Total Funding Target
a For retired participants and benef	iciaries receiving payment		<u>_</u>	0		0	0
b For terminated vested participant				0		0	0
C For active participants				17		0	0
d Total				17		0	0
4 If the plan is in at-risk status, check							
a Funding target disregarding press					4a		· · · · · · · · · · · · · · · · · · ·
b Funding target reflecting at-risk as					4b		
at-risk status for fewer than five c	onsecutive years and disrega	arding loading factor					
5 Effective interest rate					5		6.29 % 35682
6 Target normal cost					0		55662
Statement by Enrolled Actuary To the best of my knowledge, the information supp	blied in this schedule and accompanyir	ng schedules, statements an	d attachments	, if any, is complete	and accu	rate. Each prescribed	d assumption was applied in
accordance with applicable law and regulations. In combination, offer my best estimate of anticipated		s reasonable (taking into acc	ount the expen	tence of the plan ar	nd reasona	ble expectations) an	d such other assumptions, in
	$2 \qquad 0 \qquad 0$					_	
HERE אגרילא (07/	151	219	
Si Si	gnature of actuary					Date	
JOSEPH A. CAROLAN				. <u> </u>		17-0783	5
Туре о	r print name of actuary				Most	recent enrollme	nt number
ERPC, LLC						425-314-92	282
PO BOX 890	Firm name			Те	lephone	number (induc	ling area code)
MUKILTEO, WA 98275							
	Address of the firm						
-	Address of the firm						
If the actuary has not fully reflected any re- instructions	julation or ruling promulgate	d under the statute in	completing	g this schedule	e, check	the box and se	e []
For Paperwork Reduction Act Notice,	see the Instructions for For	rm 5500 or 5500-SF.				Schedule S	B (Form 5500) 2018 v. 171027

P	art ll	Begin	ining of Year	Carryov	er and Prefunding Ba	lances									
							ļ	(a) C	arryover baland	e		(b) P	refundi	ng bala	ince
7		•	• • •	••	able adjustments (line 13 fro	•	ļ			0					0
8					nding requirement (line 35 fr	•				0					0
9	Amount	remaining	g (line 7 minus line	8)						0					0
10	Interest	on line 9 u	using prior year's	actual retu	rn of0.00_%					0					0
11	Prior ye	ar's exces	s contributions to	be added	to prefunding balance:										
	a Prese	ent value o	f excess contribut	ions (line 3	88a from prior year)										0
					over line 38b from prior yea interest rate of0.009	ar %									0
	re	eturn	· · · · · · · · · · · · · · · · · · ·		dule SB, using prior year's a										0
	C Total	available a	t beginning of curre	ent plan yea	er to add to prefunding balance	ə									0
d Portion of (c) to be added to prefunding balance													0		
12	Other re	eductions i	n balances due to	elections	or deemed elections					0					0
13	Balance	at beginn	ing of current yea	r (line 9 + l	line 10 + line 11d – line 12)					0					0
F	Part III	Fun	ding Percenta	ages											
													14	1	00.00%
)								15	1	07.96%
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement														
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage														
P	Part IV	Con	tributions an	d Liquid	ity Shortfalls									.	
18	Contribu	utions mad	ie to the plan for t	he plan ye	ar by employer(s) and emplo	oyees:									
	(a) Da MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) (MM-Di	Date D-YYY	Y)	(b) Amount employ		by	(c)	Amou (emple	nt paid oyees	by
<u> </u>	03/15/201		employer	39000		(1		• /						-,	
	0.10.201	<u> </u>						_							
						Totais 🕨	- 1	8(b)		3	9000	18(c)			(
19	Discour	nted emplo	ver contributions	- see instru	uctions for small plan with a	valuation d	late aft	er the	beginning of th	e year	:				
		-	-		num required contributions f					19a	r				0
					usted to valuation date					19t	>				0
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date														
20	Quarter	ly contribu	tions and liquidity	shortfalls:						I					
	a Did ti	he plan ha	ve a "funding sho	rtfall" for th	e prior year?						 · · · · · · · · · · · · ·		П	Yes	X No
		-			installments for the current y								=	Yes	N₀
	C If line	20a is "Ye	es," see instructio	ns and con	nplete the following table as	applicable:	:								
					Liquidity shortfall as of end	f of quarter	of this								
	(1) 1st (2) 2nd (3) 3rd (4) 4th														

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P	Part V Assumptions Used to Determine Funding Target and Target Normal Cost												
21	21 Discount rate:												
	a Segment rates:		1st s	1st segment: 2nd segment: 3rd segment 3.92% 5.52% 6.29				N/A, full yield curve used					
	b Applicable month (enter code)								0				
22	Weighted	average retire	ement age					22	62				
23	Mortality	table(s) (see i	instructions)	Prior regulation:		Prescribed - comb	ined 🛛 🗌 Prescri	bed - separa	te 🗍 S	ubstitute			
										ed - separate			
Part VI Miscellaneous Items													
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.												
25	Has a me	thod change l	been made for	the current plan	year? If "Yes	," see instructions r	egarding required att	achment		🗌 Ye	es 🛛 No		
26	Is the pla	n required to p	provide a Sche	edule of Active Pa	rticipants? If	"Yes," see instruction	ons regarding require	d attachmen	t	X Yo	es 🗌 No		
27	7 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment												
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years													
28	Unpaid m	inimum requir	red contributio	ns for all prior yea	irs			28	0				
29									O				
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)							30	0				
Part VIII Minimum Required Contribution For Current Year													
31 Target normal cost and excess assets (see instructions):													
	a Target normal cost (line 6)								35682				
	b Excess assets, if applicable, but not greater than line 31a							31 b	0				
32	Amortiza	ion installmen	its:				Outstanding B	alance	ir	stallment	t		
	a Net she	ortfall amortiza	ition installme	nt				0					
								0	<u> </u>		0		
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount						33						
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).						34	35682					
					Carryo	ver balance	Prefunding ba	lance	To	tal balance			
35			e to offset fun			0		0			0		
36	36 Additional cash requirement (line 34 minus line 35)								35682				
37	7 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).								38521				
38 Present value of excess contributions for current year (see instructions)													
	a Total (excess, if any, of line 37 over line 36)							38a	2839				
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances								0				
_39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)										0		
40	40 Unpaid minimum required contributions for all years										0		
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)													
41	If an elect	ion was made	to use PRA 2	010 funding relief	for this plan:				_				
	a Schedu	le elected]2 plus 7 yea	rs [] 1	5 years		
	b Eligible plan year(s) for which the election in line 41a was made												

	m 5500-SF	Short Form Annu	of Small Employ	/ee	OMB Nos. 1210-0110 1210-008				
	tment of the Treasury nal Revenue Service	This form is required to be file	65 of the Employee Retir	rement	2018				
	partment of Labor enefits Security Administration	Income Security Act of 1974		(b) and 6058(a) of the Int	ternal	This Form is Open to			
Pension Ber	nefit Guaranty Corporation	ctions to the Form 5500	Public Inspection 5500-SF.						
Part I	Annual Report	Identification Information							
or calenda	ar plan year 2018 or fis	cal plan year beginning 01/01/2	_		1/2018				
This ret	urn/report is for:	X a single-employer plan	list of participating emp	n (not multiemployer) (File Noyer information in acco					
		a one-participant plan	one-participant plan						
This retu	ırn/report is	X the first return/report							
		an amended return/report	n amended return/report 🛛 🗌 a short plan year return/report (less than 12 months)						
Check b	box if filing under:	X Form 5558	automatic extension	Π	DFVC program				
			special extension (enter description)						
Part II	Basic Plan Info	rmation—enter all requested in	formation						
a Name	of plan			1	b Three-dig				
WER3 LL	C CASH BALANCE PI	LAN			plan number (PN) ▶ 002				
				1	C Effective				
		yer, if for a single-employer plan) n, apt., suite no. and street, or P.0		2	2b Employer Identification Number				
		e, country, and ZIP or foreign pos		ctions)	(EIN) 81-4018455				
WER 3 LL	_C				2c Sponsor's telephone number 206-556-2192				
	LICT	2404 NE	CETHOT	2	2d Business code (see instructions)				
04 NE 65T		2404 NE SEATTLE	E, WA 98115		722511				
3a Plan administrator's name and address X Same as Plan Sponsor.						3b Administrator's EIN			
				-		ator's telephone numbe			
		e plan sponsor or the plan name h nsor's name, EIN, the plan name	0		4b EIN				
and agreed the	or's name		6						
4 26.5 1		at the beginning of the plan year.			5a 5b	9			
 b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (only defined contribution plans 						17			
C Numb					5c				
		d(1) Total number of active participants at the beginning of the plan year							
compl		ticipants at the beginning of the p	olan year	·····	5d(1)				
compl d(1) Tota	al number of active par	rticipants at the beginning of the p rticipants at the end of the plan ye			5d(2)	17			
compl d(1) Tota d(2) Tota e Numb than	al number of active par al number of active par per of participants who 100% vested	rticipants at the end of the plan ye terminated employment during the	ear e plan year with accrued ber	nefits that were less	5d(2) 5e	17 0			
compl d(1) Tota d(2) Tota e Numb than Caution: A	al number of active par al number of active par per of participants who 100% vested a penalty for the late of	rticipants at the end of the plan ye terminated employment during th or incomplete filing of this retur	ear e plan year with accrued ber rn/report will be assessed o	nefits that were less	5d(2) 5e is establisi	0 hed.			
compl d(1) Tota d(2) Tota e Numb than Caution: A Jnder pena SB or Sche	al number of active par al number of active par per of participants who 100% vested A penalty for the late alties of perjury and oth edule MB completed ar	rticipants at the end of the plan ye terminated employment during th or incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary,	ear e plan year with accrued ber rn/report will be assessed u uctions, I declare that I have o	infits that were less inless reasonable caus examined this return/repo	5d(2) 5e e is establist ort, including,	0 hed. if applicable, a Schedule			
compl d(1) Tota d(2) Tota e Numb than Caution: A Jnder pena SB or Sche pelief, it is t	al number of active par al number of active par per of participants who 100% vested A penalty for the late of alties of perjury and oth	rticipants at the end of the plan ye terminated employment during th or incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary,	ear e plan year with accrued ber rn/report will be assessed u uctions, I declare that I have o	infits that were less inless reasonable caus examined this return/repo	5d(2) 5e e is establist ort, including,	0 hed. if applicable, a Schedule			
compl d(1) Tota d(2) Tota e Numb than Caution: A Jnder pena SB or Sche	al number of active participants who active participants who 100% vested	rticipants at the end of the plan ye terminated employment during th or incomplete filing of this return her penalties set forth in the instru- hed signed by an enrolled actuary, plete.	ear ne plan year with accrued ber rn/report will be assessed u uctions, I declare that I have as well as the electronic vers	nefits that were less unless reasonable caus examined this return/report, sion of this return/report, Edouard	5d(2) 5e e is establish ort, including, i and to the best of Se	0 hed. if applicable, a Schedule st of my knowledge and Ag			
compl d(1) Tota d(2) Tota e Numb than Caution: A Juder pena SB or Sche belief, it is t SIGN	al number of active par al number of active par per of participants who 100% vested A penalty for the late alties of perjury and oth edule MB completed ar	rticipants at the end of the plan ye terminated employment during th or incomplete filing of this return her penalties set forth in the instru- hed signed by an enrolled actuary, plete.	ear e plan year with accrued ber rn/report will be assessed u uctions, I declare that I have o	inless reasonable caus examined this return/report, a sion of this return/report, a	5d(2) 5e e is establish ort, including, i and to the best of Se	0 hed. if applicable, a Schedule st of my knowledge and Ag			

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 a									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? X Yes \Box No \Box Not determined									
U	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4184839. (See instructions.)									
	· · · ·	01 000 p		ian you			<u> </u>			
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year			
a	Total plan assets	tal plan assets					39000			
b	Total plan liabilities		0			0				
C	Net plan assets (subtract line 7b from line 7a)	et plan assets (subtract line 7b from line 7a)					39000			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t		(b) Total				
a	Contributions received or receivable from: (1) Employers	8a(1)		39000						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					39000			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses				0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						0			
i	Net income (loss) (subtract line 8h from line 8c)						39000			
j	Transfers to (from) the plan (see instructions)	ransfers to (from) the plan (see instructions)								
Pa	rt 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: 1C 3D 3H									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plar	n Chara	cterist	ic Cod	es in the instructions:			
Par	art V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
a	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 Program)	iduciary Correction	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	10b		х						
С	Was the plan covered by a fidelity bond?	10c		х						
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	10d		Х						
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.).					х				
f	Has the plan failed to provide any benefit when due under the pla	10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Х				
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)									
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									

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and or m 5500) and line 11a below)		В	X	Yes	No	
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				0
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.)			. 🗆	Yes 🗙	No	
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins nting the waiver.	d enter t Day		of the lett _ Year			
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 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 minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	4
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Yes	×	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 broug trol of the PBGC?			Yes 🗙 No			
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.)	ify the plan(s)) to				
1	3c(1) Name of plan(s):	EIN(s)		13c	(3) PN(s))	