Department of the Treasury Internal Revenue Service       Benefit Plan         Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation       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 Revenue Code (the Code).       This Form is Open to Public Inspection         Pension Benefit Guaranty Corporation       • Complete all entries in accordance with the instructions to the Form 5500-SF.       This Form is Open to Public Inspection         Port I       Annual Report Identification Information       • Complete all entries in accordance with the instructions to the Form 5500-SF.       This Form is Open to Public Inspection         For calendar plan year 2018 or fiscal plan year beginning       01/01/2018       and ending       12/31/2018         A This return/report is for:       a single-employer plan       a nultiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)         B This return/report is       the first return/report       a short plan year return/report       before the final return/report         B This return/report is       the first return/report       a short plan year return/report       DFVC program         C Check box if filing under:       Form 5558       automatic extension       DFVC program
Employee Benefits Security Administration       Revenue Code (the Code).       This Form is Open to Public Inspection         Pension Benefit Guaranty Corporation          • Complete all entries in accordance with the instructions to the Form 5500-SF.           This Form is Open to Public Inspection          Part I       Annual Report Identification Information          For calendar plan year 2018 or fiscal plan year beginning 01/01/2018           and ending 12/31/2018           12/31/2018          A       This return/report is for:          a single-employer plan         a one-participant plan         a one-participant plan         a one-participant plan         a anended return/report         an amended return/report         a ashort plan year return/report (less than 12 months)         C          DFVC program
Part I       Annual Report Identification Information         For calendar plan year 2018 or fiscal plan year beginning       01/01/2018         A       This return/report is for:         B       a one-participant plan         Image: the first return/report is       the first return/report         Image: the first return/report       the first return/report         Image: the first return/report       the first return/report         Image: the first return/report       a short plan year return/report         Image: the first filing under:       Form 5558
For calendar plan year 2018 or fiscal plan year beginning       01/01/2018       and ending       12/31/2018         A This return/report is for:       image: constraint plan is a single-employer plan is a one-participant plan is a one-participant plan is a foreign plan       image: constraint plan is a foreign plan is a short plan year return/report is a short plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558       image: constraint plan is a short plan
A This return/report is for:
A This return/report is for:       Ist of participating employer information in accordance with the form instructions.)         B This return/report is       ist of participating employer information in accordance with the form instructions.)         B This return/report is       the first return/report         Image: C C Check box if filing under:       Form 5558
B This return/report is       the first return/report       the final return/report         an amended return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558       automatic extension       DFVC program
C Check box if filing under:       Source Form 5558       automatic extension       DFVC program
C Check box if filing under:
- $        -$
special extension (enter description)
Part II Basic Plan Information—enter all requested information
1a Name of plan     1b Three-digit       KIRKPATRICK & STARTZEL, P.S. PROFIT SHARING PLAN     plan number
(PN) ▶ 001
<b>1c</b> Effective date of plan
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       Employer Identification Number         (EIN)       91-1417610
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KIRKPATRICK & STARTZEL, P.S. 209-455-3647
2d Business code (see instructions)
108 N. WASHINGTON STREET, SUITE 201 541110
SPOKANE, WA 99201
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN
<b>3c</b> 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 4b EIN
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>4d</b> PN
C Plan Name
5a Total number of participants at the beginning of the plan year
b Total number of participants at the end of the plan year
<ul> <li>C Number of participants with account balances as of the end of the plan year (only defined contribution plans</li> <li>5c 10</li> </ul>
d(1) Total number of active participants at the beginning of the plan year
d(2) Total number of active participants at the end of the plan year
• Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested
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 be lectronic version of this return/report, and to the best of my knowledge and be lectronic version of this return/report.
belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.         08/12/2019       KRIS KIRKPATRICK
HERE         Signature of plan administrator         Date         Enter name of individual signing as plan administrator
SIGN
HERE 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) v.171027

6a											
D	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
С	<b>C</b> 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	Part III Financial Information										
_/	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
a	Total plan assets	7a	2699563	2480361							
b	Total plan liabilities	7b									
C	Net plan assets (subtract line 7b from line 7a)	7c	2699563	2480361							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)	29156								
	(2) Participants	8a(2)	76142								
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	-262216								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-156918							
b	Repetits paid (including direct rollovers and insurance premiums										

С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-156918						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	37610							
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	24674							
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		62284						
i	Net income (loss) (subtract line 8h from line 8c)	8i		-219202						
j	Transfers to (from) the plan (see instructions)	8j								
Pa	Part IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									

2E 2G 3D 2R 2J 2K	the instructions:	Codes in the i	Characteristic Co	Plan (	_ist of I	the	s fron	e code	featur	pension	applicable	enter the	benefits,	pension	des p	provid	e plan	If the	Ja
										-			2K	R 2J	2R	3D	2G	2E	

**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	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? 1	10c	Х		270000
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		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
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			

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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 rm 5500) and line 11a below)			B		Yes	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 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		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol 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)

Form 5500-SF	Short Form Ann	ual Return/Repo Benefit Plar	rt of Small Em	ployee	OMB Nos. 1210-01 1210-00			
Internal Revenue Service Department of Labor	This form is required to be fil Income Security Act of 197	ed under sections 104 an 4 (ERISA), and sections (	d 4065 of the Employee	Retirement	2018			
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	11 = 2-2	Revenue Code (the Co	de).	ing interriet	This Form is Open to			
	Complete all entries in	accordance with the in	structions to the Form	5500-SF.	Public Inspection			
Part I Annual Repor	t Identification Information	1						
For calendar plan year 2018 or		01/01/2018	and ending		1/2018			
A This return/report is for:	X a single-employer plan	a multiple-employer list of participating	plan (not multiemployer employer information in	) (Filers check accordance w	ing this box must attach a ith the form instructions.)			
Date: No. 1	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/repor	6					
	an amended return/report	Riving .	urn/report (less than 12	months)				
C Check box if filing under:	X Form 5558	automatic extension		DEVO				
	special extension (enter desc	Annual Control of Cont		DFVC pr	ogram			
Part II Basic Plan Inf	ormation-enter all requested in		_					
a Name of plan	officer di requested in	iornation		d la mi	20 KO 194			
Kirkpatrick & St	artzel, P.S. Profit S	haring Plan		1b Three	-digit number			
				(PN)				
					ive date of plan 01/1989			
2a Plan sponsor's name (empl Mailing address (include rook)	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	) Box)		2b Emplo	yer Identification Number			
City or town, state or provin	ce, country, and ZIP or foreign post	tal code (if foreign, see ins	tructions)		91-1417610			
KIRKPATRICK & ST	ARTZEL, P.S.			2c Sponsor's telephone number 509-455-3647				
108 N. WASHINGTO	N STREET, SUITE 201			2d Business code (see instructions)				
SPOKANE	WA 9920	01						
a Plan administrator's name a	nd address X Same as Plan Spor			5411				
- The second sec	address A same as Plan Spor	nsor.		3b Admin	istrator's EIN			
				3c Admin	istrator's telephone numbe			
If the name and/or EIN of the	e plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN				
a Sponsor's name	nsor's name, EIN, the plan name a	ind the plan number from	the last return/report.					
c Plan Name				4d PN				
a Total number of participants	at the heatinging of the plan uses			-				
b Total number of participants	at the beginning of the plan year		***********	5a				
C Number of participants with	at the end of the plan year account balances as of the end of t	ho plan waar (oot. do?	ининининининининининининининининининин	5b	1			
complete this item)				5c	1			
d(1) Total number of active pa	rticipants at the beginning of the pla	an year		5d(1)	1			
d(2) Total number of active pa	5d(2)							
<ul> <li>Number of participants who</li> </ul>	terminated employment during the	plan year with accrued h	anofite that wore lose					
inan rou% vester				5e				
B or Schedule MB completed an	or incomplete filing of this return her penalties set forth in the instruc disigned by an enrolled actuary, a lifte							
1/1					and any knowledge and			
GN RE Manily	inpatrick	ICK						
Signature of plan a	dministrator	Date 9-12-19	Enter name of individ	lual signing as	plan administrator			
GN								
ERE		dividual signing as employer or plan sponsor						
Signature of emplo	yer/plan sponsor e, see the Instructions for Form 5500-	Date	Enter name of individ	upl cinning on	ampleuros es al-			

E, 5500

	Fulli 3500-5F (2016)		Page 2			
6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	an independ and condition	dent qualified public acc	ountant (	IQPA)	X Yes D No
	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	nsurance pro	ogram (see ERISA secti	on 4021)	? 🗌 Yı	es No Not determined
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of 1	/ear		(b) End of Year
а	Total plan assets	7a		9,563		2,480,36
b	Total plan liabilities	7b				27100730
С	Net plan assets (subtract line 7b from line 7a)	7c	2,69	9,563		2,480,363
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		9,156		(b) rotal
_	(2) Participants	8a(2)	7	6,142		
_	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	-26	2,216		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-156,918
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	7,610		
e	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f	2	4,674		
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				62,284
i	Net income (loss) (subtract line 8h from line 8c)	8i				-219,202
j	Transfers to (from) the plan (see instructions)	8j				
Par	t IV Plan Characteristics					
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2G 3D 2R 2J 2K	feature code	s from the List of Plan C	haracter	istic Codes	in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Ch	aracteris	stic Codes in	n the instructions:
Par	V Compliance Questions					
10	During the plan year:			Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut	ions within th	he time period			A THINK BELLY

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 Fiduciary Correction Program)	10a		x	Ennovarit
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		270,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?			x	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			x	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
1	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	101			