| For | rm 5500-SF | Short Form Annu | al Return/Repor Benefit Plan | t of Small Empl | oyee | OMB Nos. 1210-0110 1210-0089 | | | |
|--------------------------|--|--|---|----------------------------|--|---|--|--|--|
| | rtment of the Treasury mal Revenue Service | This form is required to be file | | 4065 of the Employee R | etirement | 2018 | | | |
| | epartment of Labor enefits Security Administration | Income Security Act of 1974 | (ERISA), and sections 60 Revenue Code (the Cod | | This Form is Open to | | | | |
| Pension Be | enefit Guaranty Corporation | Complete all entries in a | accordance with the ins | tructions to the Form 5 | 500-SF. | Public Inspection | | | |
| Part I | | dentification Information | | | | | | | |
| For calend | ar plan year 2018 or fis | cal plan year beginning 01/01/2 | | | 2/31/2018 | | | | |
| A This ret | turn/report is for: | a single-employer plan | | | | king this box must attach a with the form instructions.) | | | |
| B This retu | urn/report is | a one-participant plan | | | | | | | |
| | | the first return/report | the final return/report | | | | | | |
| _ | | an amended return/report | a short plan year retu | ırn/report (less than 12 m | onths) | | | | |
| C Check | box if filing under: | X Form 5558 | automatic extension | | DFVC p | rogram | | | |
| | | special extension (enter desci | | | | | | | |
| Part II | | rmation—enter all requested int | formation | | | | | | |
| 1a Name | • | | | | 1b Thre | | | | |
| EKONO, INC | C., 401(K) PLAN | | | | (PN) | number 002 | | | |
| | | | | | 1c Effec | tive date of plan | | | |
| 22 Dian a | noncer's nome (employ | (or if for a single employer plan) | | | 2h | 01/01/1989 | | | |
| Mailing | g address (include roon | ver, if for a single-employer plan) n, apt., suite no. and street, or P.C | | | ZD Empl (EIN) | oyer Identification Number 91-0827389 | | | |
| City or EKONO, INC | City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NO, INC. | | | | | 2c Sponsor's telephone number 425-455-5969 | | | |
| | | | | | | ness code (see instructions) | | | |
| P.O. BOX 20 BELLEVUE, | | | | | | 541330 | | | |
| DELLE VOE, | WA 90009 | | | | | | | | |
| 3a Plan a | dministrator's name an | d address 🛛 Same as Plan Spor | nsor. | | 3b Admi | nistrator's EIN | | | |
| | | | | | 3c Administrator's telephone number | | | | |
| | | | | | | | | | |
| | | | | | 41 | | | | |
| | | plan sponsor or the plan name ha | | | 4b EIN | | | | |
| • | or's name | | | | 4d PN | | | | |
| C Plan N | lame | | | | | | | | |
| 5a Total | number of participants | at the beginning of the plan year | | | 5a | 3 | | | |
| b Total i | number of participants | at the end of the plan year | | | 5b | 3 | | | |
| | | ccount balances as of the end of | | | 5c | 3 | | | |
| | , | ticipants at the beginning of the pl | | | 5d(1) | 3 | | | |
| d(2) Tot | al number of active par | ticipants at the end of the plan year | ar | | 5d(2) | 3 | | | |
| | | terminated employment during the | | | 5e | 0 | | | |
| Caution: A | A penalty for the late of | or incomplete filing of this return | n/report will be assesse | d unless reasonable ca | use is estal | olished. | | | |
| Under pena SB or Sche | alties of perjury and oth edule MB completed an | er penalties set forth in the instruct d signed by an enrolled actuary, a | ctions, I declare that I hav | e examined this return/re | port, includi | ng, if applicable, a Schedule | | | |
| SIGN | true, correct, and comp | lete. valid electronic signature. | 08/16/2019 | HEIKKI MANNISTO | | | | | |
| HERE | | | | | uol oigning | as plan administrator | | | |
| | Signature of plan ac | valid electronic signature. | Date 08/16/2019 | Enter name of individ | uai signing | as pian auministrator | | | |
| SIGN HERE | | Ğ | | | uel elemin | | | | |
| For Paperw | Signature of employ ork Reduction Act Notice | /er/plan sponsor e, see the Instructions for Form 5500 | Date | Enter name of individ | ual signing | as employer or plan sponsor Form 5500-SF (2018) | | | |

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. Yes No | | | | | | | | |
|----|--|----|-----------------------|-----------------|--|--|--|--|--|
| | C 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 | rt III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year | | | | | |
| а | Total plan assets | 7a | 1332433 | 1247562 | | | | | |
| b | | 7b | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 1332433 | 1247562 | | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total | | | | | |
| а | Contributions received or receivable from: | | | | | | | | |

| а | Contributions received or receivable from: (1) Employers | 8a(1) | 7500 | |
|----|---|-------|--------|--------|
| | (2) Participants | 8a(2) | 15547 | |
| | (3) Others (including rollovers) | 8a(3) | | |
| b | Other income (loss) | 8b | -49143 | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | -26096 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 58775 | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 0 | |
| g | Other expenses | 8g | 0 | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 58775 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | -84871 |
| j | Transfers to (from) the plan (see instructions) | 8j | | |
| Pa | rt IV Plan Characteristics | | • | • |

| Par | tiv | Plan Cha | racteristics | | | | | | | | |
|-----|--------|---------------|-----------------|--------------|------------|---------|------------|-------|------|-------|--------|
| 9a | If the | plan provides | pension benefit | s. enter the | applicable | pension | feature of | codes | from | the L | ist of |

| Эа | If the | plan | provid | es pe | ension benefits, | s, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions | s: |
|----|--------|------|--------|-------|------------------|--|----|
| | 2E | 3D | 2G | 2Ĵ | 2A | | |
| | | | | | | | |

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? | 10c | Х | | 140000 |
| 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 | | X | |
| 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 | 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 | | ling |
| 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 | | | | |
| 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 | :(3) PI | N(s) |
| | | | | | | | | |

| Form 5500-SF | Short Form Annual Return/Report of Small Emplo Benefit Plan | yee | OMB Nos. 1210-011 1210-008 | | |
|--|--|--|--------------------------------------|--|--|
| Internal Revenue Service | This form is required to be filed under sections 104 and 4065 of the Employe | e | 2018 | | |
| Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058 the Internal Revenue Code (the Code). | B(a) of This | Form is Open to Public Inspection | | |
| | Complete all entries in accordance with the instructions to the Form 550 | 00-SF. | | | |
| | Identification Information | 10/01/0 | | | |
| or calendar plan year 2018 or fisca | | 12/31/2 | | | |
| This return/report is for: | x a single-employer plan a multiple-employer plan (not multiemployer) (i a list of participating employer information in a a sone-participant plan a one-participant plan a foreign plan the first return/report the final return/report | | | | |
| | an amended return/report a short plan year return/report (less than 12 m | onths) | | | |
| Check box if filing under: | Form 5558 automatic extension special extension (enter description) | DFVC | program | | |
| | | | | | |
| Part II Basic Plan Info | rmation enter all requested information | 46 75 | -14 | | |
| a Name of plan EKONO, Inc., 401(k) | Plan | 1b Three-dig plan num (PN) ► | | | |
| | | 1c Effective 01/01/ | | | |
| Plan sponsor's name (employ Mailing Address (include room City or town, state or province | 2b Employer Identification Number (EIN) 91-0827389 | | | | |
| EKONO, Inc. | e, country, and ZIP or foreign postal code (if foreign, see instructions) | | s telephone number 455-5969 | | |
| P.O. Box 2005 | | 2d Business 541330 | s code (see instructions) 0 | | |
| US Bellevue WA 98009 | | 01- | | | |
| a Plan administrator's name and | d address X Same as Plan Sponsor | 3b Administ | rator's EIN | | |
| | | 3c Administ | rator's telephone number | | |
| | plan sponsor or the plan name has changed since the last return/report filed for or's name, EIN, the plan name and the plan number from the last return/report. | 4b EIN | | | |
| a Sponsor's name | | 4d PN | | | |
| C Plan Name | | Hu I II | | | |
| a Total number of participants a | | and the second s | 3 | | |
| Total number of participants a | | 5b | 3 | | |
| complete this item) | ccount balances as of the end of the plan year (only defined contribution plans | | 3 | | |
| (1) Total number of active partie | cipants at the beginning of the plan year | . 5d(1) | 3 | | |
| (2) Total number of active partie | cipants at the end of the plan year | . 5d(2) | 3 | | |
| | rminated employment during the plan year with accrued benefits that were | 5e | 0 | | |
| Saution: A penalty for the late of | or incomplete filing of this return/report will be assessed unless reasonable cau | se is established | ł. | | |
| | er penalties set forth in the instructions, I declare that I have examined this return/report d signed by an enrolled actuary, as well as the electronic version of this return/report, an lete. | | | | |
| 14- | | | | | |

| SIGN | Marken' Mannas K | 8/16/2019 | HEIKKI I MANNISTO | | | | |
|--------------------|------------------------------------|-----------|--|--|--|--|--|
| Constanting of the | Signature of plan administrator | Date | Enter name of individual signing as plan administrator | | | | |
| HERE Signature | Meshi Maina K | 8/16/2019 | HEIKKI T MANNISTO | | | | |
| | 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.

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| 6a \ | a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | | | | | | Yes No | |
|------|---|----------------|---|---------|--------|----------|----------------|----------|----------------|
| | Are you claiming a waiver of the annual examination and report of an in | | | | 100 | | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and | | | | | | | 12 | Yes No |
| | f you answered "No" to either line 6a or line 6b, the plan cannot | | | | | | | | 7 |
| | f the plan is a defined benefit plan, is it covered under the PBGC insur | | | 121)? | 19 | [| _ Yes [| | Not determined |
| 3 | f "Yes" is checked, enter the My PAA confirmation number from the Pl | BGC premiui | m filing for this year | | | | | (See | instructions.) |
| Pa | t III Financial Information | | | | | | | | |
| | Plan Assets and Liabilities | | (a) Beginning of | Year | | | (b) | End of Y | 'ear |
| a | Fotal plan assets | 7a | 1,33 | 2,4 | 33 | | | 1 | ,247,562 |
| b | Total plan liabilities | 7b | | | | | | | |
| CI | Net plan assets (subtract line 7b from line 7a) | 7c | 1,33 | 2,4 | 33 | | | 1 | ,247,562 |
| 8 1 | ncome, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | | (b) Tota | ł |
| | Contributions received or receivable from: | 0-(4) | | 7 5 | 00 | | and the second | | |
| | 1) Employers | 8a(1) | | 7,5 | - | - | | | |
| | 2) Participants | 8a(2) | | 5,5 | 41 | - | | | |
| | 3) Others (including rollovers) | 8a(3) | (40 | 14 | 21 | - | | - | |
| _ | Dther income (loss) | 8b | (49 | ,14 | 3) | - | | | |
| | Benefits paid (including direct rollovers and insurance premiums | 80 | | | | - | | | (26,096) |
| | o provide benefits) | 8d | 5 | 8,7 | 75 | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| f / | Administrative service providers (salaries, fees, commissions) | 8f | | | 0 | | | | |
| g | Other expenses | 8g | | | 0 | | | | |
| | Fotal expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 58,775 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | (84,871) |
| 1 | Fransfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Pa | t IV Plan Characteristics | | | | | | | | |
| | f the plan provides pension benefits, enter the applicable pension featu | ure codes fro | m the List of Plan Chara | cteris | tic Co | des in | the instruct | ions: | |
| | 2E 3D 2G 2J 2A | | | | | | | | |
| b | f the plan provides welfare benefits, enter the applicable welfare featur | re codes from | the List of Plan Charac | torieti | Code | ac in t | ho inetructio | ne: | |
| | The plan provides weitare benefits, enter the applicable weitare reator | e codes iron | The List of Fian Gridiac | lensu | COUR | 55 III U | | 115. | |
| Da | t V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Vac | No | N/A | A | |
| a | Was there a failure to transmit to the plan any participant contribution | s within the t | ime period | | Yes | NO | NIA | An | nount |
| | described in 29 CFR 2510.3-102? (See instructions and DOL's Volu | | All control of the second s | | | | | | |
| | Program) | | 120 | 10a | | x | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (I | | | | | | | | |
| | reported on line 10a.) | | | 10b | | X | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | x | | | | 140,000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fide by fraud or dishonesty? | | | 10d | | x | | | |
| e | Were any fees or commissions paid to any brokers, agents, or other | | | | | | | | |
| - | 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 | f year end.) | | 10g | | x | | | |
| h | If this is an individual account plan, was there a blackout period? (Se 2520.101-3.) | e instruction | s and 29 CFR | 10h | | x | | | |
| I | If 10h was answered "Yes," check the box if you either provided the r exceptions to providing the notice applied under 29 CFR 2520.101-3 | required notic | | 101 | | | | | |

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|-------|---|--|
| Page | | |
| 1 auc | • | |

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| Par | VI Pension Funding Compliance | | | | | | |
|---|---|--|----------------|-------|-----|----------|----|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and corr (Form 5500 and line 11a below) | nplete Schedu | le SB | | | Yes X | No |
| | 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 ERISA? | e or section 30 | 2 of | | | Yes X | 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 instruct granting the waiver Mo | | er the o Da | | Yea | | |
| lf y | ou 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 the 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? | | | Yes 🗌 | No | N/A | 1 |
| Par | VII Plan Terminations and Transfers of Assets | | | | | | |
| | Has a resolution to terminate the plan been adopted in any plan year? | | Г | Yes | X | 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 t control of the PBGC? | | | Y | es | X No | |
| c | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | of the local division of the local division of the | | | | | |
| 1 | c(1) Name of plan(s): | 13c(2) EIN | √(s) | | 130 | (3) PN(s |) |
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